



# HCP Email Marketing

## Policy & Guidelines

Version 2.0, May 2025

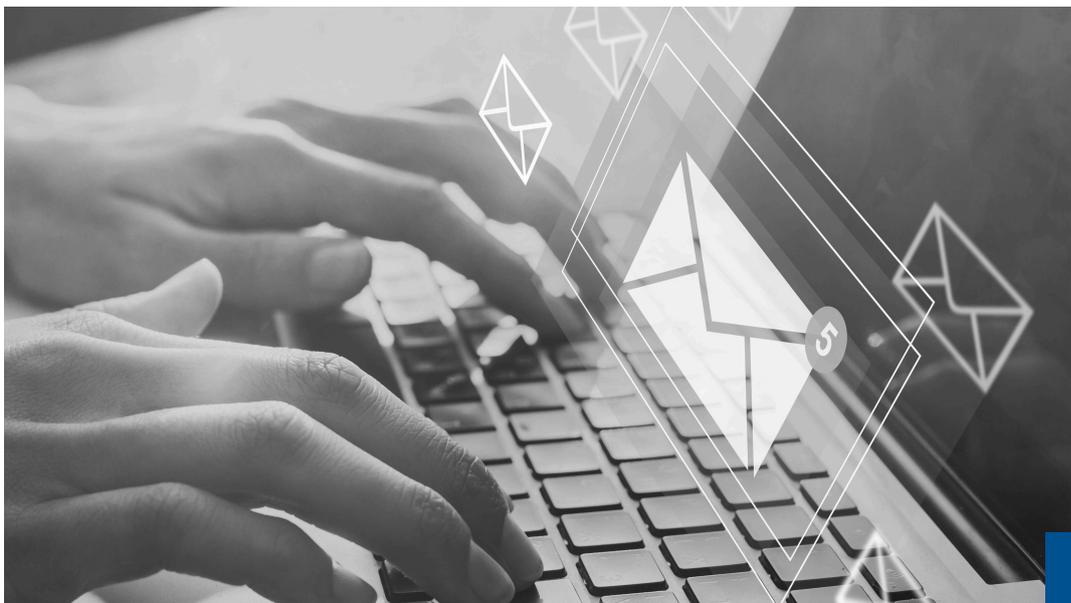
Prepared By.

**PTM's Review Committee (RC)**

Contact Info: [marketing@ptm-health.com](mailto:marketing@ptm-health.com) | [www.ptm-health.com](http://www.ptm-health.com)

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## I. BACKGROUND

Canada's Anti-Spam Legislation (CASL), enacted in 2014, stands as a global benchmark for stringent email compliance. Enforcement has intensified, with increased fines and scrutiny on implied consent practices (Per Canada's Anti-Spam Legislation - Government of Canada, 2023)<sup>1</sup> underscoring the need for precision in consent management.

CASL mandates that recipients of email communications must have clear, accessible options to unsubscribe from:<sup>1</sup>

### The Product

A significant loss for your brand, closing this email channel for product-specific communications.

### The Company / Client

A broader setback, halting email outreach for all products and divisions under your company.

### All communications

The most critical outcome, terminating email access to the individual for PTM and all its clients.

## II. PURPOSE

PTM's Email Marketing Policy and Guidelines (EMPG) are designed to minimize unsubscribe rates while optimizing the reach and resonance of our healthcare professional (HCP) database.

Developed by PTM's Review Committee (RC)—a panel of seasoned Key Opinion Leaders (KOLs), marketing strategists, and legal advisors with over 60 years of collective expertise, the EMPG ensures rigorous CASL compliance while harnessing advanced tools like AI-driven targeting and behavioral analytics.

1: Government of Canada, "Canada's Anti-Spam Legislation," Innovation, Science and Economic Development Canada, 2023, <https://ised-isde.canada.ca/site/canada-anti-spam-legislation/en>.

 **15%**  
reduction in  
unsubscribe rates<sup>5</sup>

Through ongoing analysis of email performance and regulatory shifts, PTM has achieved a significant reduction in unsubscribe rates since 2020, surpassing industry benchmarks and reinforcing our commitment to excellence.

### III. EMAIL POLICY

All email campaigns utilizing PTM's HCP database require RC review. We advise submitting drafts at the development stage (post-concept, pre-execution) and prior to Pharmaceutical Advertising Advisory Board (PAAB) submission to facilitate seamless, tailored feedback and expedite approvals.

### IV. EMAIL BEST PRACTICES

#### 1. Subject Line

The subject line is the HCP's first impression of your email. It must convey a clinical, educational, or informative message while avoiding SPAM triggers. Optimal length remains 35 - 65 characters for readability across devices.

#### Subject Line Best Practices:

- Emphasize value, such as clinical insights or resources.
- Avoid SPAM flags like "FREE," "ORDER NOW," or excessive capitalization/punctuation.
- Avoid overly personal or consumer-toned phrasing (e.g., "What's your take on X?" or "Have you heard of X?").
- Questions are permissible only if clinically relevant and not undermining the HCPs knowledge (e.g., "How does this data impact your practice?").

#### Examples:



#### Non-approvable:

- "Get your samples now!"
- "Claim your FREE kit now!!"



#### Approvable:

- "Product samples available"
- "Access asthma kit details"

### New in 2025

With email clients increasingly leveraging AI to filter inboxes, concise, value-driven subject lines improve deliverability. **AI inbox filters favor specificity** - e.g., "Rare Disease X Insights" outperforms vague hooks. Also, A/B testing is recommended to optimize performance.



**PTM**  
**insight**

Our 2024 analysis reveals subject lines with "New Data" yield 22% higher open rates compared to "Update" (12%).<sup>5</sup>

## 2. Display Name

- Using an individual's name in the "From" field (e.g., "Dr. Jane Smith") reduces unsubscribes by fostering trust. Avoid titles like "Marketing Team" or "Promotions," which signal commercial intent.
- Many email platforms (e.g., Outlook, Gmail) truncate "From" fields beyond a certain length, especially on mobile interfaces. While limits vary (Gmail shows ~50–60 characters, Outlook mobile ~40–50).
- RC recommends keeping the display name to 50 characters or less (e.g., 'Dr. Jane Lee, MD') to ensure full visibility across email clients, preserving professionalism and recognition.

## New in 2025

Personalization trends show HCPs respond better to names tied to credible roles (e.g., "Dr. John Lee, Medical Advisor") over generic brand identifiers.



## PTM insight

Excessively long display names can trigger spam filters, especially if they resemble automated or promotional senders (e.g., "Brand X Marketing Team Updates"). A tight 50-character cap keeps it human and clinical.

## 3. Preview Text

Preview text (40 - 90 characters) complements the subject line in the inbox view. It should extend the value proposition while adhering to subject line criteria.

### Examples:

- Subject: "New Data on Rare Disease X" / Preview: "Explore clinical findings"
- Subject: "New IBD Study" / Preview: "Data on remission rates"
- Subject: "Webinar Invite" / Preview: "March 10, 2 PM EST"

# 70%

of HCP email  
opens on mobile

With mobile usage dominant, per 2024 stats; concise preview text is critical for capturing attention.

## 4. Audience Selection

Precise targeting is key to relevance and minimizing unsubscribes. Broad audience selection risks irrelevance, driving opt-outs.

- **Specialists:** These are small physician cohorts that require tailored content. A vast majority of specialists are often educators, and need bespoke content. Avoid presumptive phrases such as “Did you know?”, “Think about ...”, or “Are you aware” .... when targeting this audience.
- **Rare Diseases:** These campaigns face higher unsubscribe risks due to niche relevance. Extra RC scrutiny is applied to email communications targeting this small, specialized audience, to minimize the risk of unsubscribes.

## New in 2025

PTM’s ProReach AI<sup>®</sup> offers real-time segmentation by specialty, digital preferences, prescribing patterns, engagement history and more, reducing irrelevance. Consult your PTM Account Director to leverage this capability.

## 5. Engagement and Responsive Elements

Value-added elements with clear calls-to-action (CTAs) should be prominent within the viewing pane in order to give an HCP further reason to open / read the email. [Ask us about our 2025 guidelines on Email and Landing page elements \(PDF\)](#).

- **Recommended:** Patient and HCP support resources, links to clinical information, invitations to webinars, sample / literature offers.



### Non-approvable:

Order Now,” “Act Today” - imperative tones are inappropriate for HCPs.



### Approved CTAs:

“Learn More,” “Access Resources,” “View Study,” “Access Tool,” “Download Dosing Guide”



**PTM**  
**insight**

Emails featuring support resources achieve **35%** higher engagement than awareness-only messages.  
(per PTM 2024 analysis) <sup>5</sup>

## 6. CME Events and Clinical Studies

- Maintain a neutral, clinical tone for CME and study announcements.
- Avoid branded visuals or promotional overlays that undermine credibility.



Including specifics such as “CME Credits: 1.5” in invitations boosts open rates by 20% (per PTM 2024 analysis).<sup>5</sup>

## 7. Graphics / Visuals

Enhance, don't distract.

- **Placement:** Text left, visuals right for optimal readability.
- **Size:** Proportionate to text; avoid dominating the email.
- **Nature:** Clinically relevant (e.g., data charts, efficacy trends), not lifestyle shots. (e.g., smiling families).
- **Maps:** A visual map outline of a province, highlighting availability in a specific province provides no added value and would not be approved.
- **GIFs:** Educational only; cartoons or memes are prohibited.
- **Videos:** Use static images with “play” buttons linking to hosted content for faster load times, instead of directly embedding a video in the email.

## New in 2025

Animated infographics are gaining traction. Ensure they're static-compatible i.e. animated infographics (with static fallback) for email clients blocking motion.

## 8. Links

Email providers (e.g., Gmail, Outlook) and cybersecurity tools used by HCPs (e.g., hospital IT systems) scan links to assess risk. If a link lacks HTTPS or points to a domain with missing/incomplete DNS records, it's flagged as suspicious, potentially landing your email in spam or being blocked entirely. **Secure links ensure your emails dodge spam filters and reach HCPs, while building trust.**



Branded, shortened links (e.g., “brandname.link/study”) improve trust and enhance click-through rates.

## 9. Call to Action Messaging

CTAs must align with the email's objective (e.g., "Request Samples" if direct ordering is enabled). Avoid pushy language. Respectful CTAs drive action.



# PTM insight

Behavioral prompts (e.g., "Based on your recent activity, explore X") increase relevance.

## 10. Accessibility Guidelines

Canada's healthcare sector increasingly aligns with accessibility standards, such as the Accessible Canada Act (Government of Canada, 2023)<sup>2</sup>, which, while not directly governing emails, sets a tone for inclusivity. Non-compliance could draw scrutiny from PAAB or HCPs expecting ethical marketing. While CASL does not mandate accessibility, evolving privacy laws (e.g., Bill C-27, 2024)<sup>3</sup> hint at broader digital inclusivity rules

PTM's accessibility guidelines preempt this, keeping clients ahead, ensuring emails are inclusive for all HCPs:

- **14px minimum text:** Aids readability. This ensures all HCPs can engage with content effortlessly, reducing bounce rates and unsubscribes, as 39% of Canadian physicians are over 55 (Canadian Medical Association, n.d.)<sup>4</sup>
- **Alt Text:** Ensures accessibility (e.g., "Graph: Survival Rates") for those with visual impairments
- **Contrast:** Text must stand out against backgrounds - e.g., black text on white (4.5:1) is ideal; light gray on white (below 3:1) fails. Bold or large text prevents legibility issues.
- **Links:** Should be visually distinct (e.g., bold and underlined) rather than just colored, signaling interactivity.

4: Canadian Medical Association, "Quick Facts: Canada's Physicians," accessed April 21, 2025, <https://www.cma.ca/quick-facts-canadas-physicians>.

## 11. Multi-Wave Campaigns

**Did you know ?**

Most HCPs skim  
emails within

**~10 sec**

HCPs are time-pressed - majority skim emails within  
~10-seconds (per PTM 2024 analysis)<sup>5</sup>

**A single email risks being ignored; waves build  
familiarity and trust over time.**



# PTM insight

Our 2024 data shows spacing waves respects HCP consent. Frequent emails risk “all communications” unsubscribes. PTM’s timing aligns with CASL’s implied consent window.

This strategic approach deploys a series of emails (or waves) to nurture HCP engagement over time, avoiding single-blast fatigue. Each wave builds on the previous one, varying content, timing, and sometimes audience segmentation to maximize engagement, reduce unsubscribes, and drive specific actions (e.g., webinar sign-ups, sample requests).

## Key Features:

- **Unique Content:** Each email should offer fresh value (e.g., infographics, event invites, tools) to avoid repetition fatigue.
- **Varied Subject Lines:** Different hooks per wave (e.g., “New RA Data” → “Join RA Q&A”) to keep HCPs intrigued. PTM’s clients have found it useful to submit multiple subject lines to PAAB at the same time, to streamline the content approval process.
- **Timing:** Allow intervals i.e. a 2-week gap balances engagement without overwhelming busy HCPs.
- **Dynamic Adjustments:** Subsequent waves can target only engagers (e.g., Wave 2 for Wave 1 openers).
- **CME Campaigns (online, live event, webinar, etc.):** The frequency of reminder emails will be based upon the following:
 

*Number of unsubscribes of the initial wave, Program accreditation, Provider of the course, Date and time of the event, Ease of registration*
- **Enhanced engagement multi-wave campaigns:** Special consideration is given to this feature when it comes to deployment frequency.

## 12. Email Body Headers/Banners

Use clear, descriptive labels at the top of an email to immediately communicate its purpose to healthcare professionals (HCPs). Headers or banners (e.g., “Clinical Information,” “Event Details”) act as visual and cognitive signposts, enhancing scannability, engagement, and relevance - crucial for busy HCPs in Canada’s regulated healthcare landscape.

For PTM clients, this isn’t just a design choice; it’s a strategic tool to reduce unsubscribes, boost action, and align with PTM’s leadership in tailored HCP communication.

[Ask your PTM Account Director about PTM’s Stat Mail Banners](#)



# PTM insight

Frame content with clear headers or PTM's stat mail banners. **Headers cut scroll time; stat banners lift clicks.**

PTM's stat mail banners take headers to the next level by embedding concise, data-driven cues that instantly communicate the email's purpose and value. These aren't just labels - they're mini-insights tailored to HCPs, leveraging PTM's analytics prowess.

**CASL Fit:** Clear purpose reduces "all communications" unsubscribes, protecting your brand.

## 13. Controversial Products

Occasionally, PTM receives submissions for messages promoting products that might be considered controversial. Submissions for potentially contentious products carry elevated unsubscribe risks and may be declined following RC review.

## 14. Promotion of Established / Legacy Brands

Caution should be exercised when planning email deployments related to legacy /established brands. Mature products require value-focused content (e.g., counseling tools, patient programs, webinars, etc.), not mere promotion, to sustain HCP interest.

## V. SUBMISSION CONSIDERATIONS

### Before submission:

- **Value assessment:** Clients must assess whether the email offers tangible value - educational, clinical, or practical - to HCPs, avoiding a "quick delete" reaction. Purely promotional content (e.g., "Act/Order Now!") is explicitly discouraged. HCPs, such as specialists or GPs, receive dozens of emails daily. Value-driven content keeps them engaged.
- **PAAB alignment:** Content approved by PAAB (e.g., images, claims) may still need tweaking, not resubmission for PTM's email channel. Smaller visuals or toned-down promotional language might be required. Remember - **PAAB clears ads for regulatory safety, however, PTM's email focus is HCP engagement and CASL compliance.**
- **Clinical studies:** HCPs trust peer-reviewed data. Studies must cite sources (e.g., "NEJM 2024") without branded overlays, keeping logos in footers to maintain an unbiased tone.

## Review Process Timing:

- **Initial Review:** PTM recommends submitting copy decks and draft layouts to PTM for initial review prior to client regulatory or PAAB submission. Feedback will be promptly provided.
- **Interim Review:** If an interim review is required, we will make every effort to provide prompt feedback.
- **Final Review:** Submitted materials will be reviewed promptly. In instances where an expedited review is required, PTM will make every effort to accelerate the process to meet requested timelines.

## Why This Matters to PTM Clients

- **Efficiency:** Preemptive considerations streamline approvals.
- **Compliance:** CASL and PAAB alignment is non-negotiable
- **Expertise:** PTM's RC delivers HCP-tailored insights, unmatched by generic providers.

## Commitment to Excellence

PTM has seen a steady decline in unsubscribe rates since the implementation of the review process. This reflects our dedication to a CASL-compliant, high-impact HCP database, empowering your brand to connect meaningfully with key audiences for years to come.

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## Contact Us



(905) 415-1940



[marketing@ptm-health.com](mailto:marketing@ptm-health.com)



[www.ptm-health.com](http://www.ptm-health.com)