



# Policy on HCP Email Marketing

As of June 19, 2017

PTM continues to update its policy on email marketing. From the period of September to December, 2016, the number of unsubscribes was significantly increasing, which led to the review of PTM's email policy. PTM noted a direct correlation between the nature of a communication and the unsubscribes it received.

The policy changes are intended to optimize the impact and longevity of email marketing communications, with efforts to reduce the number of unsubscribes.

PTM considers this to be a transition period and welcomes the chance to meet with clients in person or on the phone for discussion and further input.

***Since implementing the policy at the end of December 2016, we have noticed a significant reduction in unsubscribes per eblast. PTM will continue to monitor the situation and provide updates as they become available.***

We take this opportunity to thank our partners, agencies and clients for their understanding and support as we collaborate to create a streamlined process and improve communications to HCPs.

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## Email Policy

PTM reserves the right to decline communications which may result in a large number of unsubscribes. All emails are to be submitted to PTM's review committee. We recommend emails be submitted during the development stage (post concept/pre-execution) and prior to a submission to PAAB. PTM will provide a response within 48 hours of submission.

***Where applicable, suggestions/direction will be provided with every submission to expedite the approval process.***

PTM reserves the right to conduct an initial test to the target audience to assess the risk of significant unsubscribes.

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# Background

## CASL (Canadian Anti-Spam Legislation) - Why the Email Channel is Unique

- Emails are regulated by CASL which mandates unsubscribe options and allows email recipients to 'unsubscribe', permanently closing the channel.
- Emails arrive in a recipient's personal inbox on various platforms e.g. mobile, tablet, etc.
- Advertisements and communications that are appropriate for journals, websites, etc. are not necessarily welcome by HCPs in email format on personal digital devices.

## THE LOSSES OF AN UNSUBSCRIBE

CASL policy on email marketing mandates that each email must have an unsubscribe option from both the sender/broadcaster and client/producer of the email. Therefore, PTM must allow recipients to unsubscribe from:

- The product
- The company/client
- All communications

*If they select*

**YOUR PRODUCT,**

*this is a major loss*

*for your brand as*

*this channel is now*

*closed for brand email*

*communications.*

*If they select*

**YOUR COMPANY,**

*this is a greater loss*

*as this channel is*

*now closed for email*

*communications for all*

*products and divisions*

*within your company.*

*If they select*

**ALL COMMUNICATIONS,**

*this closes the email*

*channel to this*

*individual for both PTM*

*and its clients.*

***PTM has reviewed this situation with a committee of HCPs prior to setting this policy and they continue to act as consultants in the review process.***

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# Best Practices

## 1. SUBJECT LINE

Subject lines are expected to convey an informative/clinical/educational message. They are to focus on the value of the content within the email, while not triggering SPAM filters. The subject lines are read at a glance and need to be concise and informative, a good character length would be within the range of 35-65.

***Examples of non-approvable content:***

- A subject line that reads ‘Get your samples now’, whereas the subject line ‘Product Samples Available’ will be approved.
- Subject lines with too many SPAM words e.g. ‘free,’ ‘order now’, etc.
- Subject lines that are too consumer oriented/personal in tone e.g. ‘What do you think about x?’, ‘Have you heard of x?’ or ‘Doctor, are you aware that?’

## 2. GRAPHICS/VISUALS

Graphics/visuals will be reviewed for the following:

- Placement
- Size & Proportions
- Nature

Visuals, graphs, photographs as part of branding are welcome. However, they may need to be adapted to an email environment. Creative that is suited for journal ads, websites, etc. may not be appropriate for an email environment.

Reconsider the design format beyond the limits of an 8 ½” x 11” ad. Consider ways to make the email shorter for the email channel with minimal scrolling. Email communications are designed to be responsive to different screens and this should be taken into account.

***Examples of non-approvable content:***

**Placement**

- A large visual appearing at the top of the email fills the viewing pane with little/no text

**Size & Proportion**

- Content of the email is significantly overshadowed by the visual
- Visuals that take up a disproportionate amount of space in the email in relation to text

**Nature**

- A lifestyle image in a communication that overshadows the clinical content

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### 3. ENGAGEMENT (VALUE ADDED) ELEMENTS

Engagement elements are recommended:

- Patient support resources
- HCP support and resources
- Clinical information
- Webinars
- A sample offer

These elements need to be made clear, prominent and easily accessible within the email. Ideally they should be visible in the viewing pane in order to give an HCP further reason to open/read the email. If there is a reason to engage with the sender of the email, it is recommended that it be a focus for the content and layout.

Special attention must be made to 'Calls to Action'. Wording such as 'order now' or 'register now' will not be accepted. Speaking to HCPs in the imperative i.e. telling them to do something may be considered to have an inappropriate tone for the email channel. Due to the personal aspect of an email, it is recommended that extra care is put on using a respectful tone.



### 4. SPECIALIST AUDIENCE

In most cases a Specialist audience will be small in number i.e. 200-500 physicians and it becomes critical to ensure unsubscribes are minimal as they have great impact for future communications.

The vast majority of Specialists are affiliated with medical schools and are responsible for teaching undergraduates/residents. In particular, emails that try to engage them with a 'did you know?' approach are not recommended. Reminder communications may be acceptable if the purpose is clear and the tone is appropriate. Emails that are suitable for GP/FMs may be inappropriate for Specialists.

For these reasons, PTM's review of emails for Specialists will be highly rigorous.

***Examples of non-approvable content:***

- **An email with the question 'Are you aware?'**
- **Content with language/visuals that are more suited to a consumer/personal environment**
- **Tone which may not recognize the specialist's level of expertise i.e. 'Did you know?'**

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## 5. CME Events and Clinical Studies

Emails announcing CME events and clinical studies need to maintain a clinical feel. These communications should avoid using product shots and brand/marketing communications that take away from the non-biased, clinical feel of the communication.

***Examples of non-approvable content:***

- **Large product shots that dominate the communication**
- **Strong or repetitive presence of logos**

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# Considerations

## Before Submitting an Email to PTM

- Consider whether the HCP receiving your email in their inbox will find the information of value in this channel or whether it will be a quick delete. Value is challenging to ascertain, however, areas to consider are whether it is educational, clinically relevant, informative and engaging. Content that is purely promotional is not acceptable (direct mail or fax are proven effective alternatives).
- Take into account the personal environments where the email will be opened, for example, during dinnertime, between rounds, between patients etc. and assess whether an unsubscribe will be likely.
- Images and content which was approved by PAAB may still be inappropriate for the email channel.
- Consider that some changes, such as a decrease in the size of an image will only require a note to PAAB, rather than approval. (Confirmed by PAAB)
- When HCPs review clinical studies, they want to be confident the data is unbiased. Therefore, Clinical Studies should be stand-alone, referenced and not include branded promotional messages or images. A sponsoring logo may be included in the footer.
- Content that is repetitive, i.e. sending multiple email blasts with identical or similar messaging, is strongly discouraged, and may be rejected.



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# Addendum

## The Difference Between a PAAB and PTM Review Process



Assesses whether promotional materials meet PAAB's code.

PAAB checks:

- References
- Claims
- Balancing copy
- Misleading copy/images
- Gives recommendations/requirements on visuals, copy, etc.



**Only** concerned with whether an email will cause an HCP to unsubscribe.

PTM considers:

- Is there a clinical value to the HCP?
- Is there a value-add/engagement element?
- Is the most important clinical information in the viewing pane?
- What are the proportions of the photo in relation to the text?



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