Guidelines for Use of Social Media in Rural and Remote Practice

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Australian College of Rural & Remote Medicine

WORLD LEADERS IN RURAL PRACTICE

Aim

This document aims to provide members of the Australian College of Rural and Remote Medicine ('the College') with a guide to the ethical, safe and responsible use of social media.

Definition

Social media describes internet applications that enable people to create and share content through mediums such as Twitter, Facebook, LinkedIn, YouTube, Google Plus and blogs.

Scope

These guidelines draw on the requirements of the *ACRRM Primary Curriculum, Fourth Edition (2013)*, an analysis of existing policies (see appendix), and the input of the ASMAC to make recommendations relevant to each of the following:

- risks and benefits
- privacy and professional boundaries
- patient care and confidentiality
- support for colleagues
- image and public trust

The practical methods of using social media are outside the scope of this guide.

Background

The use of social media is growing rapidly and the range of available applications is constantly expanding.

Social media offer enormous potential benefits to health care, but those benefits must occur within the code of professional ethics as defined by the relevant regulatory and professional bodies: the College and the Australian Health Practitioners Regulation Agency (AHPRA).

Rural doctors have always had a responsibility to communicate with patients[1]. Social media's global reach and immediacy can fundamentally alter how doctors communicate with patients, colleagues and the general public. Social media also provides a direct method of communication between public health agencies, health organisations (including general practice) and the general public. It allows for almost instant dissemination of information across a broad audience.

Community-based rural practitioners may access all current social media tools, balancing their responsibilities of engaging community with maintaining professional boundaries.

Rapid access to credible health information can be critical[2] in providing comprehensive care especially in relatively isolated rural and remote communities. For example, the World Health Organisation has over 700,000 followers on Twitter and uses
the platform to give basic health and hygiene information, as well as advice during epidemics such as Influenza A (H1N1).[3]

Doctors sharing information via social media are contributing to an expanding range of local and global movements which have the potential to rationalise access to up-to-date, clinically-relevant information.

Acknowledgements

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1 See *ACRRM Primary Curriculum, Fourth Edition (2013)* - Standards for rural generalist practice

2 McNab C. What social media offers to health professionals and citizens <<link to http://www.scielosp.org/scielo.php?pid=S0042-96862009000800002&script=sci_arttext&tlng=pt>>. Bull World Health Organ, 2009; 87:566

3 WHO's Twitter page can be accessed at www.twitter.com/WHO

Notable examples:

Free Open Access Meducation – FOAM – created by the Australasian emergency physicians and intensivists who also developed *Life in the Fastlane.com.*

The College encourages members to contribute to rural medicine communities of interest, including those hosted or supported by the College on Facebook, YouTube and Twitter. Examples include ACRRM's Minute Instant Tutorial series – JAMIT – and the wide range of curated resources available via the College's Rural and Remote Online Medical Education system (RRMEO).

However, beyond sharing experiences with peers, mentors and trainees is the challenging issue of protecting patient privacy and confidentially, and maintaining your professional integrity.

Inappropriate online behaviour by doctors can damage their reputation, their relationships with patients and colleagues, and their future employment.

The College's professional standards are encapsulated in the comprehensive *ACRRM Primary Curriculum, Fourth Edition (2013).* These standards make explicit the expectation that rural doctors will use social media for their own professional development as well as for the benefit of the communities in which they serve.

The College's Guidelines for Use of Social Media in Rural and Remote Practice are consistent with these educational standards and are designed to help members participate in the online world, whilst maintaining professional standards.

ACRRM Standards

ACRRM Primary Curriculum, Fourth Edition (2013) outlines the essential abilities required of rural doctors and summarises these requirements according to domains. These include skills related to the use of communication and new media.

By definition, rural and remote doctors often work in relative isolation from colleagues of the same discipline. Yet they have greater public visibility as they also live in, and are influential in the communities they serve. This special situation requires them to practise within legal and ethical frameworks that consider the sociology of small communities, different cultural values and norms, communication networks (including social media) and professional boundary issues.

Context permeates every clinical and professional situation and it is integral to every aspect of rural and remote medicine. While all general practice must be sensitive to context, a much greater sensitivity is required in rural and remote locations, as the context changes everything about the usual experience for the practitioner, the patient, their family and the community.

The realities of rural and remote community life is that doctors need to be sensitive to community needs which includes their use of social media.

Abilities:

ACRRM Primary Curriculum Domain 5:

- communicate effectively and in a culturally safe manner, using interpreters, key community contacts and (social media) networks as appropriate
- apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research. (consider the use of social media on these principles)
- harness the resources available in the health care team, the local community and family to improve outcomes of care. (consider the use of social media in harnessing resources)

ACRRM Primary Curriculum Domain 6:

- ensure safety, privacy and confidentiality in patient care (especially when using social media)
- maintain appropriate professional boundaries (when using social media)
- work within relevant national and state legislation and professional and ethical guidelines (when using social media)

ACRRM Primary Curriculum Domain 7:

- use information and communication technology to provide medical care or facilitate access to specialised care for patients
- use information and communication technology to network and exchange information with distant colleagues

- respect local community norms and values in your own life and work practices

In addition to the objectives listed in the these broad domains, ACRRM has incorporated a syllabus statement specific to the optimisation of information management and information technology (IMIT), which covers all aspects of eHealth and telehealth, but makes some specific recommendations relevant to the use of social media:

IMIT Statement: ACRRM rural doctors should:

- participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health (consider use of social media channels to optimise advocacy)
- demonstrate resourcefulness, independence and self-reliance while working effectively in geographic, social and professional isolation (consider use of social media channels)
- use information and communication technology, including eHealth records and telehealth, to network and exchange information with distant colleagues
- respect local community norms and values in your own life and work practices
- use communication technology (including social media) to network and exchange information with distant colleagues and for continuing educational purposes

The College has considered the objectives and requirements of the ACRRM Primary Curriculum, within the context of relevant national policies and regulations to develop these guidelines for rural doctors.

Risks and benefits

Social media present both risks and benefits.

The benefits include increased access to health information and services for patients, and increased access to professional networks and medical education for doctors. These benefits are particularly significant in rural and remote settings.

The risks include loss of privacy, breaches of confidentiality, online behaviour that may be perceived as unprofessional, online posts being negatively reported in the media or to employers, and erosion of public trust in the medical profession.

Privacy and professional boundaries

Social media blur the boundaries between public and private, and professional boundaries can be easily violated.

Social media applications cannot guarantee confidentiality regardless of privacy settings, so online posts that were intended to be private may become widely disseminated.

Information about location may be embedded in photos and other content and online posts can remain permanently stored in cyberspace even if the original post is deleted.

The Australian Health Practitioner Regulation Agency (AHPRA) has issued a Consultation Paper on Code of Conduct and Common Guidelines (April 2013) [i], and finalised its first social media policy in March 2014. AHPRA's *social media policy* applies in conjunction with the National Law, the Medical Board of Australia's *good medical practice: a code of conduct for doctors in Australia*, and AHPRA's guidelines for advertising regulated health services.

The AHPRA *social media policy* appears as a sub-section of a broader consultation paper containing code of conduct and advertising guidelines. APHRA's focus on protecting the public, is consistent with the national board's regulatory role.

AHPRA's *social media policy* makes the following points:

- existing code of conduct and professionalism prevails and includes references to social media; Its *Social media policy* expands on this

- it does not unnecessarily restrict practitioners' private use of social media

- professional values apply regardless of setting (e.g. social media, eHealth)

- the advertising guidelines apply to all forms of advertising, including social media.

Risk mitigation – the College recommends that doctors:

- use separate professional and personal profiles when using social media

- discourage interaction with patients in personal profiles, redirect patients to professional profiles instead

- use privacy settings higher than the default settings, and review privacy settings regularly

- promptly delete erroneous posts to limit distribution, and

- consider how the total body of personal and professional posts may contribute to the impression others form.

Patient care

Your use of social media provide opportunities to enhance your patient care. For example, you can provide patients with information about health care and services, engage your community in health promotions, and access professional resources.

Provision of medical advice to patients via social media is generally discouraged by most social media policy makers. However, the College along with the Royal College of General Practitioners (UK) recognises that the distinction between general health information and personalised medical advice is not always clear, and that doctors may need to develop professionally - responsible ways of responding to patients who prefer to use social media, such as teenagers.

Confidentiality

Social media sites can potentially be viewed by many people, so breaches of confidentiality can be harmful to patients. Do not discuss patients in social media sites without gaining their written consent in advance.

Never post information that could identify a patient. Isolated pieces of information may not breach confidentiality in their own right. However, when associated with other information available online, the isolated information could help someone identify a patient. Changing one or two details or using a pseudonym may not be enough.

The College recommends that doctors:

- do not use public social media to discuss individual patients or their care with those patients or anyone else
- avoid giving personal medical advice through social media because of medico-legal risks and risks to privacy
- use social media to engage people in public health and policy discussions
- use social media to develop and expand professional networks
- use social media to facilitate access to information about health and services
- avoid online relationships with current or former patients
- direct patients who contact them via their personal profile in relation to professional matters to their professional profile, with an appropriate explanation, and
- create a separate professional page where patients can access healthcare information.

Support for colleagues

Treat colleagues fairly and with respect. Don't use bullying, harassment, offensive or derogatory comments. Copyright and defamation laws apply to social media posts.

The College recommends:

- if colleagues make inappropriate posts, discuss the matter discreetly with them in the first instance. If inappropriate posts persist, report them to relevant bodies
- if you work for an organisation, encourage the development of social media policies and training, and refer to your employer's social media policies where appropriate, and
- if you are the employer, you should have a policy for staff.

Image and public trust

Always act with professionalism on social media sites – the standards of behaviour expected of doctors are higher than the general public. Online posts can be seen to represent the medical community as a whole and can undermine public trust. Rural doctors are especially influential and therefore have special responsibilities.

The College recommends that doctors:

- be conscious of their online image. Regularly monitor profiles, remove erroneous posts as quickly as possible to limit their distribution, and request that inappropriate posts by others be removed
- portraying themself as a doctor in social media, disclose their identity. They should also disclose their credentials, any conflict of interest, and justify their views with evidence

Social media posts are regularly monitored by journalists, and are in the public domain regardless of original intention. Social media posts can be misconstrued and subject to public criticism.

AHPRA stipulates that patient testimonials must be removed from websites such as Facebook.

References

Australian Health Practitioner Agency (2014) Social Media Policy

Australian Health Practitioner Agency (2014) Guidelines for Advertising Regulated Health Services

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*

Federation of State Medical Boards (US) (2012) *Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice*

General Medical Council (UK) (2013) Doctors' Use of Social Media (draft for consultation)

Medical Board of Australia (2014) Good Medical Practice: A Code of Conduct for Doctors in Australia

Royal College of General Practitioners (UK) (2013) Social Media Highway Code

Supplementary College resources

The College has contributed to the social media in medicine revolution and encourages members to contribute to communities of interest, especially those that relate to rural and remote medicine. The College has long recognised the importance of establishing a virtual professional network. It was the first Australian college to establish an online medical platform for education and professional development (*RRMEO*), established 2001. It recognises that one of the biggest advantages of using social media for rural doctors is the ability to keep up-to-date with developments in health and medicine, whether it be receiving the latest health news and journal releases through Twitter or using RSS to curate your own customised news feed. Social media provides a new and exciting way of keeping up-to-date with developments around the world. Social media have opened up new opportunities to interact directly with the College and medical journals, as well as providing a mechanism for interacting with authors and fellow readers.

The College also pays tribute to the pioneering work done by the *FOAMed movement* which provides medical education resources in a collaborative manner through Twitter, blogs, videos and Facebook. In the emergency medicine and critical care area *there are over 130 blogs and podcasts.* FOAMed was founded by the team from *Life in the Fastlane* at an emergency medicine conference in Dublin in mid-2012 to provide a banner under which online medical education resources could fall.

In addition to these guidelines, the College has also created a range of resources to assist members to use social media effectively and safely:

- *eHealth Module*, includes section on use of social media
- videos to help members begin using social media can be accessed on the *ACRRM eHealth site www.ehealth.acrrm.org.au*
- the ACRRM *YouTube Channel*
- *JAMIT (Just a Minute Instant Tutorials)* which is a growing repository of short clinical/ procedural updates relevant to rural medicine
- *TeleDerm*
- *the ACRRM Facebook page, and*
- *the ACRRM Twitter feed.*

Appendix

The College analysis of medical organisations' policies and positions regarding use of social media

Preamble/Foreword in reference documents	

General Medical Council (UK) 2013 *Doctors' Use of Social Media* (draft for consultation)
 	
GMC
	• Refers to existing statements from *Good Medical Practice and Confidentiality*:
	   – treat colleagues with respect
	   – justify patient/public trust
	   – maintain patient confidentiality
	   – social media can make private communication more widely available
	   – advertising should be factual
	   – many improper disclosures are unintentional
	   – serious/persistent breaches of code puts registration at risk
	   – same standards, new circumstances
	   – see also the GMC (UK) prescribing guidelines, organisational policy

Royal College of General Practitioners (UK) 2013 *Social Media Highway Code* RCGP	• Doctors have always had a responsibility to communicate with patients • Social media can fundamentally alter how doctors communicate with patients • Enormous potential benefits for doctors and patients • Nothing new about values that underpin behaviour in new environment • Intention to help doctors with decision making • Usage statistics • Benefits and risks for doctors • Community-based practitioners need to balance responsibilities of engaging community and maintaining professional boundaries • Special rules apply for doctors in the armed forces of secure environments • Many areas where opinion is divided, decisions are highly dependent on context
Federation of State Medical Boards (US) 2012 *Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice* FSMB	• Challenging issues include the boundaries of professionalism: how to share experiences without violating patient privacy/confidentiality • Social media offer enormous potential, but benefits must occur within a framework of professional ethics • Violations of online professionalism have put registrations at risk
American Medical Association 2010 *Opinion 9.124 – Professionalism in the Use of Social Media* AMA (US)	• Benefits and challenges to doctor–patient relationship
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* AMA CDiT	• Professional standards underpin quality patient care; the world in which those standards apply is expanding rapidly • Inappropriate online behaviour by doctors and medical students can potentially damage personal integrity, doctor–patient and doctor–colleague relationships, and future employment • These practical guidelines will help doctors and medical students enjoy the online world whilst maintaining professional standards

Preamble/Foreword in reference documents (continued)	
Australian Health Practitioner Regulation Agency *Consultation Paper on Code of Conduct and Common Guidelines* April 2013 AHPRA	• *Social media policy* appears as a sub-section of a broader consultation paper containing code of conduct and advertising guidelines • Code of conduct includes references to social media, social media policy expands on this • Focus on protecting the public, consistent with national boards' regulatory role • Does not unnecessarily restrict practitioners' private use of social media • Professional values apply regardless of setting (e.g. social media, ehealth) • Use of social media is rapidly expanding
Commonalities	• Existing professional standards/principles apply in new context
Differences	• Stance on benefits versus risks • Sanctions for breaches (punitive) versus decision support (facilitative) • Protect practitioners versus protect public • Reference to other relevant policies e.g. prescribing guidelines, advertising guidelines • Level of acknowledgment of context, emerging trends, competing demands
Definition/scope in reference documents	
General Medical Council (UK) 2013	• Web-based applications that allow people to create and exchange content • Blogs, microblogs (e.g. Twitter), internet forums (e.g. doctors.net), content communities (e.g. YouTube and Flickr), social networking sites (e.g. Facebook and LinkedIn)
Royal College of General Practitioners (UK) 2013	• Internet based websites and tools that allow people to create and share content between networks • Popular tools include Twitter, Facebook, LinkedIn, YouTube and blogs
Federation of State Medical Boards (US) 2012	• Policy includes but is not limited to email, texting, blogs and social networks
American Medical Association 2010	• Social networks, blogs and other forms of communication online
Australian Medical Association Council of Doctors-in-Training	• Policy includes blogging, personal websites, social networking
Australian Health Practitioner Regulation Agency	• Online and mobile tools that people use to share opinions, information, experiences, images, audio and video clips • Includes social media tools such as Facebook, LinkedIn, blogs, WOMO, True Local, microblogs eg Twitter, content sharing (e.g. YouTube and Instagram), discussion forms and message boards
Commonalities	• Create and share content online
Differences	• Specification of tools

Privacy and maintaining boundaries in reference documents	
General Medical Council (UK) 2013	• Social media blurs boundaries between public and private • Be aware of limitations of privacy and regularly review privacy settings of social media profiles • Social media sites cannot guarantee confidentiality • Information about your location may be embedded in photos and other content • Once information is published it can be difficult to remove • Social/professional boundaries must be maintained • If a patient contacts you via your personal profile in relation to professional matters, you should direct them to your professional profile with an appropriate explanation
Royal College of General Practitioners (UK) 2013	• Social media breaks down barriers • Advice on accepting friend requests has not always been consistent e.g. ignore, politely refuse with explanation (duty of care), accepting friend requests different for organisational profiles • GMC advice hard to apply in non-Facebook situations where identity may be obscured e.g. blogs, Twitter • In complex situations apply judgment and common sense • Try to maintain separation between personal and professional profiles • Promptly delete erroneous posts to reduce distribution • Comments posted on social media sites are regarded as public property even if made in a private or non-professional forum • Consider how the total body of personal and professional posts might contribute to the impression others form • Doctors' privacy settings on social media sites need to be higher than default settings • Clarify personal versus professional comments • Social media sites do not guarantee confidentiality regardless of privacy settings
Federation of State Medical Boards (US) 2012	• Maintain proper boundaries in the doctor-patient relationship • Discourage interaction with patients on personal social networking sites • Online interaction should occur within a doctor-patient relationship • Online posts may be widely disseminated and taken out of context • Online posts may last forever • Use separate personal and professional profiles
American Medical Association 2010	• Use privacy settings to safeguard personal information to the extent possible • Realise that privacy settings are not absolute and that content posted online can remain permanently • If you interact with patients online, maintain the appropriate boundaries of the doctor-patient relationship • Consider separating your private and professional profiles

Privacy and maintaining boundaries in reference documents	
Australian Medical Association Council of Doctors-in-Training	• Avoid online relationships with current or former patients • Boundary violations can occur easily online • If a patient makes a friend request, politely explain your policy and decline the offer • Alternatively, create a separate professional page where patients can become friends or fans and access healthcare information • Other professional relationships can become problematic online. Think carefully before allowing employers, other doctors/health care staff, students, tutors, etc, to access personal information • Even if you are using stringent privacy settings, information on social networking sites may be widely available, including to companies and search engines • Deleting information is not sure-fire protection; it is almost certainly still stored somewhere in cyberspace, possibly permanently • Facebook changes its privacy settings regularly, so be alert for these changes • Social media have challenged the notions of private and public
Australian Health Practitioner Regulation Agency	• Information posted on social media sites may end up in the public domain, regardless of original intention • Professional standards must be maintained at all times, in both public and private social media
Commonalities	• Social media blurs/challenges/breaks down boundaries/barriers between private and public; boundary violations occur easily; consider how the total body of personal and professional posts may contribute to the impression others form
	• Professional boundaries must be maintained; use separate personal and professional profiles; clarify personal versus professional comments • Social media cannot guarantee confidentiality regardless of privacy settings; content may be widely disseminated and end up in the public domain; information about location may be embedded in photos and other content • Doctors should use privacy settings higher than default settings to the fullest extent possible • Review privacy settings regularly • Online content can remain permanently stored in cyberspace even if the original post is deleted; promptly delete erroneous posts to limit distribution • Discourage interaction with patients on personal sites; decline Friend requests with an appropriate explanation; redirect to professional profile
Differences	• RCGP: Advice about online interaction with patients may be difficult to apply in non-Facebook situations, especially where patient's identity may be obscured e.g. Twitter, blogs • AMA CDIT: Carefully consider friend requests from colleagues

Patient care in documents reviewed	
General Medical Council (UK) 2013	• Do not use public social media to discuss individual patients or their care with those patients or anyone else **Benefits to patient care** • Engage people in public health and policy discussions • Develop professional networks • Facilitate access to information about health and services
Royal College of General Practitioners (UK) 2013	• Social media can increase access to health information and services • Social media are powerful tools for raising awareness, engaging with the public • GMC advice: doctors should avoid giving personal medical advice through social media because of medico-legal risks and risks to privacy • However there is an argument that this approach to medical advice is likely to increase, and doctors need to develop professionally responsible ways of responding to the needs of these patients. Refusal may disadvantage some groups e.g. teenagers • The distinction between general health information and personalised medical advice is not always clear • The provision of personalised medical advice through social media should be regarded as high risk. Act in the best interest of your patient
Federation of State Medical Boards (US) 2012	• Avoid requests for online medical advice • Online interaction should occur within a doctor-patient relationship • Doctors must confirm that any medical information from an online discussion that they plan to incorporate into their medical practice is corroborated and supported by medical research
American Medical Association 2010	• If you interact with patients online, maintain appropriate boundaries of the doctor-patient relationships
Australian Medical Association Council of Doctors-in-Training	• Avoid online relationships with current or former patients • Create a separate professional page where patients can become friends or fans and access healthcare information
Australian Health Practitioner Regulation Agency	Do not breach Code of Conduct and Advertising Guidelines
Commonalities	• Social media provide opportunities to enhance patient care (engage patients and raise awareness, enhance access to health information and services, develop professional networks)
Differences	• Range of approaches to providing medical advice to individual patients via social media : – do not provide – avoid – recognise high risk – distinction between general health information and personalised medical advice is not always clear – develop professionally responsible ways of responding to patients who may prefer to use social media e.g. teenagers • FSMB: Doctors must confirm that medical information from online posts that they plan to incorporate into their practice is corroborated by medical research

Maintaining patient confidentiality in documents reviewed	
General Medical Council (UK) 2013	• Do not share identifiable information about patients on professional social media sites • Individual items of information may not breach confidentiality, but the sum of published online information may be in breach
Royal College of General Practitioners (UK) 2013	• Social media is changing our understanding of privacy • Do not discuss real patients in public except with their explicit consent • Changing one or two details may not be enough to maintain confidentiality, especially for rare conditions • Revealing an isolated piece of information may not breach confidentiality on its own, but may do so when put together with other information • Child protection and criminal acts may require doctors to break confidentiality
Federation of State Medical Boards (US) 2012	• Protect privacy/confidentiality • Doctor must ensure to the best of her/his ability that professional networks (e.g. Doximity) are secure and only verified/registered users have access • Social media sites can potentially be viewed by many people, and any breaches of confidentiality could be harmful to patients • Doctors must never provide information that could be used to identify patients including room number, code name, photographs
American Medical Association 2010	• Protect patient privacy and confidentiality in all environments including online • Refrain from posting identifiable patient information
Australian Medical Association Council of Doctors-in-Training	• Before you put patient information online, think about why you are doing it. You should inform the patient and gain express consent, and acknowledge that consent has been obtained in online posts • If you feel it is appropriate to discuss a patient's case, care must be taken to ensure the patient is de-identified • A pseudonym is not always enough to de-identify a patient, you may have to change case details or delay discussion • Accessibility and indexability of online information means that although a single posting on a social media website may be de-identified in its own right, this may be compromised by other postings on the same website • Ensure that any patient or situation cannot be identified by the sum of information available online • Breaching confidentiality can result in loss of registration and undermine trust in the medical profession
Australian Health Practitioner Regulation Agency	• Posting unauthorised patient photos is a breach of patient confidentiality, regardless of privacy settings • Do not breach patient privacy and confidentiality (e.g. discussing patients or posting pictures of procedures, case studies, patients or sensitive material which may enable patients to be identified without having obtained patient consent)

Maintaining patient confidentiality in documents reviewed (continued)	
Commonalities	• Do not discuss patients in social media sites without their consent
	• Never post information that could identify a patient
	• Isolated pieces of information may not breach confidentiality in their own right, but may breach confidentiality when combined with other information available online
	• Changing one or two details/using a pseudonym, may not be enough to maintain confidentiality
	• Social media sites can potentially be viewed by many people, so breaches of confidentiality can be harmful to patients
Differences	• FSMB: Doctors must ensure to the best of their ability that professional sites are secure and only verified/registered users have access
Respect/support for colleagues/copyright and defamation in documents reviewed	
General Medical Council (UK) 2013	• Treat colleagues fairly and with respect
	• Do not bully, harass, make unsubstantiated claims, etc.
	• Copyright and defamation laws apply
Royal College of General Practitioners (UK) 2013	• Offensive, derogatory, defamatory posts are unacceptable
	• Freedom of speech and robust debate can still occur
	• Develop/review social media policies/training
	• If colleagues behave inappropriately online, approach them discreetly
	• Become familiar with basic copyright and privacy laws
Federation of State Medical Boards (US) 2012	• Same principles apply online as offline
	• No cyber bullying
	• Refer to employer's social media policy
	• Employers may reserve the right to edit, modify or delete posts
	• Report unprofessional behaviour to appropriate bodies
	• Moderators should delete posts that are inaccurate, violate confidentiality, or are unprofessional
American Medical Association 2010	• If colleagues post unprofessional content, doctors should bring that to the colleague's attention so she/he has an opportunity to remove it.
	• If significant violations occur, or a colleague does not take appropriate action to resolve the situation, report the matter to appropriate authorities
Australian Medical Association Council of Doctors-in-Training	• Defamatory statements:
	– are published to a third person or group of people
	– identify (or are about) a patient/colleague/person
	– damage the reputation of the person
	– substantial monetary payment can be awarded in civil defamation cases
	– looking after colleagues is an integral part of professional conduct
	– if you feel a friend or workmate has posted online information that could be damaging for them, let them know discreetly e.g. text, email, phone call
Australian Health Practitioner Regulation Agency	• Comply with code of conduct
	• Refer to employer social media policy

Respect/support for colleagues/copyright and defamation in documents reviewed (continued)	
Commonalities	• Treat colleagues fairly and with respect; no bullying, harassment, offensive or derogatory comments • Copyright and defamation laws apply to social media posts • Develop social media policies and training; refer to employer's social media policies • Employers may edit/delete posts; moderators should delete inappropriate posts • If colleagues make inappropriate posts, discuss discreetly with them
Differences	• AMA: If inappropriate posts persist or are serious, report to relevant bodies • FSMB: report inappropriate posts to relevant bodies
Anonymity/pseudonyms in documents reviewed	
General Medical Council (UK) 2013	• If you identify yourself as a doctor in publicly accessible social media, also identify yourself by name
Royal College of General Practitioners (UK) 2013	• Pseudonyms may increase disinhibition and are generally discouraged (with some exceptions) • Online posts can last forever, anonymity is only temporary (identities can be traced) • If you portray yourself as a doctor, disclose your identity
Federation of State Medical Boards (US) 2012	
American Medical Association 2010	
Australian Medical Association Council of Doctors-in-Training	
Australian Health Practitioner Regulation Agency	• Comply with code of conduct
Commonalities	• If you portray yourself as a doctor, disclose your identity
Differences	• RCGP: Pseudonyms may be appropriate in some circumstances
Image/public trust/conflict of interest in documents reviewed	
General Medical Council (UK) 2013	• Disclose conflict of interest, financial interest
Royal College of General Practitioners (UK) 2013	• Be forthcoming about employment, credentials, conflict of interest • Regularly audit your profile pages and the information retrieved by search engines • Doctors' views carry a lot of weight, justify your views with evidence • Use tools appropriately e.g. Twitter is no good for nuanced arguments • Duties of a doctor remain in force at all times. Even when off duty the standard of behaviour expected of doctors is higher than that for the general public • Social media are routinely monitored by journalists therefore increased exposure to public criticism by journalists and colleagues • Comments posted on social media sites are regarded as public property even if made in a private or non-professional forum • Regard all conversations with journalists as on the record

Image/public trust/conflict of interest in documents reviewed (continued)	
Federation of State Medical Boards (US) 2012	• Information posted online is available to everyone and can be misconstrued • Always act with professionalism • Parity of professional and ethical standards – candour, privacy, integrity • Declare credentials and conflict of interest • Online posts represent the medical community as a whole • Employers may reserve the right to edit, modify or delete posts • Moderators should delete inaccurate posts, posts that violate confidentiality or are unprofessional • Same principles apply online as offline
American Medical Association 2010	• Routinely monitor your own internet presence to ensure that personal and professional information posted by yourself and others is accurate and appropriate • Online posts and actions may negatively affect doctors' reputations, may affect their careers (especially doctors in training), and can undermine public trust in the medical profession
Australian Medical Association Council of Doctors-in-Training	• If there is something you do not want other people to know about you, avoid putting it online • If other people post inappropriate content about you, you can contact the site administrators and request it be removed • Employers/recruiters are increasingly screening potential employees online, so are universities/colleges regarding students applying for scholarships etc. • Be conscious of your online image • People have lost jobs because of inappropriate online behaviour • University students are not held to any lesser standards of professionalism than doctors and may face disciplinary action from universities and medical boards • Remember that online behaviour passed off as youthful exuberance in the early stages of a career will still be available later on
Australian Health Practitioner Regulation Agency	• Do not breach Code of Conduct and Advertising Guidelines • Present information in an unbiased, evidence-informed context and not making unsubstantiated claims • Advertising material cannot include testimonials. Patient testimonials must be removed from websites such as Facebook.
Commonalities	• Disclose credentials, conflict of interest • Substantiate/justify your views with evidence • Always act with professionalism; standards of behaviour expected of doctors are higher than for the general public • Be conscious of your online image, regularly audit/monitor your profiles/online presence; request inappropriate posts by others be removed; remove erroneous posts as quickly as possible to limit distribution • Social media are regularly monitored by journalists, are in the public domain; can be misconstrued and subject to public criticism • Online posts can represent the medical community as a whole and can undermine public trust
Differences	• AHPRA: Patient testimonials must be removed from websites such as Facebook. • AMA CDiT: Standards expected of doctors in training are the same as for doctors; inappropriate posts can damage reputations and careers

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