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Do you Guard your Profession with Jealousy, or Is it Easier to simply be a "Dignified Observer"?

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ABSTRACT

Background: A noticeable shift is occurring in how medical and dental practitioners advertise their services, moving beyond traditional methods to public platforms and high-profile sponsorships. There is an increased use of intentional and widespread advertising to the general public. Some use media such as flyers and pamphlets displayed in their own or in allied health care providers' waiting rooms, while others target even wider audiences using the more public platforms such as Facebook, YouTube, TikTok, and Instagram. For years dentists have been observing these trends, yet nobody has voiced any concern as to the legality and ethics of this behaviour.

Aim

This prompted the current commentary where we ask the question "Are we as dental practitioners guarding our profession with jealousy, or are we merely standing by, observing, and choosing to remain silent?"

Setting

This paper analyses the South African legal and ethical framework governing professional advertising, identifying significant ambiguities that create "grey areas" exploited through canvassing and touting.

Methods

The literature search and examination of the current postgraduate teaching facilities and opportunities in South Africa was conducted to explore the extent of the crisis in post-qualification education and if this is a factor contributing to this unethical advertising.

Results

A severe shortage of funded specialisation posts and a lack of accredited, practice-relevant micro-credentials have led to a proliferation of unregulated, private courses. These "rogue" courses often operate on a "pay-to-pass" model, providing certificates that practitioners then use to justify misleading claims of expertise.

Conclusions and Contribution

By examining international models and proposing a multi-stakeholder framework for reform, this paper argues that safeguarding the profession requires simultaneous action on two fronts, enforcing clear advertising rules and establishing a robust, quality-assured system for postgraduate lifelong learning.

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INTRODUCTION

The issue of medical and dental practitioners advertising their services touches on a critical aspect of professional ethics, especially in today›s climate where marketing and self-promotion are ubiquitous. The economic-driven pressure to compete has given rise to new business models, making it increasingly common, and even reasonable, for practitioners to use advertising to publicise their services. However, the intention should not be for them to invite attention to themselves, but rather to inform and benefit the public[1]. As such they need to strike a balance between the need for patient awareness, with their obligations towards maintaining trust and professionalism. Historically, such advertising was prohibited as it was viewed as incompatible with the dignity of the profession as well as compassionate and ethical patient care. This changed largely due to evolving societal attitudes and legislative shifts favouring fair competition. Advertising has now become widespread and generally accepted. This was further fuelled by amendments to the legal and ethical rules of conduct by the Competition Commission, who viewed the standing rules as restrictive, anti-competitive, and not automatically in the best interest of the public. The new rules introduced additional guidelines related to practicing in multidisciplinary settings with other professionals not necessarily registered with the HPCSA, as well as issues related to sharing fees, professional appointments, and ownership of dental practices[2,3]. This commentary analyses the current South African regulatory landscape for advertising and the ethical tensions it creates. It further suggests that a key driver of unethical advertising is a parallel crisis in postgraduate education, where the lack of accessible, formal pathways to advanced training has fostered a market for unaccredited credentials. It proposes an holistic path forward to protect both the public and the integrity of the dental profession.

Part 1: The Legal and Ethical Framework for Advertising: Intent vs. Interpretation

Currently in South Africa, advertising by clinicians is permitted if it conforms to broad legal and ethical rules of

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conduct set out by the Health Professions Council of South Africa (HPCSA).[3] The Council's withdrawal of specific rules on "Making your professional services known" in favour of general principles has created considerable interpretive flexibility. While allowing for modern marketing approaches, this shift has also generated significant grey areas, leaving practitioners unsure of the boundaries between permissible advertising and professional misconduct. These uncertainties and fears of legal transgressions have prevented some clinicians from publicizing themselves.[1] There also appears to be a difference in the outlook between the "seasoned established practitioners" and the new generation of recent graduates. The latter tend to make more use of the vast forms of technology available, such as social media, television, and public events to promote themselves and their services.

The Guidelines on advertising state "*A practitioner shall be allowed to advertise his or her services or permit, sanction or acquiesce to such advertisement: provided that the advertisement is not unprofessional, untruthful, deceptive or misleading or causes consumers unwarranted anxiety that they may be suffering from any health condition. A practitioner shall not canvass or tout or allow canvassing or touting to be done for patients on his or her behalf*".[1,3] These new and broader general ethical rules of conduct have enabled the profession greater leeway in the manner in which they promote their practices. It has also created a number of grey areas that are open to considerable interpretive flexibility and exploitation, which have led to practices that, while not explicitly illegal, clearly violate the spirit of the ethical guidelines.

Despite this over-riding advertising regulation, and the specific reference to canvassing and touting, it raises the question as to what constitutes these practices, and how they differ from permissible advertising.

Canvassing is defined as "*Conduct which draws attention, either verbally or by means of printed or electronic media, to one's personal qualities, superior knowledge, quality of service, professional guarantees or best practice".*

Touting is defined as *"Conduct which draws attention, either verbally or by means of printed or electronic media, to one's offers, guarantees or material benefits that do not fall in the categories of professional services or items, but are linked to the rendering of a professional service or designed to entice the public to the professional practice"*.[1]

1. *Canvassing in Practice:*
A simple internet search reveals numerous general dental practitioners describing themselves with titles such as *"Specialist Implantologist", "World Renowned Expert", or "Dentist to the STARS".* These may imply formal qualifications or recognised accolades that do not exist. Attending a short course does not confer one specialist status. Such descriptors are inherently misleading and constitute clear canvassing.

2. *Touting in Practice*
Touting has become equally widespread. Consider the following documented examples:

A dental practice promises a *"brighter smile"* with clear aligner therapy and offers a 15% discount for signing up, directly tying a material benefit to a professional service.

Another dental practice hosts an "IV booster bar" offering intravenous drips for "hangover cures, anti-ageing products, and libido enhancers," which are designed to attract the public with non-therapeutic benefits, which additionally are not related to the scope of practice of the profession.

The examples above are illustrative of a systemic problem. The existence of rules is meaningless without consistent and visible enforcement. The HPCSA's reactive, complaints-driven approach creates a permissive environment where boundaries are continually tested, undermining the collective professionalism of all practitioners.

Although the HPCSA has published guidelines on social media use and advertising, their vagueness has allowed the current unethical practices to flourish. This problem is not unique to dentistry in SA, as the medical profession too are battling with enforcing legal and ethical advertising standards. In their journal they implicitly state that "While SAMA does publish advertisements for accredited events in its materials, this does not imply endorsement. Medical practitioners should always refer to the legally binding HPCSA rules, which are the primary authority on this matter". They then elaborate on certain of these. In the absence of clarity, the dental profession could follow some of these guidelines .These include that it is acceptable to publish tariffs on advertisements, provided that they are factual; graphics such as anatomical structures or photographs are acceptable, provided that they are not indecent, deceptive, misleading, identifiable or bring the profession into disrepute; excessively large notices or sign boards outside the practice could constitute unprofessional conduct; direct mailing of advertisements/pamphlets with factual information is permissible, however bulk distribution may be construed as unreasonably drawing attention to the practice; practitioners should avoid using phrases such as, "*conditions apply"*, in advertisements unless exact conditions are specified; and clinicians must refrain from allocating themselves titles that suggest certified and recognised skills and training.[4] These guidelines are not explicit or enforceable, thus it remains incumbent on practitioners to exercise caution, ad carry out ethical self-reflection practices in their professional activities.

Part 2: The Problems in the current status of Post-Qualification Education and Micro-Credentialing

The challenges of maintaining professional standards extend beyond advertising into the very foundation of clinical competence and postgraduate education. In South Africa, the pathway to formal specialisation is severely constrained. With very few funded posts available, the prohibitive cost of self-funded positions, combined with significant income loss, creates a critical market gap.[5] This systemic bottleneck has fuelled an explosion of privately-led, post-qualification courses and "diplomas" that promise advanced skills without the rigour of a formal university programme.

These courses are typically not accredited by the South African Qualifications Authority (SAQA) nor endorsed by the HPCSA. Consequently, there is no independent verification of their curriculum quality, the NQF level at which they are pitched, the validity of their assessment methods (if they exist), or the actual competence of both the providers and their "graduates"/attendees. The prevailing perception is that these are commercial ventures operating on a "pay-to-pass" model. This phenomenon directly fuels the unethical

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advertising practices described above, as practitioners use certificates from these unregulated courses to justify self-awarded titles like “expert”, “master”, or “specialist”.

Presumably, the major catalyst is a disconnect between academia and private practice. It is crucial to acknowledge that the proliferation of these unregulated courses is not solely due to malicious intent. A significant catalyst is the perceived and often real mismatch between formal university offerings and the immediate, practical needs of the general dentist in private practice, which is closely linked to patient demands. Approved university micro-credentialing courses are few, can be slow to adapt to new technologies, and may not address the specific business efficiency and clinical requirements of a private practice. The private sector by contrast, is extremely agile, and offers fast, focused, and commercially relevant training, filling a vacuum that the public academic sector has been unable to address.

South Africa is not alone in facing this challenge. Two international responses provide examples of valuable models for reform.

The United Kingdom’s General Dental Council (GDC) has a highly protected title of “Specialist”. However, in order to address the need for advanced work by general practitioners, they introduced the “Restorative Dentist” model. To this end, the Royal Colleges have developed other robust, quality-assured forms of post-qualification training and accreditation. For example, a general dentist can undertake a Diploma from the Royal College of Surgeons (RCS Eng) in Restorative Dentistry. While this does not grant “specialist” status, it is a GDC-recognised credential that provides a clear, verifiable, and ethical pathway for dentists to demonstrate advanced training.[6]

In the United States, Continuing Education (CE) courses and providers are overseen and accredited by the American Dental Association’s (ADA) Continuing Education Recognition Program (CERP) and the Academy of General Dentistry’s (AGD) Program Approval for Continuing Education (PACE) program. This creates a system where dentists can distinguish between a course from an accredited provider (which has met standards for scientific rigour) and one from a non-accredited commercial entity.[7] This empowers practitioners to make informed choices about their education, and practice within ethical and legal boundaries.

A Proposed Framework for Correction in South Africa

Correcting the systemic issues requires a multi-stakeholder approach that is both pragmatic and robust. This entails collaboration between a number of key role players, and implementation of proposed regulatory policies.

1. ***Regulatory Clarity and Enforcement by the HPCSA:*** The HPCSA must explicitly define and regulate the use of terms like “credentialed in”, or “accredited in [a field]” to provide a legitimate way for dentists to advertise additional training without claiming to be specialists.

2. ***Creation of a National Quality Assurance Framework:*** The South African Dental Association (SADA), in partnership with South African Qualifications Authority (SAQA) and the HPCSA, should create a Voluntary Accreditation Council for Dental CE. This body would set minimum standards for curriculum, faculty qualifications, and assessment for private courses. Accredited courses would be eligible to be listed on a public register, giving them credibility.

3. ***Bridging the Academia-Private Practice Divide:*** Universities must be incentivised to develop more agile, relevant, and accessible micro-credentialing programmes. This could involve part-time or short-course formats developed in consultation with private practitioners to ensure they meet market needs.

In addition to the regulatory considerations, the profession needs to maintain their ethical obligations and reputational standing.

Ethical considerations

When determining if clinical skills and training as well as associated advertising is ethical, one needs to evaluate how well advertising adheres to and/or promotes the following key points:

1. **Informed Choice:** Advertising should educate and enable patients to learn about available services, and help them make informed choices about the healthcare options available.

2. **Truthfulness:** Advertisements must be truthful and not misleading. Exaggerated claims about practitioners’ qualifications and expertise, or false promises about treatment outcomes undermines trust in the profession.

3. **Professionalism:** Health professionals are often held to high ethical standards. Advertising should reflect this by avoiding sensationalism or comparing services in a way that could be deemed unprofessional.

4. **Vulnerable Populations:** Care must be taken to avoid exploiting vulnerable populations. Adverts targeting those in distress or with urgent health issues can be seen as predatory.

5. **Promoting non-essential or non-therapeutic treatment:** Clinicians should not advocate or encourage patients to have purely cosmetic procedures or non-therapeutic treatment. With regards to the latter, the scope of a general dentist appears to be drafted in very broad general terms that do not explicitly prevent practitioners from providing these services.

6. **Regulatory Compliance:** Many regions have regulations governing health advertising. Professionals must comply with these to avoid legal issues and maintain ethical standards.

7. **Confidentiality:** Any advertising should respect patient confidentiality and not use patient testimonials or images without consent. In addition, patients need to be told exactly where their images will be displayed, who the potential viewers will be, what will be written about them / their treatment. They need to be comfortable that all forms of possible identification have been removed, and made aware of the possibility that their images could be widely disseminated, and their anonymity cannot be guaranteed.[8]

8. **Focus on Education:** Ethical advertising can emphasize educational content, helping patients understand health

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issues, and promote preventive strategies rather than just offering interceptive services.[3,9]

Balancing these factors is crucial for maintaining the integrity of a health profession, while at the same time effectively communicating with, and empowering patients to make autonomous and educated decisions about their own health and treatment needs.

CONCLUSION

The crisis of unregulated advertising as well as that of unaccredited postgraduate education are two sides of the same coin. Both stem from a regulatory environment that prizes vague principles over specific, enforceable standards, and a system that fails to meet the legitimate educational needs of its practitioners. By learning from international models that combine regulatory clarity for advertising with a voluntary accreditation system for continuing education, South Africa can begin to address this rift. The goal is to create an environment where the pursuit of knowledge enhances clinical competence and public trust, and addresses a real need rather than merely decorating a practice's marketing materials. While it is hoped and presumed that practitioners will strive to maintain good professional practice and base their conduct on core legal and ethical standards and values, not all members of the profession subscribe to this ethos. Many may argue that their advertising and self-promotional strategies are not illegal, offensive, or dishonest. However, from a professional standpoint, we need to question the appropriateness of their behaviour, their target audience, and the ethics of encouraging the public to undergo purely cosmetic, non-essential or non-therapeutic services.

The profession must now choose to either jealously guard the value of its qualifications and ethical standing, or remain mere observers of their progressive devaluation. It is also apposite to remember that The Hippocratic Oath is a pledge all practitioners take wherein they agree to abide by a commitment to *"Exercise my profession to the best of my knowledge and ability for the safety and welfare of all persons entrusted to my care and for the health and well-being of the community"*. Upholding this commitment also requires vigilance in both how we learn and how we present ourselves to the community we serve.

Perhaps it is also time that the profession collectively takes a stand. A multi-faceted approach is imperative to address the identified challenges. It is recommended that the profession pursue significant reforms, including:

- CPD Points Allocations: Implement a more rigorous and transparent system for allocating CPD points to ensure they correspond to the quality and depth of learning.
- Amend Rule 21: Undertake a comprehensive review and reform of Rule 21 to distinguish between medical and dental courses by adding a section specifically addressing the concerns expressed in this paper.
- Revise the credentials needed for appointing entities entrusted with granting CPD points to ensure strict adherence to the rules for awarding points.
- Issue Public Warnings: Direct the South African Dental Journal (SADJ) to consistently publish clear warnings, educating members about the risks of attending unaccredited courses. Where such courses have been identified, the SADJ should publish on the status/lack of credibility

The CPD system as currently administered is failing the profession, but it reforms need more than just administrative improvements. The profession must now speak up or remain silent and become victims of uncaring bureaucracy.

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CPD questionnaire on page 122

The Continuing Professional Development (CPD) section provides for twenty general questions and five ethics questions. The section provides members with a valuable source of CPD points whilst also achieving the objective of CPD, to assure continuing education. The importance of continuing professional development should not be underestimated, it is a career-long obligation for practicing professionals.