Doctors’ use of social media: what you should/must know

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Working with doctors Working for patients
GMC in Scotland

Scotland:

1. Victoria Carson
   Head of Scottish Affairs

2. Dan Wynn
   Scottish Affairs Officer

3. Jackie Bell
   Scottish Projects Officer

4. Justin Hynd
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5. Willie Paxton
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Issues being raised by doctors, students and employers

General Medical Council

The state of medical education and practice in the UK 2014

Working with doctors Working for patients

FIGURE 57: Top five requests from doctors, medical students and medical training managers for future sessions to be run by our regional liaison service:

- **Doctors**
  1. End of life care (189)
  2. Conflicts of interest (154)
  3. Revalidation (146)
  4. Maintaining boundaries (139)
  5. Acting as a witness in legal proceedings (134)

- **Medical students**
  1. Prescribing (68)
  2. End of life care (65)
  3. Social media (51)
  4. Child protection (50)
  5. Personal beliefs (45)

- **Medical training managers**
  1. Raising concerns (37)
  2. Revalidation (32)
  3. Professionalism (32)
  4. Leadership and management (30)
  5. Social media (30)

Total requests for advice:
- **Doctors**: 2,252
- **Medical students**: 686
- **Medical training managers**: 417

*The regional liaison service collected this feedback from attendees at sessions in 2013.*
How do we define social media?

- “web-based applications that allow people to create and exchange content”

- Can include:
  - Blogs/microblogs
  - Internet forums
  - Content communities
  - Social networking sites
How many forms of social media do you know/use?

- Facebook
- LinkedIn
- Twitter
- YouTube
- Vimeo
- Instagram
- Flickr
- Snapchat
- Tinder
Beware: the ripple effect of social media
From ripples to tidal waves
How big is your digital footprint?

Image from digitalfamilysummit.com
How have people rated this service?

694 people *would recommend* this service
291 people *would not* recommend it

Would you recommend this service?

- accessibility: 15 ratings
- cleanliness: 311 ratings
- environment: 1086 ratings
- information: 1095 ratings
- involved: 1357 ratings
- listening: 1107 ratings
- medical: 298 ratings
- nursing: 290 ratings
- parking: 260 ratings
- respect: 1435 ratings
- timeliness: 1426 ratings

3,184 stories have been told about NHS Scotland

Tell your story - make a difference
Social media 'fuel rise in complaints against doctors'

21 July 2014 | Health

A rise in complaints against doctors reflects the role of social media and negative press coverage of the medical profession, according to a report commissioned by the General Medical Council.

Complaints by the public against doctors doubled between 2007 and 2012.
Trainee GP who posted photos of patients online is told his fitness to practise is impaired

*BMJ* 2014;348:g2454 Cite this as: *BMJ* 2014;348:g2454

*Clare Dyer*

**Author affiliations**

A trainee GP who posted photographs and comments has escaped sanction despite complaints to Practitioners Tribunal Service.

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**Doctors The Observer**

**Infatuated patients use Facebook to stalk doctors**

Medical Defence Union says patients are using Facebook, Twitter and texts to make romantic advances.

© In 2007-11, there were 100 cases reported of unwanted advances to medics, 28 of them involving female doctors. Photograph: Stephen Wieland
Suicide of Camden schoolgirl prompts further training of psychiatrists in internet safety

13:00 14 April 2014  |  Paul Wright

Tallulah Wilson died in 2012 after posting self-harm images on networking site Tumblr.
Doctors' use of social media

1. In Good medical practice we say:
   3. You must treat colleagues fairly and with respect.
   5. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
   6. When communicating publicly, including speaking to or writing in the media, you must maintain patients' confidentiality. You should remember when using social media that communications treated for training or family may become more widely available.

In this guidance, we explain how doctors can put these principles into practice. Sustained persistent failure to follow this guidance will put your registration at risk.

Social media

4. Social media describes web-based applications that allow people to create and exchange content. In this guidance we use the term to include social networking sites (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).

5. The standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media. However, using social media creates new circumstances in which the established principles apply.

6. You must also follow our guidance on prescribing, which gives advice on using internet sites for the provision of medical services.

7. As well as this guidance, you should keep up to date with any changes to your regulator's policy on social media.

Working with doctors Working for patients

2. General Medical Council 2008. Confidentiality: GMC.
3. General Medical Council 2006. Systematic care in primary care and managing conditions and managing patients, GMC.
‘Should’ or ‘Must’

- ‘you must’ is used for an overriding duty or principle
- ‘you should’ is used when we are providing an explanation of how you will meet the overriding duty
- ‘you should’ is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.
Core message: same advice, new context

“The standards expected of doctors do not change because they are communicating through social media rather than face to face.”

(para. 5)

- Maintaining professional boundaries
- Upholding confidentiality
- Respect for others
Anonymity

“If you identify yourself as a doctor in publicly accessible social media, you should identify yourself by name...”

(para. 17)
Anonymity

“If you identify yourself as a doctor in publicly accessible social media, you **should** identify yourself by name...”

“Any material written by authors representing themselves as doctors is likely to be taken on **trust** and may reasonably be taken to represent the views of the profession more widely”

(para. 17)
<table>
<thead>
<tr>
<th>Profession</th>
<th>% Trust</th>
<th>% Not Trust</th>
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<tbody>
<tr>
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<tr>
<td>Doctors</td>
<td>89</td>
<td>9</td>
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</tbody>
</table>
Anything wrong with this?

When radiologists take a selfie...
Anything wrong with this?
Online resources
Dr Sam Walker is a trainee at an ED, covering an early morning shift. During his break, he goes on Twitter via his phone. He mainly uses Twitter in his personal life, but follows a number of healthcare organisations and other doctors, very occasionally commenting on issues.
Sam retweets a post that he thinks is funny: a picture of a tired and hung-over female in a business suit sleeping at a desk.

@JJJames760 “This is why you should never drink on a Sunday night #hatemondays”

@dr_sam_walker RT “Exactly how I feel this morning!”

Sam quickly gets a call from his friend Chris.
Not so sure about that, mate. It’s all public - the profile’s in your name with your photo, so it’s pretty obvious who it is. You wouldn’t want patients or your bosses seeing it, would you?
What should Sam do?

A. Change his Twitter profile so that all his Tweets are protected from now on?

B. Delete the Twitter message and any other previous messages that may offend or worry people, then be more careful when posting messages in the future?

C. Close down his Twitter account and stop using social media all together?

D. Change his Twitter account name so he can tweet anonymously?
What should Sam do?

A. Change his Twitter profile so that all his Tweets are protected from now on?

B. Delete the Twitter message and any other previous messages that may offend or worry people, then be more careful when posting messages in the future?

C. Close down his Twitter account and stop using social media all together?

D. Change his Twitter account name so he can tweet anonymously?
What would you do in this case?
What would we expect?

That the doctor considered the issues carefully and made a reasonable judgement in the circumstances.

That where the doctor was unsure, s/he sought and took account of advice, which might include advice from the GMC.
A force for improvement and innovation

#hello my name is...

NHS CHANGE DAY
11.03.2015

#MedEd
GMC and social media
Key take away messages

- Don’t post anything online you wouldn’t be happy saying or doing in a crowded room
- Consider a social media policy