

# Professional use of social media

Jo Wren, Principal Regional Liaison Adviser  
East of England and Thames Valley

Working with doctors Working for patients

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## Confidentiality

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General Medical Council



## Consent: patients and doctors making decisions together

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## Leadership and management for all doctors

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## Good medical practice

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## Raising and acting on concerns about patient safety

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## Protecting children and young people

The responsibilities of all doctors

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## 0-18 years: guidance for all doctors

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### Acting as a witness in legal proceedings

1 In Good medical practice<sup>1</sup> we say:

- 11. You must be familiar with guidelines and developments that affect your work.
- 12. You must keep up to date with, and follow, the law, our guidance and other regulators relevant to your work.
- 14. You must recognise and work within the limits of your competence.

2 In this guidance we explain how doctors can put:

- a. You must take reasonable steps to check the information.
- b. You must not deliberately leave out relevant information.
- 13. You must not use your professional position to pressure a witness or engage an emotional relationship with a patient or someone close to them.
- 17. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information after following the guidance in Confidentiality.

### Ending your professional relationship with a patient

1 In Good medical practice<sup>1</sup> we say:

- 42. You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.

2 In this guidance we explain how doctors can put:

- 43. You should not end a professional relationship with a patient solely because of a complaint the patient has made about you or your team, or because of the negative implications of the patient's case or treatment.
- 44. You must contribute to the safe transfer of patients between health care providers and between health and social care providers. This means you must:
- 45. When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate:
- 46. You must not deliberately leave out relevant information.
- 47. You must not use your professional position to pressure a witness or engage an emotional relationship with a patient or someone close to them.
- 48. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information after following the guidance in Confidentiality.

### Delegation and referral

1 In Good medical practice<sup>1</sup> we say:

- 15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
- 16. You must refer a patient to another practitioner when this serves the patient's needs.
- 44. You must contribute to the safe transfer of patients between health care providers and between health and social care providers. This means you must:
- 45. When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate:

### Financial and commercial arrangements and conflicts of interest

1 In Good medical practice<sup>1</sup> we say:

- 77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
- 78. You must not offer an individual or organisation a financial or commercial arrangement that is likely to result in a conflict of interest, unless you are satisfied that the arrangement is in the patient's best interests and you have taken steps to ensure that the patient is fully informed of the arrangement and its potential risks.
- 79. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
- 80. You must not ask for or accept – from a patient, a patient's family or a third party – a financial or commercial arrangement that is likely to result in a conflict of interest, unless you are satisfied that the arrangement is in the patient's best interests and you have taken steps to ensure that the patient is fully informed of the arrangement and its potential risks.

### Doctors' use of social media

1 In Good medical practice<sup>1</sup> we say:

- 36. You must treat colleagues fairly and with respect.
- 45. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
- 49. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You must not:
- 70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
- 71. Confidentiality<sup>1</sup> we say:
- 13. Many inquiries do happen and confidential. You should not share identifiable information about patients where you can be overheard, for example, in a public place.

### Maintaining a professional boundary between you and your patient

1 In Good medical practice<sup>1</sup> we say:

- 13. You must not use your professional position to pressure a witness or engage an emotional relationship with a patient or someone close to them.

2 In this guidance we explain how doctors can put:

- 14. You must recognise and work within the limits of your competence.
- 17. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information after following the guidance in Confidentiality.

### Reporting criminal and regulatory proceedings within and outside the UK

1 In Good medical practice<sup>1</sup> we say:

- 75. You must inform the GMC without delay if, anywhere in the world:

2 In this guidance we explain how doctors can put:

- 76. You must not deliberately leave out relevant information.
- 77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
- 78. You must not offer an individual or organisation a financial or commercial arrangement that is likely to result in a conflict of interest, unless you are satisfied that the arrangement is in the patient's best interests and you have taken steps to ensure that the patient is fully informed of the arrangement and its potential risks.

### Sexual behaviour and your duty to report colleagues

1 In Good medical practice<sup>1</sup> we say:

- 53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.
- 54. If you have concerns that a colleague may not fit to practice and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workforce.

2 In this guidance we explain how doctors can put:

- 55. You must not deliberately leave out relevant information.
- 56. You must not use your professional position to pressure a witness or engage an emotional relationship with a patient or someone close to them.
- 57. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information after following the guidance in Confidentiality.

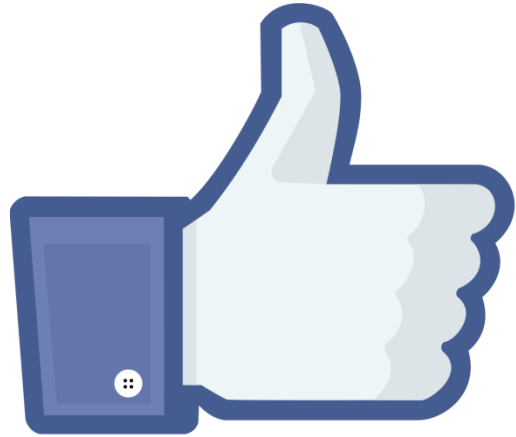
### Intimate examinations and chaperones

1 In Good medical practice<sup>1</sup> we say:

- 47. You must treat patients as individuals and respect their dignity and privacy.
- 25. If you have concerns that a colleague may not fit to practice and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workforce.

2 In this guidance we explain how doctors can put:

- 48. You must not deliberately leave out relevant information.
- 49. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You must not:
- 70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
- 71. Confidentiality<sup>1</sup> we say:
- 13. Many inquiries do happen and confidential. You should not share identifiable information about patients where you can be overheard, for example, in a public place.



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## Responses

 Response from Lynda Potter, Clinical Manager, Long Term Conditions Rehabilitation Teams, Bassetlaw Health Partnership, Nottinghamshire Healthcare on 27/02/2014 at 10:04

Thank you so much for your poem, the team loved it. I have tried to make an appropriate response:

The Pulmonary Rehab team are led by Sid

And they are a great bunch of staff.

We're glad you're happy with all they did

And they made your rehab a laugh.

The team always go the extra mile

But they really put you to the test.

We deliver our "Service with a smile"

And aim to be the best!

Lynda Potter

4 of 4 people think this response is helpful

Was this response helpful? [Yes](#) | [No](#)

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21 July 2014 Last updated at 00:39



## Social media 'fuel rise in complaints against doctors'





When her mother discovered her internet activity, she had Tallulah's account deleted, with her psychiatrist's support, because she was concerned about the influence these 'dangerous' blogs could have on a young girl.

Dr Andy Wiener, Tallulah's psychiatrist, revealed during the inquest that he underestimated the impact this would have on her, and speculated about whether she may have felt as if she had been "deleted" as well. He said he had since undergone training and now better understands the role of the internet in young people's lives.

## Core message

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

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

# 'I lost my job, my reputation and I'm not able to date anymore': Former PR worker reveals how she destroyed her life one year after sending 'racist' tweet before trip to Africa

- Justine Sacco, 30, from New York, became a global hate figure
- Thousands angered by tweet sent by the PR consultant
- It said: 'Going to Africa. Hope I don't get AIDS. Just kidding. I'm white!'
- She lost her job and was trolled by thousands
- Now spoken of the experience in book *So You've Been Publicly Shamed*
- She said tweet to her 170 followers was misinterpreted
- 'I thought there was no way that anyone could possibly think it was literal'

By LUCY WATERLOW FOR MAILONLINE

PUBLISHED: 10:49, 16 February 2015 | UPDATED: 17:31, 16 February 2015



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# Medical student ruined career by posting Liam Neeson quote on Facebook

By [Merc\\_Reporter](#) | Posted: November 23, 2015

"I will look for you, I will find you, and I will kill you".





**Young medical student could be kicked off her course after she took a selfie of herself smiling next to a seriously ill woman**

## Medical student is facing the axe after taking a SELFIE while delivering a woman's baby at a hospital in



Selfie: Student obstetrician Daniel Sanchez uploaded this image (without being blurred) onto his Instagram page alongside the caption: 'Lady I can deliver your baby but first let me take a selfie'



COMPETITION

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# Mirror



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# Cruel student doctor filmed hurling helpless puppy from roof of building faces being kicked off course



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# What should we care about?



# Anything wrong with this?

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*Annals of Internal Medicine, Jan 2013*



# An indication of seriousness

## Situation

Providing misleading or inaccurate information on a professional website i.e. cosmetic surgery

A doctor posting on Instagram identifiable photos of patients receiving medical treatment without their consent with adverse comments about the patient (s)

Contacting a known patient through a dating website for a date

Posting a photo on Facebook of a doctor clearly intoxicated

Posting comments about a patient on Twitter containing potentially identifying information

Using discriminatory language in a blog

Posting something to a social media site that is disrespectful of patients in general but doesn't contain identifying information

Posting a photo to a social media site that shows doctors drinking but not intoxicated

Advertising a product on social media

Having an argument with a colleague on publicly accessible social media

# Is this right?

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[Redacted]  
[Redacted]

January 28 at 6:19pm via mobile · 📱

So I have a patient who has chosen to either no-show or be late (sometimes hours) for all of her prenatal visits, ultrasounds, and NSTs. She is now 3 hours late for her induction. May I show up late to her delivery?

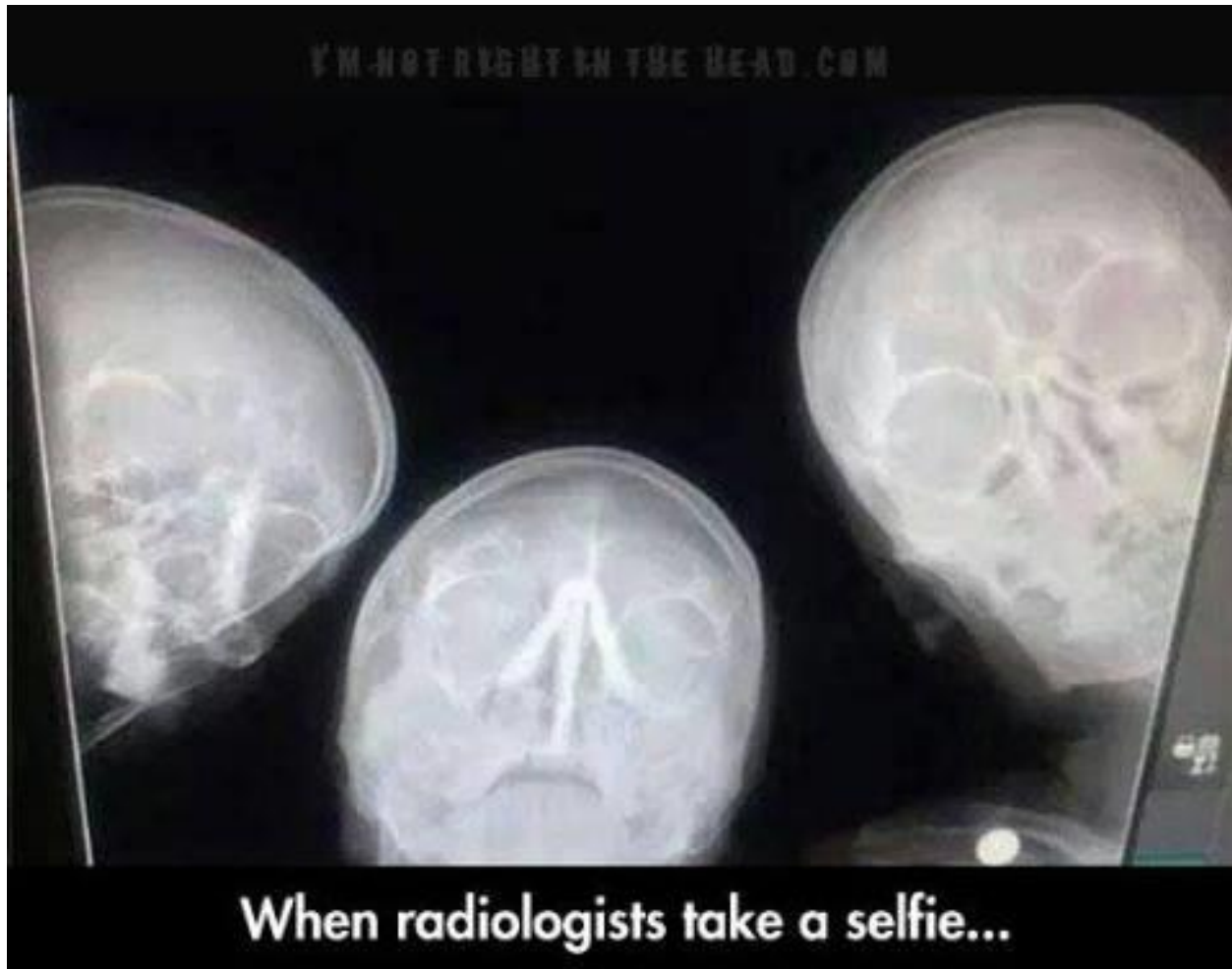
“[Here] is the explanation why I have put up with it/not cancelled induction: prior stillbirth.”





# Anything wrong with this?

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# Other reasons to act professionally

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**theguardian** | **TheObserver**

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## 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 Welstead

# What would you do?



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IF YOU HAVE ANY COMMENTS OR COMPLAINTS ABOUT THE  
SURGERY PLEASE WRITE TO THE

PRACTICE MANAGER

**DO NOT USE**

SOCIAL MEDIA SITES  
FACEBOOK/TWITTER

ANY COMMENTS WE SEE ON SOCIAL MEDIA SITES MAY BE SEEN AS A BREACH  
OF OUR

**ZERO TOLERANCE  
POLICY**

WE ARE HAPPY TO DEAL WITH YOUR COMMENTS /COMPLAINTS IN THE USUAL  
WAY

<http://www.drkkolmes.com/docs/socmed.pdf>

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You can find the latest version of this guidance on our website at [www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance).

General  
Medical  
Council

# Confidentiality: responding to criticism in the press

# What would we expect?

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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.

# The patient's view?

**Michael Seres**  
@mjseres

43yrs old married to Justine with 3 kids.  
Had Crohns Disease for 30 yrs & 11th  
Bowel Transplant patient at Churchill  
Hospital, Oxford Patient lead at #nhssm

radlett, herts  
beingapatient.blogspot.com  
Joined November 2009

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TWEETS 21.4K PHOTOS/VIDEOS 397 FOLLOWING 2,186 FOLLOWERS 3,068 FAVORITES 1,431 More ▾

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**Michael Seres** @mjseres · 15h  
The Daily Patient is out! [paper.li/mjseres/139784...](http://paper.li/mjseres/139784...) Stories via @stuartberry1 @AnnNursingTimes @docnieder

RETWEETED BY MICHAEL SERES

**B12 unme** @b12unme · 16h  
@tmlfox @mjseres @health20Paris Tweepers are people first, patients second.  
Might not RT/fav Tx for bad breath for instance.

Who to follow · Refresh · View all

- Lucozade Energy** @Luc...  
Followed by GC Aesthetics  
Follow Promoted
- Lynne Stobbart** @LynneSt...
- #HelloMyNameIs Stu** @sw...

Popular accounts · Find friends

Manchester Trends · Change



# A force for learning



**Dr Jason Frank** @drjfrank · 1h  
 RT @k2optimist @petrosioniak: 'Own the Resus' by @cliffreid. Awesome 13min talk. must watch for med trainees #meded <http://t.co/Bgfpiknv...>  
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Followed by Enam Haque and 37 others  
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**Salim R. Rezaie** @srrezaie · 15h  
 #REBELReview 61: Intracranial Hemorrhage [rebelem.com/rebel-reviews/](http://rebelem.com/rebel-reviews/)  
 #FOAMed #MedEd #EMBoardReview #USMLE #trauma  
[pic.twitter.com/FdIN5mKZ5z](http://pic.twitter.com/FdIN5mKZ5z)  
 Expand Reply Retweet Favorite More

Head Injury	Location	CT Findings	Injury
Intracerebral Hematoma/ Contusion	Brain	Multiple Microhemorrhages	Microhemorrhages
Subarachnoid Hemorrhage	Subarachnoid Space	Blood in Sulci and Fissures	Tear of Subarachnoid Vessels
Subdural Hemorrhage	Subdural Space	Crescent (Sickle Shaped)	Tear of the Bridging Veins
Epidural Hemorrhage	Epidural Space	Biconvex (Football Shaped)	Tear of the Meningeal Arteries
Diffuse Axonal Injury	Brain	No Abnormalities	Shearing of White Matter Tracts

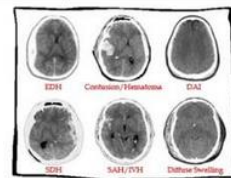


Image from: [www.anatomyandphysiologynotes.com/meninges.html](http://www.anatomyandphysiologynotes.com/meninges.html)

[www.rebelem.com](http://www.rebelem.com)



**Lawrence Sherman** @meducate · Mar 30  
 Thank you very much! RT @emilymagillmd: @meducate love the lessons from this @ted talk #meded #bettermedicine [youtube.com/watch?v=YpSd5u...](http://youtube.com/watch?v=YpSd5u...)

#MedEd

#FOAMed

#NHSSM





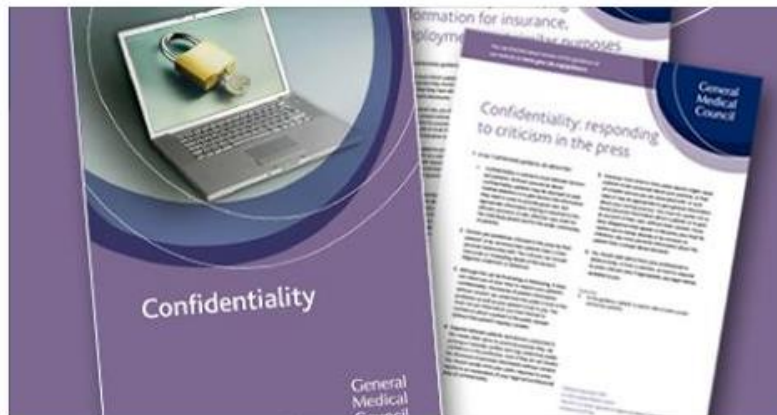
## General Medical Council (GMC)

December 11, 2014 · 🌐

The review of our confidentiality guidance closes next month and we want to hear from you.

We would like to know what doctors, patients and others think of the content and format of the current guidance, and how we could improve it.

In our new blog Fionnula Flannery, from our Standards and Ethics team, explains why we are reviewing the guidance, and how you can get involved.



### What do you think of our confidentiality guidance? | General Medical Council

There is one month left to give us your views on our confidentiality guidance. Here Fionnula Flannery, a Policy Manager in our Standards and Ethics Team,...

[GMCUK.WORDPRESS.COM](http://GMCUK.WORDPRESS.COM)

Like · Comment · Share · 🇺🇸 4 🗨️ 4 ↻ 1

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# **hello** my name is...



## Doctors' use of social media

1 In *Good medical practice*<sup>1</sup> we say:

- 36. You must treat colleagues fairly and with respect.
- 65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
- 69. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You

- 70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

2 In *Confidentiality*<sup>2</sup> we say:

- 13. Many improper disclosures are unintentional. You should not share identifiable information about patients where you can be overheard, for example,

# Other guidance

## Using social media:

practical and ethical guidance for doctors and medical students



STANDING UP FOR DOCTORS

BMA 

 Royal College of  
General Practitioners



In partnership with:

 **Doctors.net.uk**

 **LimeGreen**  
New Media  
Consultancy  
Training

# Key take away messages

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Consider a social media policy

Don't post anything you wouldn't be happy with your parents or future boss seeing



Check your privacy settings

#Yolo

## Contact us

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**Phone:** 0161 923 6823



**Twitter:** @jowren1

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GMC Confidential helpline: 0161 923 6399