Royal College of General Practitioners

SOCIAL MEDIA HIGHWAY CODE

In partnership with:

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FOREWORD

Doctors have always had a responsibility to communicate with patients – and to do this in the places where patients do their communicating; whether that be in their homes, their local communities, or the online environment. Social media has the potential to fundamentally alter how doctors communicate with the public and vice versa. We must ensure that we are all aware of this and that we understand how to practice safely.

As keen users of social media ourselves, we believe it offers enormous potential benefits for doctors and patients. But there is nothing 'unique' about the values that underpin how doctors behave and interact in this new environment. The enduring principles that we follow to maintain our professionalism are applicable to both the on- and offline worlds.

Senior and more experienced doctors, who were not brought up in the online culture, may have a responsibility to become more technically skilled and social media savvy. We hope this Code will empower those who have yet to take their tentative first steps across this new frontier, by reassuring them that they won't need to develop an alien set of skills to survive on the other side.

Conversely, some younger doctors, who may be less experienced professionally but have been brought up as proficient digital natives, may need to consider how to adapt their habitual online behaviours to take account of their less familiar professional responsibilities.

By laying out some simple principles, this guide aims to make the use of social media less threatening for both groups, highlighting how much each might learn from the other.

Above all, the Social Media Highway Code is intended as a guide to help doctors with their decision-making and not as a book of prescriptive rules. Our main aim is to encourage doctors to think, communicate and share experiences freely and openly, whilst remaining aware of their professional responsibilities and the influence their online presence may have on others.

Ben Riley and Clare Gerada

Lead authors of the RCGP Social Media Highway Code

DOCTORS AND SOCIAL MEDIA

Social media includes a growing variety of internet-based websites and tools that allow users to create and share content between networks of people. Well-known examples include Facebook, LinkedIn, Twitter, and YouTube.

Over the past decade, there has been a substantial increase in the proportion of the UK population using the internet, from 59% in 2005 to 79% in 2011. Social media use has grown from 22% of internet users in 2007 to 59% in 2011.[1] Among the young, social media use is now almost ubiquitous; with a 2012 YouGov survey finding 95% of 16-20 year-olds and 74% of 20-25 year-olds had used Facebook in the previous month.[2]

SOME POPULAR SOCIAL MEDIA TOOLS

Twitter (www.twitter.com) – a micro blogging service that enables its users to send and read text-based posts of up to 140 characters, known as 'tweets', which can include links to websites, videos or documents. There are over 140 million active users on Twitter and it handles over 1.6 billion searches per day.

Facebook (www.facebook.com) – a networking site with over 950 million users. Around 50% of the adult population of the UK use Facebook. Users must register and then create a personal profile. They can then add other users as 'friends' and exchange messages, including notifications when they update their profile. Additionally, users may join or create common-interest groups, for example organised by workplace, and can categorise their 'friends' into lists such as 'people from work'.

LinkedIn (www.linkedin.com) – a site with over 175 million users that offers features aimed at establishing professional networks.

YouTube (www.YouTube.com) – a free video-sharing website, a subsidiary of Google, on which users can upload, view and share videos. Unregistered users may watch videos and registered users may upload an unlimited number of videos.

Blogs – Derived from the term *web log*, a blog is a regularly updated website, usually maintained by an identified individual or organisation, with regular entries of commentary, descriptions of events, or other material such as graphics or video. Many blogs are interactive, allowing visitors to leave comments or send messages to each other. A large number of professionals, leaders and educators publish their own blogs.

It is increasingly common for the above tools to be linked up – for example a user may choose to automatically update their Facebook profile from their Twitter account. This interactivity increasingly blurs the boundary between an individual's personal and professional identities.

1 Ofcom. Adults media use and attitudes report (March 2012). Accessed 20.09.12 via: http://stakeholders.ofcom.org.uk/binaries/research/media-literacy/media-use-attitudes/adults-media-use-2012.pdf

2 Accessed 20.09.12 via: http://yougov.co.uk/news/2012/02/17/social-media-growing-uk/

In line with the growth in wider society, doctors have been high adopters of social media. A recent survey by the Medical Protection Society (MPS) found 36% of respondents using Facebook and 21% using Twitter on a daily basis.[3] Among younger doctors, the use of social media is now the norm. For example, a 2011 cross-sectional survey in the Severn Deanery found 100% of medical students and Foundation Year doctors had Facebook accounts, compared with 30% of senior specialist grade doctors (SSGs).[4]

Health professionals are using social media tools in a variety of innovative and creative ways – to build and improve social and professional networks and relationships, to share health-related information and to engage with the public, patients and colleagues in shaping future health policies and priorities. Closed online groups are also commonly used for education and peer support.

In addition to the social media tools aimed at the general public, a number of online providers, such as Doctors.net.uk and the BMJ's Doc2Doc, offer online communities, forums and networks developed specifically for doctors. As well as using these tools, many doctors publish their own blogs and websites.

EXAMPLES OF HOW TWITTER IS USED BY DOCTORS:

- Providing information to professional colleagues and to the public [http://twitter.com/evidbasemed_bmj]
- Holding online discussions about clinical and educational issues [http://twitter.com/#!/search/%231care]
- Holding scheduled online journal club discussions [http://twitter.com/#!/PHTwitJC]
- Engaging in political and leadership debates with medical and other professionals [http://twitter.com/#!/clarercgp]
- Establishing lists and networks of colleagues with particular interests
- Scheduled weekly Twitter conferences about the NHS, health policy and online education which involve considerable numbers of GPs, nurses and other professionals [http://twitter.com/#!/search/%23UKMedEd]
- For personal use; communicating with family and friends, sharing photos, running local community groups and discussing current affairs [https://twitter.com/DowntonAbbey].

3 Medical Protection Society press release (14 June 2012). Accessed 20.09.12 via: http://www.medicalprotection.org/Default.aspx?DN=43fb99ca-937e-4c30-86ae-393054e3e99f
4 Osman A. Is it time for medicine to update its Facebook status? BMJ 2011; 343: d6334

BENEFITS AND RISKS

The phenomenon of innovative technology being considered 'risky' is not new. For example, the 1865 'Red Flag Act' required all road cars in the UK to travel at a maximum of 2 mph in towns and carry a minimum crew of three people – one to walk 60 yards ahead of the vehicle with a red flag to warn pedestrians and horse riders.[5]

This exceedingly cautious approach was felt necessary because motor cars were an unfamiliar technology for the majority of road users – when they were introduced, there was no shared understanding of the rules of the road, or Highway Code, to help people understand how they should interact and avoidable accidents happened frequently. But as experience of car use grew, and the principles of safe driving became codified, shared and widely understood, safety was greatly improved and the enormous benefits of the motor car could then be realised.

In many ways, the new experience of social media use has much in common with these early days of the motor car. As doctors, we will need to learn how to adapt our behaviour to ensure we use new technology safely, appropriately and responsibly, if we are to enable it to flourish and not be stifled by reactive regulation. As professionals, we must educate ourselves in how to realise the benefits of social media as well as how to manage its risks.

BENEFITS FOR DOCTORS	RISKS FOR DOCTORS
• Establishing wider and more diverse social and professional networks • Engaging with the public and colleagues in debates, locally and globally • Facilitating public access to accurate health information • Improving patient access to services	• Loss of personal privacy • Potential breaches of confidentiality • Online behaviour that might be perceived as unprofessional, offensive, or inappropriate by others • Risks of posts being reported by the media or sent to employers

At the current time, training and educational support available for doctors on using social media is quite limited. A 2011 survey[6] of doctors' social media use carried out in the Severn Deanery found:

- 88% of medical students and 80% of Foundation Year doctors reported having viewed colleagues acting 'unprofessionally' on Facebook; yet
- 50% of Foundation Year doctors, 26% of students, and none of the senior staff grade doctors surveyed were aware of any advice or guidelines applying specifically to their use of Facebook.

The authors concluded: *'Current guidance for medical professionals is not sufficient and thus this is an area of medical education that needs to be specifically adapted.'*

5 DVLA. A brief historu of registration. Accessed 20.09.12 via: http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@motor/documents/digitalasset/dg_180212.pdf

6 Osman A. Is it time for medicine to update its Facebook status? BMJ 2011; 343: d6334

In November 2011, *The Guardian* reported details of 72 actions carried out against NHS staff for 'inappropriately' using social media[7]. In response, Nick Clements, Head of Medical Services at Medical Protection Society (MPS), said: *'Doctors and medical students need to be conscious of the image they present online.'*

In response to these issues, the British Medical Association (BMA) produced useful general professional guidance on social media in 2012.[8] The General Medical Council (GMC) is currently consulting on explanatory guidance for doctors on using social media, to support its revision of *Good Medical Practice*. The tips and advice within this guide should be seen as complementing and interpreting, and not substituting, this broader professional guidance.

Doctors will need practical and realistic advice to help them apply professional guidance in what is often a complex and rapidly changing online world. In particular, there is very little tailored information available currently for community-based practitioners, such as GPs and primary care nurses. As front-line clinicians, these professionals face the added challenge of balancing their responsibilities to actively engage with people in their local communities, in order to make their services more accessible and patient-centred, with the need to maintain professional boundaries, respect confidential relationships and be seen to behave appropriately at all times.

Despite these challenges, there are many simple and practical steps that doctors and other healthcare professionals can take to safeguard their social media use – we aim to capture many of these within the Social Media Highway Code as it continues to develop.

DOCTORS WORKING IN SECURE ENVIRONMENTS

Special rules around social media use apply to doctors working in the Armed Forces or in secure environments, such as prisons, young offender institutions and secure psychiatric units.

The Ministry of Defence provides a site which brings together the social media presences operated or sponsored by the Royal Navy, British Army, Royal Air Force or the UK Ministry of Defence. This provides useful guidance for Armed Forces personnel on the use of social media:

www.blogs.mod.uk/social-media-guidelines.html

7 The Guardian (9th Nov 2011): Trusts reveal staff abuse of social media. Accessed 22.09.12: http://www.guardian.co.uk/healthcare-network/2011/nov/09/trusts-reveal-staff-abuse-of-social-media-facebook

8 British Medical Association (2012): Using social media: practical and ethical guidance for doctors and medical students. London: BMA.

OLD PRINCIPLES – NEW PRACTICE

'This is a different country, but the underlying ethics are the same. As a doctor, you are a professional always and must maintain the trust of your patients.'

Niall Dickson, Chief Executive, GMC[9]

The principles that determine 'professional' online behaviour are similar to the principles in the unwritten code adopted by cowboys in the frontier of the newly discovered Wild West. These include honesty, hospitality, fair play, loyalty, trust, consideration and respect. These professional values are enduring – with the advent of social media, it is mainly the context in which they must be applied that has changed.

The RCGP curriculum[10], which sets out an educational framework for GPs, highlights three 'essential features of you, the doctor' that strongly influence how GPs, and indeed all doctors, apply their knowledge, skills and expertise in everyday life. These are:

- **Contextual features** – your environment, including your home and working conditions, community, culture, laws and regulatory frameworks
- **Attitudinal features** – your capabilities, values, feelings and personal ethics
- **Scientific features** – your critical, evidence-based approach and your commitment to lifelong learning and to quality improvement

These three essential features are highly influential on how doctors behave and interact when using social media.

In order to help doctors better understand how these features affect professional behaviour in the online environment – and to illustrate some of the common pitfalls and how to avoid them – we have sought views from a range of people and organisations with experience of different aspects of using social media. This included GPs and hospital doctors, patient representatives, medical students, nurses, journalists and media professionals, lawyers, providers of online services, and representatives from the GMC and other professional bodies. We also reviewed the recently published professional guidance relating to social media use and asked for views from the users of social media tools including Twitter, personal blogs and Doctors.net.uk forums.

From this combined evidence-base of published guidance and real-world experience, we have distilled some simple principles and practical tips that can be applied to everyday social media use – these have been summarised into our Social Media Highway Code.

As with many emerging fields of professional practice, there are many areas where opinion is divided on how a doctor ought to behave in a particular situation. There are also many situations where decisions are highly dependent on the individual context – in these instances we have discussed alternative approaches and highlighted some of the pros and cons of each, in the hope that doctors will be encouraged to discuss these issues with their peers and feel empowered to exercise their professional judgement and skills.

9 Noted at 'Doctors and Social Media' discussion event held in March 2012 at RCGP, London
10 Core curriculum statement, Royal College of General Practitioners. Accessed 24.09.12 via www.rcgp.org.uk/curriculum

THE CODE

1. Be aware of the image you present online and manage this proactively
2. Recognise that the personal and professional can't always be separated
3. Engage with the public but be cautious of giving personal advice
4. Respect the privacy of all patients, especially the vulnerable
5. Show your human side, but maintain professional boundaries
6. Contribute your expertise, insights and experience
7. Treat others with consideration, politeness and respect
8. Remember that other people may be watching you
9. Support your colleagues and intervene when necessary
10. Test out innovative ideas, learn from mistakes – and have fun!

1. BE AWARE OF THE IMAGE YOU PRESENT ONLINE AND MANAGE THIS PROACTIVELY

We have right to voice our views, but perhaps not "embarrass" our profession.'

Elly Pilacavichi, BMA Junior Doctors Committee[11]

There has been a significant shift in the way that people behave online over the past decade. Reality TV and other cultural influences have changed the public's views on free speech, interpersonal behaviour and privacy in the online world – although a wide spectrum of views remains.

Most of the doctors we consulted use their own professional name for their online posts and for interactions directly relating to their status as a doctor. But some choose to use a pseudonym or 'pen name' to make their true identity less apparent to their colleagues or patients, or because they wish to create an online persona.

The vast majority of healthcare professionals choosing to use online pseudonyms do not intend to behave inappropriately or 'cause trouble'. However, during our consultation, a small number of high profile cases were highlighted in which doctors had gotten into professional difficulties due to a mistaken belief that the use of a pen name provided them with protection from disciplinary action when they behaved unprofessionally.

Posts can last on the internet forever, but online anonymity is usually only temporary. This is especially true in the event of a formal complaint being made, as the identity of the poster can usually be traced by the service provider. For example, the Medical Protection Society has said[12]: *'We are aware of cases where junior doctors have discussed patients on social networking sites, assuming that they [the doctor] would not be identified – but they were exposed and those involved were disciplined.'*

We also found evidence in the literature to suggest that the use of pseudonyms and the non-disclosure of personal information may increase disinhibited online behaviour[13], particularly in group-based interactions (e.g. discussion fora)[14]. There may be, therefore, an argument for avoiding the use of online pseudonyms on risk-reduction grounds.

Although in general, we would encourage doctors to identify themselves openly and honestly when using social media, in line with professional guidance, a number of specific circumstances were highlighted in which the use of a pseudonym may be professionally appropriate. However, it was also pointed out that there is an inevitable paradox in doctors choosing to misrepresent their identity online in order to speak 'openly', which may ultimately undermine their personal integrity and, therefore, the trust on which the profession depends.

11 Tweeted on 19th May, 2012
12 Williams S (2010). Tweeting into Trouble. New Doctor. MPS. Accessed 20.09.12 via: http://www.medicalprotection.org/uk/new-doctor/january-2010/tweeting-into-trouble
13 Suler J (2004). The Online Disinhibition Effect. CyberPsychology and Behavior, 7, 321-326
14 Jessup L M, Connolly T and Galegher J (1990). The effects of anonymity on GDSS group process with an idea-generating task. MIS Quarterly, 14 (3), 312-321

Advice that users of social media shared with us:

- Act as though any information and images you post on line will remain there forever and might be distributed, shared, commented upon and accessed by anyone, including your patients, family, colleagues or employers (even many years later)
- Learn how to promptly delete posts and other information you have uploaded in error, as this may reduce their distribution – but understand that even deleted material may be recovered or remain publicly available in some circumstances
- As a general principle, if you portray yourself as a registered doctor or post in a professional capacity, you should usually identify yourself openly with your professional name. This encourages freedom of expression, accountability and establishes trust with the public and with colleagues
- Some doctors may reasonably choose to use an online pseudonym in order to perform specific roles or tasks (e.g. to act as a forum moderator or to write about sensitive issues or for comedy/satirical purposes). In this situation, it is important to explain your reasons for doing so and declare any conflicts of interest openly – and remember, you are a doctor always and still have the same duty to act professionally
- If using a pseudonym or posting 'anonymously', be aware that you may be at increased risk of online disinhibited behaviour, especially in group interactions – take this risk into account before posting or communicating with others. Be aware that use of a pseudonym does not provide reliable anonymity for you or your patients, especially over the longer-term, and will not protect you from disciplinary action in the event of a complaint from a colleague or member of the public
- If using a pseudonym to write professionally as a doctor, it is even more important to be aware of any potential biases or conflicts of interest and to declare these openly, to avoid breaching the GMC's rules on probity. Before posting, reflect on why you feel it necessary to hide your comments behind a pen name
- Regularly 'audit' your profile pages and the information that is retrieved by search engines and compare this with the professional image you wish to portray to others
- Whatever name you choose to use online, your online presence is a reflection of who you are and expresses your personal beliefs, values and priorities.

2. RECOGNISE THAT THE PERSONAL AND PROFESSIONAL CAN'T ALWAYS BE SEPARATED

The use of social media has blurred the boundaries between 'public' and 'private' and changed the way in which online aspects of private lives are accessible to others.'

General Medical Council[15]

Much traditional guidance relating to professional behaviour is based on an assumption that doctors can draw a line between their personal and their professional lives. However, social media blurs this boundary considerably. This is partly due to the interconnectedness of new technology and partly due to a generational shift in the understanding of personal identity.[16]

This view is reflected in the Facebook terms and conditions, which prohibits the creation of more than one personal profile or the use of 'false personal information'.[17] It is therefore increasingly difficult for doctors to partition their online identity into personal and professional compartments – as an internet search will quickly reveal.

The healthcare professionals discussing this issue felt that doctors needed to become more aware of this blurring and learn how to proactively manage their online identity. An analogy was drawn with how traditional country GPs behaved 30 years ago, when they knew everyone in their local communities and everyone knew them. If they went down the village pub on a Saturday evening, it was considered quite appropriate to interact socially with patients, but they always knew they had to be careful not to have one drink too many...

Advice that users of social media shared with us:

- Consider how the total body of information and images you post online contribute to the impression that others might form of you, both professionally and personally, and how this in turn can influence how your future online and offline behaviour will be interpreted
- Learn how to use the privacy and profile settings of the social media tools you use, while also understanding their limitations – remember that, as a doctor, you might need to set the privacy settings at a higher level than the default settings
- Remember to clarify when you are commenting professionally or personally about an issue – although commenting personally does not excuse you from your professional obligations
- Be aware that most social media sites do not guarantee confidentiality regardless of the level of privacy settings in place. Remember that 'private' or direct messages may not be secure and may be accessible to the staff of the organisations running those sites (so should not be used for confidential communications about or with patients)
- Maintaining an appropriate balance between your life as a private individual and your responsibilities as a professional will require the application of judgement and experience.

15 GMC draft guidance (2012). Accessed 20.09.12 via: http://www.gmc-uk.org/Draft_explanatory_guidance___Doctors_use_of_social_media.pdf_48499903.pdf
16 The Guardian (21 August 20120)Does technology pose a threat to our private life? Accessed 20.09.12 via: http://www.guardian.co.uk/technology/2010/aug/21/facebook-places-google
17 Facebook terms. Accessed 18.09.12 via: http://www.facebook.com/legal/terms

3. ENGAGE WITH THE PUBLIC BUT BE CAUTIOUS OF GIVING PERSONAL ADVICE

Social media is being adopted by a range of NHS services to increase accessibility to information and health services for all ages. This is especially so for services aimed at younger people – for example, in 2011, NHS Choices reported that it had over 60,000 followers and 'fans' across a range of Facebook, Twitter and YouTube accounts.[18] Its staff members correspond directly with members of the public to signpost them to relevant information and services:

Tweet to @NHSChoices: *Suffering from a nasty toothache. I'm taking regular ibuprofen and going to the dentist in two weeks, anything else I could do?*

Reply from @NHSChoices: *Hi here's our info on toothache treatments - in summary you should see your dentist as soon as possible at.nhs.uk/rmmTH6*

Adopting a similar approach, NHS Rotherham has piloted the use of social media to improve young people's access to sexual health services:

Tweet from @rothsexualhealth: *Tweet @rothsexualhealth for an 'expert on call' about contraception concerns you might have. NHS Rotherham.*

These examples show some of the innovative approaches being developed to reach specific patient groups using social media.

The direct way in which people can now interact with doctors through social media directly influences how the public understands and interprets doctor-patient relationship boundaries and medical confidentiality. For example, many younger people now have no qualms about requesting health advice from a doctor in an online public arena, such as Twitter or Facebook, but would not dream of asking the same doctor for similar advice in the local supermarket – for many older patients, the opposite might apply. In either case, the doctor has the same professional responsibilities to preserve patient confidentiality, maintain appropriate boundaries and foster a good doctor-patient relationship. Doctors must learn how to fulfil these responsibilities in the new contexts presented to them by social media.

Guidance from the GMC, professional bodies, and indemnity organisations recommends that doctors should avoid giving personal medical advice though social media, because of the professional and medico-legal risks and the potential risks to privacy. This view was shared by the majority of healthcare professionals that we consulted. However some argued that, because this is an approach to obtaining advice that is likely to increase, doctors need to develop professionally acceptable ways of being more responsive to the needs of these patients. Refusing to do so may disadvantage groups who face barriers in accessing traditional health services, such as teenagers, young men, minority groups and those with mental health problems.

Following a number of successful TV shows, doctors providing individuals with medical advice through the media is now widely accepted by the public. A growing number of doctors with high media profiles are receiving and responding to health-related queries from individuals with whom they have not previously had a doctor-patient relationship. Web-based clinical services, patient organisations and support groups also increasingly provide health-related information to members of the public through social media.

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18 NHS Choices Annual Report 2011. Accessed 19.09.12 via: http://www.nhs.uk/aboutNHSChoices/professionals/developments/Documents/annual-report/Annual_report_2011_digital.pdf

For the individual practitioner, the distinction between providing general information and personalised medical advice is often not clear. As this way of seeking health advice gains popularity amongst the public, it seems likely that patients will increasingly expect their own family doctor or hospital specialist, who is familiar with their medical history and individual circumstances, to also respond to online requests for advice.

Over the next decade, the provision of information and advice to the public through online tools will be an interesting area of evolving professional practice and further research into this area would be welcomed; at the current time our recommendation for individual practitioners is that, given the uncertainties, the provision of personalised medical advice through social media tools should be regarded as a high-risk activity.

Advice that users of social media shared with us:

- Be aware that other people's views of what constitutes appropriate health-seeking behaviour may differ from your own. The GMC's *Duties of a doctor* apply at all times and in all contexts, however.
- Avoid giving personalised advice to members of the public through social media tools – general comments and signposting to authoritative and appropriate sources of information are generally fine, but do not be tempted into giving online consultations
- If a member of the public contacts you for medical advice in a public forum, politely direct them to an appropriate channel for such advice – such as NHS Direct or their local practice. If the request comes from one of your patients, direct them to your practice/hospital website, telephone, email or appointment system as appropriate
- Occasionally you may receive an urgent request for help from a patient that requires an immediate response. As with all 'Good Samaritan' acts, you must act in the best interests of the patient and follow your professional obligations as a doctor.

4. RESPECT THE PRIVACY OF ALL PATIENTS, ESPECIALLY THE VULNERABLE

Current professional guidance is clear that medical students and doctors have a duty to respect and preserve patient confidentiality at all times. In 2010, however, a study in the *Journal of the American Medical Association* identified numerous online breaches of patient confidentiality on social networking sites by medical students, including identifiable information about patients being discussed on Facebook.[19]

Doctors tend to consider confidentiality through the frame of their own individual interactions with patients. But social media crosses individual, team and organisational boundaries; this enables outsiders to piece together many pieces of information from multiple sources (e.g. postings from several different team members), which when put together can result in a breach of patient confidentiality.[20]

Social media is changing our understanding of privacy in relation to health. Many patients value contact with others who have similar health conditions or with patient support groups. It is increasingly common for some individuals, especially younger people, to disclose personal information about their health issues and lifestyles online. Some of the doctors we consulted raised concerns that children, young people and vulnerable adults might be at increased risk of exploitation as a result and that healthcare professionals should be alert to this. However it is also possible that this practice will result in further shifts in society's views on personal privacy over the next decade.

Advice that users of social media shared with us:

- Do not discuss real patients, their illnesses, conditions or any of their personal information in public, except with explicit and informed consent of those concerned – otherwise you are at risk of breaching their privacy
- Be aware that even if you change one or two details in a case, such as the age or sex of the patient, the patient or their family may still be identifiable from other details – this is particularly likely for cases involving rarer conditions or unusual presentations
- Remember that even though revealing an isolated piece of information may not in itself breach confidentiality, when put together with other items of information it might do so – just as the individual pieces of a jigsaw form a recognisable picture when put together
- Rarely, you might encounter information in social media sites that places you under a professional obligation to break confidentiality. Examples include information relating to child safeguarding concerns or criminal acts. In these situations, you should follow the appropriate professional guidance and seek expert advice.

19 Chretien KC, Greysen SR, Chretien JP, Kind T (2009). Online posting of unprofessional content by medical students. JAMA 302(12): 1309-15
20 Fenton C. A few fears felt using Facebook. BMJ (2011);343:d5619

5. SHOW YOUR HUMAN SIDE, BUT MAINTAIN PROFESSIONAL BOUNDARIES

'Working in a patient-centred discipline, you accept the subjective world of patient health beliefs, the family, and cultural influences in the different aspects of intervention. A consequence of this is that you, the doctor, involve yourself as a person in this relationship with the patient, not merely as a medical provider.'

Core curriculum statement 'Being a GP', Royal College of General Practitioners[21]

Conversations conducted through social media break through many of the barriers that exist between people of different statuses and backgrounds; social media tools provide everyone with an equal voice, create a perception of instant accessibility and democratise access to information. In this way, social media offers great potential to demystify doctors and break down the barriers between the medical profession and the wider world.

The democratisation of online relationships brings with it a number of professional challenges for doctors, however. Without access to the usual cues, there are significant challenges in determining who is a 'doctor', a 'patient' and a 'member of the public' in the social media context – as a result, the nature of online relationships is fluid and can change rapidly, even during the course of a live conversation.

Previous advice from BMA, GMC and indemnity organisations has recommended that, in general, doctors should not accept 'friend' requests from patients on popular social media sites such as Facebook (a 'friend' request is an online request from another person to join your online network of friends or acquaintances). Yet in an apparent contradiction to this advice, some NHS services openly encourage patients to become friends on Facebook or to follow them on Twitter, in order to access further services or information (this is sometimes required on some social media sites to enable use of the private message functions). This implies a distinction may exist between establishing online relationships with patients on behalf of an organisation and doing so as an individual practitioner.

To date, the guidance on how an individual healthcare professional should *respond* to a friend request from a patient has also not been completely consistent. For example, some organisations have advised that the doctor should simply ignore the request. For example, a medico-legal adviser at the Medical Defence Union (MDU) was reported by the BBC as saying[22]: *'Some doctors have told the MDU they feel it would be rude not to reply, if only to politely refuse, but given that this is not a professional route of communication any correspondence of this sort would clearly stray outside the doctor-patient relationship.'*

However, the BMA's guidance indicates that the doctor should generally respond to such a request, in order to preserve the doctor-patient relationship[23]: *'The BMA recommends that doctors and medical students who receive friend requests from current or former patients should politely refuse and explain to the patient the reasons why it would be inappropriate for them to accept the request.'*

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21 RCGP core curriculum statement (2012). London: RCGP. Accessed 24.09.12 via www.rcgp.org.uk/curriculum
22 BBC News (2nd Dec 2009). Doctors warned about risk of 'Facebook flirts'. Accessed 22.09.12: http://news.bbc.co.uk/1/hi/8389458.stm
23 British Medical Association (2012): Using social media: practical and ethical guidance for doctors and medical students. BMA: London.

In its draft guidance[24], the GMC has implied that the doctor has an ongoing duty of care in such situations, thereby implying a professional obligation to respond: *'If a patient contacts you through a private profile, you should explain that it is not appropriate to mix social and professional relationships and, where appropriate, direct them to your professional profile.'*

Although this guidance may be applied straightforwardly when, for example, determining on an individual basis who should be permitted access to a closed profile (e.g. on a site such as Facebook), it does not transfer so readily to interactions through many of the social media tools that are inherently public-facing in order to perform their function, such as open discussion forums, blogs and Twitter. When using these tools, it is practically impossible for a doctor to determine reliably whether they are interacting with people with whom they have, or have had, a doctor-patient relationship – not least as the other party may obscure his or her identity. In particular, this is a challenging issue for GPs who, as front-line doctors, are particularly likely to receive contacts from patients, with whom they must maintain an ongoing professional relationship.

Maintaining appropriate online boundaries is also more difficult for doctors who perform non-medical roles in their local communities – for example, if a member of a local charity, religious group or other community-based organisation that uses social media to organise its activities and networks. In this instance, the doctor may need to 'friend' individuals based in their local community who also happen to be their patients, while remaining highly aware of the need to maintain their medical professional boundary. Surveys of doctors show that some do accept selected requests on this basis, depending on the circumstances.[25]

This is a practical yet challenging aspect of social media use would benefit from greater debate and sharing of experience among professionals. In complex situations, doctors will need to apply their professional judgment and common sense, as they do in the offline world, to ensure appropriate relationship boundaries are maintained.

Advice that users of social media shared with us:

- Where this is possible, try to maintain a separation between your personal and professional online profiles – direct your friends and family to the former and your patients and colleagues to the latter
- If you do accept a friend request from a patient to your personal profile, be sure you can justify doing do and have taken appropriate steps to preserve professional boundaries
- Should you receive an inappropriate social media contact from a patient, politely re-establish professional boundaries and explain your reasons. Remember that friend requests are usually well-meaning and patients might not understand why you can't accept them
- Remember that posting details of your whereabouts or travel plans online may have implications for your personal security (or the security of your family or property)
- Be alert to the more complex situations where the boundaries between personal and professional can become blurred and apply your professional judgment when needed.

24 General Medical Council (2012): Doctors' Use of Social Media – draft explanatory guidance. Accessed 20.09.12 via: http://www.gmc-uk.org/guidance/12022.asp
25 The Guardian (14th July 2011). Facebook friends a no-no for doctors. Accessed 23.09.12 via: http://www.guardian.co.uk/uk/2011/jul/14/facebook-doctor-patient

6. CONTRIBUTE YOUR EXPERTISE, INSIGHTS AND EXPERIENCE

'There are hazards in doctors being too afraid to have an online presence. Having doctors online is a good antidote to nonsense science, erroneous media health scares... Social media enable doctors to stand up for good medicine, democratically and instantly.'

Margaret McCartney, GP, Glasgow[26]

Social media sites provide a powerful tool for raising public awareness of topical health issues, enabling doctors to counter information that is inaccurate, lacking in evidence or potentially harmful. It also enables doctors and the public to participate in a broad range of conversations about healthcare needs and priorities.

Through social media, doctors have an opportunity to encourage creativity, demonstrate leadership, promote our profession's values and positively influence health service policies and plans. Along similar lines, the House of Commons recently voted to allow the use of social media during debates, as a means of being able to reach out more to the public.[27]

It's important, however, for doctors to consider the pros and cons of different conversational forums and to optimise their use of each type – both separately and in an integrated way. For example, many social media tools encourage brief and sometimes character-limited contributions. Although there is much to be said for brevity, this is not necessarily helpful when making a nuanced argument and it may be sensible to divert the discussion to an alternative forum to reduce misunderstandings.

GPs in England are assuming considerable responsibility for developing local healthcare services – this will require those doctors to adopt effective mechanisms for involving the public in difficult health policy decisions; half the UK population now actively use social media and health organisations should consider this when developing communication strategies. It will also be important to address inequalities in internet access and ensure that disadvantaged groups are not denied an opportunity to participate.

Advice that users of social media shared with us:

- The views of doctors carry a lot of weight with the public. Use this power responsibly, to challenge and inform as appropriate, justifying your views with evidence
- Social media should be regarded as a two-way conversation, not a one way transmission of information; interaction is the aim; differing and strongly-held views should be expected
- Micro-blogging sites like Twitter are great for starting conversations, but not for making nuanced cases – some ideas can't be expressed accurately (or safely) in just 140 characters
- Remember that conversations begun in the social media environment can be transferred to alternative means of communication, such as private email or phone
- Discuss the use of social media in your wider healthcare teams and organisations as a means for communicating more effectively with specific sections of your local community, such as younger people, who may be hard to reach through more traditional means.

26 McCartney M. We shouldn't fear social media. BMJ (2011); 343:d4864. Accessed 23.09.12 via: http://www.bmj.com/content/343/bmj.d4864
27 BBC News (13th Oct 2011). Accessed 20.09.12 via: http://www.bbc.co.uk/news/uk-politics-15293928

7. TREAT OTHERS WITH CONSIDERATION, POLITENESS AND RESPECT

'Social media is different from broadcasting, in that the conversation is not a one way transmission of information... On the contrary, interaction is the norm and differing views, often strongly held and imperfectly expressed, should be expected. Equally, when responding one should make every effort to post in such a way that personal offence cannot be inferred.'

John Cosgrove, GP, Birmingham[28]

Doctors highly value the opportunities for freedom of expression provided to them by social media. A recurring theme arising during our discussions, however, was that many were concerned that their professional responsibilities might curtail this freedom.

In particular, doctors were worried that their ability to debate robustly with colleagues through social media might be restricted by their duty to treat colleagues with respect and to not bring the profession into disrepute. During our consultation, however, representatives of the GMC and professional bodies were keen to draw a distinction between robustly but politely disagreeing with a colleague (which was broadly deemed acceptable behaviour) and making offensive or derogatory remarks (which was not).

A minority of doctors suggested that it was 'fair game' to make derogatory remarks in online forums against certain colleagues, such as doctors in local or national leadership roles, and that these doctors should become more tolerant of such behaviour. As might be expected, representatives of the GMC and professional bodies disagreed with this view, citing the detrimental consequences that such remarks could have on the individuals concerned (both the originator and the recipient) and on the wider profession.

More widely, the need for doctors to be aware of defamation law[29] was highlighted to us by a number of journalists and legal professionals. If doctors stick to appropriate language and avoid making claims that may damage the reputations of individuals, products, services or organisations, the risk of running into problems is low, although some doctors can be very forthright about their opinions and are seemingly unaware that their comments could ultimately be tested in court. Furthermore, the costs and damages arising from such actions may not be covered by the doctor's indemnity organisation.

Some doctors argued that their behaviour when they were 'off-duty' should be judged no differently to that of other members of the public. In contrast to this view, however, the GMC has clearly stated that the duties of a doctor, as specified in *Good Medical Practice*[30], remained in force at **all times**, irrespective of the modality of communication. A number of lay people we consulted also indicated that they believed the standard of behaviour expected of doctors was higher than that of the general public.

28 Comment posted 05.10.12 on RCGP Social Media Highway Code Facebook page. Accessed 09.11.12 via: www.facebook.com/pages/RCGP-Social-Media-Highway-Code/481129191911484
29 Defamation, which includes libel and slander, is the act of making an unsubstantiated comment about an individual or organisation that is judged to harm their reputation
30 General Medical Council. Good Medical Practice. Accessed 19.9.12 via: http://www.gmc-uk.org/guidance/good_medical_practice.asp

We also found different levels of expectation among doctors as to how they might converse with one another in public (e.g. on Twitter) compared with in private (e.g. in a closed internet forum). However, several incidents were reported in which doctors had been subject to investigation or disciplinary action following complaints about postings in doctor-only forums that were perceived to be offensive, unprofessional or potentially defamatory.

Some doctors pointed out that it was very difficult to determine who was or was not a 'colleague' in a social networking context. However, arguing that the recipient of an inappropriate remark should not be regarded as a colleague is unlikely to be a helpful defence in the event of a complaint being made, as the remark is even less likely to be deemed acceptable if the recipient were to be 're-classified' as a member of the public.

Advice that users of social media shared with us:

- You have a right to express your views openly – but not to do so in a way that causes offence to others or infringes on their own rights
- Think carefully before swearing or being overly critical about other people; imagine that you are speaking to them face-to-face. Try to remain polite and considerate with others even if they have been rude or unpleasant towards you – learn when to hit the log-out button and don't get drawn into slanging matches or 'trolling'
- The public expects doctors to be helpful and compassionate in every aspect of their lives. At times you may not feel this way – but if you are always courteous and polite, you are unlikely to get into trouble
- Resist the temptation to post comments online when you are feeling angry or frustrated. Find alternative (and appropriate!) ways to vent your feelings
- Check that anything you post about other people or organisations is factually accurate, just as you would in any other setting; there have been cases of professionals being sanctioned or subjected to legal proceedings for passing on erroneous or defamatory information
- When part of an online group, don't be tempted into joining others in making derogatory comments or 'ganging up' on another individual – this behaviour could be regarded as 'cyber-bullying'. Be wary of the power of the mob
- Avoid making comments that could be perceived as racist, sexist, homophobic or otherwise prejudiced, even if you mean them in jest or as satire; such comments can be easily misconstrued or misreported
- If you have offended someone, apologise promptly and sincerely (and publicly, if appropriate)
- HEALTH WARNING: making derogatory, threatening or defamatory comments about others could have a harmful effect on your career. 'I was just blowing off steam' may be an honest explanation, but is not likely to be accepted as a valid justification by professional bodies or employers.

8. REMEMBER THAT OTHER PEOPLE MAY BE WATCHING YOU

'I'm not afraid to go into the blogosphere every day to see what's being said about the NHS, the college and me. I hate seeing negative comments but I want to tackle them and address them and apologise if necessary. I think it's important that people see me warts-and-all.'

Clare Gerada, Chair of Council, RCGP[31]

Several of the journalists and media professionals we consulted indicated to us that they believed doctors should be more aware that their online activity may be routinely monitored by the media, in order to responsibly research stories. Social media conversations are regarded as a useful source to gauge topical talking points or trends.

A number of the journalists and media professionals expressed surprise at the online behaviour that they had witnessed from some doctors, citing occasional examples of doctors behaving in ways that they believed would be perceived as unprofessional by members of the public. One journalist referred to the online behaviour of some doctors as 'naive'. Examples were highlighted where conversations occurring in social media sites had led to stories in the national or trade press. There are potential consequences of this for medical professionals and their employing organisations.[32]

Journalists may, quite legitimately, approach doctors directly through social media sites to source stories or get a doctor's viewpoint. There may be a risk in public forums and micro-blogging sites, such as Twitter, of journalists attempting to engage doctors in discussions on sensitive or controversial issues, in the hope of provoking an unguarded response.

Advice that users of social media shared with us:

- Creating an online presence for yourself will help you get your message across to others but will also leave you more exposed to public criticism from journalists and colleagues
- Remember that any comments you post in social media sites may be regarded as public property and may be quoted in other media, including the national press – and that professional bodies can sanction you if they deem your behaviour to be a risk to their reputation or to the reputation of the profession as a whole; even if your original posting was made in a private network or in a non-professional context
- Be aware that journalists may routinely monitor doctors' activity in social media sites for potential stories
- Before communicating with a journalist, always clarify first who they are working for and what their story will be about. All conversations should be regarded as 'on the record'
- If you receive an unsolicited query from a journalist, or find yourself involved in a press story, contact the press/public relations office of your local NHS organisation, professional body or indemnity organisation for advice and assistance.

31 GP Online. Accessed 20.09.12 via: http://www.gponline.com/News/article/1099969/Gerada-reflects-exhausting-first-year-RCGP-chairwoman/
32 Daily Mail Online. 'Birthing sheds, the cabbage patch and madwives'. Accessed 20.09.12 via: http://www.dailymail.co.uk/news/article-2038487/Welsh-Gas-Doc-Twitter-Irreverent-tweets-hospital-medic-provokes-angry-backlash.html

9. SUPPORT YOUR COLLEAGUES AND INTERVENE WHEN NECESSARY

Many doctors lack experience in using social media and, from time to time, may encounter professional dilemmas relating to their responsibilities to maintain patient privacy, to respect colleagues and to communicate with colleagues in a way which avoids bringing the profession into disrepute. There is, therefore, a potential role for more experienced doctors and more experienced users of social media to mentor and support one another. Such mentoring and support could occur informally or through organised peer groups (in both on- and offline settings).

Many doctors also have managerial responsibilities in their organisations and so will need to consider educating and supporting their administrative staff and wider clinical team in the use of social media tools. Social media issues are not only a concern for doctors – in a *Nursing Times* survey of 1000 nurses, 42% of respondents were aware of colleagues in their team having used social media inappropriately, for example to criticise a named colleague or patient. Of those reporting 'inappropriate' use, 75% said the team member had discussed the behaviour of colleagues and 32% said they had discussed patients.[33]

Occasionally, you may have to intervene when you see a colleague behaving inappropriately online. In relation to clinical concerns and patient safety, the GMC's draft guidance on social media[34] states: *'All doctors have a duty to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work...'*

If you do feel that an intervention is necessary, it is usually best to contact the individual or organisation concerned privately. Criticising someone's behaviour in public is less likely to lead to a considered and thoughtful response. Social media tools are not an appropriate forum to raise whistle blowing concerns – approach the organisation concerned or the appropriate regulatory bodies directly.

Like members of the public, many healthcare professionals do not have a good understanding of the key legislation that governs the use of intellectual property and personal information in the online space, such as the laws relating to copyright and data protection. Practices, health organisations or individual practitioners may be classified as 'data controllers' under the Data Protection Act and many GPs have additional legal responsibilities for ensuring the security of personal data, of which they may not be fully aware. Doctors and their teams may need advice on how these laws apply to the material they upload and share through social media sites; useful information on these aspects is available on the websites of the Intellectual Property Office[35] and the Information Commissioner's Office[36].

33 Nursing Times. Nurses breaching online rules (26 July 2011). Accessed 20.09.12 via: http://www.nursingtimes.net/nursing-practice/clinical-specialisms/management/nurses-breaching-online-rules/5032948.article
34 General Medical Council (2012): Doctors' Use of Social Media – draft explanatory guidance. Accessed 20.09.12 via: http://www.gmc-uk.org/guidance/12022.asp
35 Intellectual Property Office: http://www.ipo.gov.uk
36 Information Commissioner's Office: http://www.ico.gov.uk

Advice that users of social media shared with us:

- Review the social media policy in the organisations in which you work. If your organisation doesn't have a social media policy, help them create one and ensure it is widely understood and implemented
- If you see a colleague behaving inappropriately online, bring this to their attention discreetly and sensitively so that they have an opportunity to reflect and take action. If the colleague doesn't make amends and you believe the breach is serious, report it to the appropriate bodies
- Don't respond directly to something you suspect may be a criminal matter – report it to the police
- Familiarise yourself with the basics of copyright, privacy and data protection law and understand how this affects the material, images and personal data you can legally copy, upload, distribute, store and share online (e.g. when creating a blog)
- Review your responsibilities to manage and secure personal data under the Data Protection Act, including the additional legal responsibilities that apply to many GPs as data controllers
- Be aware that healthcare professionals can also be patients. Inappropriate online behaviour may be a symptom of an underlying health or stress-related problem
- If you are responsible for leading or educating a healthcare team, consider arranging a training session on the use of social media.

10. TEST OUT INNOVATIVE IDEAS, LEARN FROM MISTAKES – AND HAVE FUN!

Doctors need opportunities to be innovative and creative. But there is inevitably a tension between maintaining professional integrity while experimenting enough to enable innovation. This is new territory in which traditional professional values will be tested and revised. We must not become too afraid to try out new ideas, but should also discuss our experiences with our peers so that we can help our professionalism to develop and learn. As with other areas of practice, doctors should seek feedback on their behaviour and regularly review and reflect on their and their colleagues' activity.

If new to social media, doctors may feel somewhat anxious about some of the risks and pitfalls we have described. But these risks should not be over-estimated and should not over-shadow the benefits and enjoyment that social media can provide. Furthermore, the chances of an adverse event occurring can be reduced by taking the simple measures outlined in this Code and avoiding factors that increase the chances of a bad outcome. Just as with driving, **online behaviour can be disinhibited or impaired because of alcohol or drugs, or affected due to tiredness and stressful or emotive situations**. These risk factors are likely to be additive and could increase the risk of engaging in behaviour deemed to be 'unprofessional'.

Social media is exposing doctors to a new and emerging form of human activity which provides opportunities for expanding and diversifying professional relationships and sharing information. But most importantly, almost all the doctors we consulted were keen to stress the opportunities it provides for hours of fun and enjoyment!

Advice that users of social media shared with us:

- Start by posting on straightforward, noncontroversial topics to build up your experience (e.g. avoid potentially sensitive issues like race, religion or complementary therapies)
- Avoid posting online or using social media sites when under the influence of alcohol or when stressed, tired or upset
- Speak freely, but always take care with your use and tone of your language; only post online what you would be prepared to say in front of your grandmother or your boss, or see reported in the local press
- If you feel some uncertainty about whether or not to post a comment, this probably means you shouldn't post it. If you have recently had a drink, you definitely shouldn't post it!
- To build up followers, friends and 'fans' in social media sites, you need to have something valid, useful or interesting to say. Remaining professional does not mean you can't allow your personality, passion or sense of humour to show through
- If you have a particularly good or bad experience online, document your reflections and what you have learned in your revalidation e-portfolio and identify how this has changed your future practice. By doing this you can earn CPD points towards revalidation (every cloud has a silver lining!)
- Take time out to think about who you are, who you want to be, and what you want to show the world and then compare this with the information in your profile pages, your postings and the material associated with you
- Don't forget that using social media should be a fun and enjoyable experience!

RESOURCES AND FEEDBACK

USEFUL RESOURCES AND GUIDANCE

The following guidance documents and websites provide guidance for doctors on using social media:

- British Medical Association (2012): Using social media: practical and ethical guidance for doctors and medical students
- Australian Medical Association Council of Doctors-in-Training, the New Zealand Medical Association Doctors-in-Training Council, the New Zealand Medical Students' Association and the Australian Medical Students' Association (2010): Social media and the medical profession – a guide to online professionalism for medical practitioners and medical students
- General Medical Council (2006): Good Medical Practice
- General Medical Council (2012): Doctors' Use of Social Media – draft explanatory guidance

HOW TO SHARE YOUR IDEAS

If you have ideas or suggestions to improve the Social Media Highway Code, or other thoughts on doctors and social media you wish to share with us, please email communications@rcgp.org.uk, post your comments on our Social Media Highway Code Facebook page – or tweet us at @RCGP [#RCGPSoMe].

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Doctors.net.uk

Doctors.net.uk is the largest and most active network of medical professionals in the UK, with a membership of over 190,000 doctors. It provides a variety of online services, including forums for discussion and extensive education resources: www.doctors.net.uk

LimeGreen New Media Consultancy Training

LimeGreen is an independent media production and training company which specialises in supporting communication in the health sector. It offers social media training to healthcare professionals and organisations: www.limegreenmedia.net