For registered health practitioners

Social media policy

March 2014

About the National Boards and AHPRA

The 14 National Boards regulating registered health practitioners in Australia are responsible for registering practitioners and students (except for in psychology, which has provisional psychologists), setting the standards that practitioners must meet, and managing notifications (complaints) about the health, conduct or performance of practitioners.

The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the National Boards to implement the National Registration and Accreditation Scheme, under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The core role of the National Boards and AHPRA is to protect the public.

**About this policy**

This policy was developed jointly by the National Boards to help practitioners understand their obligations when using social media. It applies to all registered health practitioners in Australia.

Summary

When using social media, health practitioners should remember that the National Law, their National Board’s code of ethics and professional conduct (the *Code of conduct)* and the *Guidelines for advertising regulated health services* (the *Advertising guidelines)* apply.

Registered health practitioners should only post information that is not in breach of these obligations by:

* complying with professional obligations
* complying with confidentiality and privacy obligations (such as by not discussing patients or posting pictures of procedures, case studies, patients, or sensitive material which may enable patients to be identified without having obtained consent in appropriate situations)
* presenting information in an unbiased, evidence-based context, and
* not making unsubstantiated claims.

Additional information may be available from professional bodies and/or employers, which aims to support health practitioners’ use of social media. However, the legal, ethical, and professional obligations that registered health practitioners must adhere to are set out in the National Boards’ respective *Code of conduct* and the *Advertising guidelines.*

Introduction

The use of social media is expanding rapidly. Individuals and organisations are embracing user-generated content, such as social networking, personal websites, discussion forums and message boards, blogs and microblogs.

Whether an online activity is able to be viewed by the public or is limited to a specific group of people, health professionals need to maintain professional standards and be aware of the implications of their actions, as in all professional circumstances. Health professionals need to be aware that information circulated on social media may end up in the public domain, and remain there, irrespective of the intent at the time of posting.

Context

A key objective of the National Registration and Accreditation Scheme and of the National Boards is to protect the public. The National Law and codes and guidelines developed by National Boards are relevant when considering social media.

This policy explains how the National Law and the following existing codes and guidelines relate to social media:

* section 133 of the National Law, which establishes obligations about advertising by registered health practitioners, and the *Advertising guidelines*, and
* the relevant National Board’s *Code of conduct*.

Health practitioners should be aware of their ethical and regulatory responsibilities when they are interacting online, just as when they interact in person. This policy provides guidance to registered health practitioners on understanding their responsibilities and obligations when using and communicating on social media.

Who needs to use this policy?

Registered health practitioners and students in Board-approved courses should be aware of the implications of using social media.

Definition of social media

‘Social media’ describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), WOMO, True Local and microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Obligations in relation to social media

In using social media, just as with all aspects of professional behaviour, health practitioners should be aware of their obligations under the National Law, their Board’s *Code of conduct*, the *Advertising guidelines* and other relevant legislation, such as privacy legislation.

1. Professional obligations

The *Code of conduct* contains guidance about the required standards of professional behaviour, which apply to registered health practitioners whether they are interacting in person or online. The *Code of conduct* also articulates standards of professional conduct in relation to privacy and confidentiality of patient information, including when using social media. For example, posting unauthorised photographs of patients in any medium is a breach of the patient’s privacy and confidentiality, including on a personal Facebook site or group even if the privacy settings are set at the highest setting (such as for a closed, ‘invisible’ group).

1. Obligations in relation to advertising

Section 133 of the National Law imposes limits on how health services delivered by registered health practitioners can be advertised. These limits apply to all forms of advertising, including through social media and on the internet. For example, the National Law prohibits the use of testimonials in advertising. The *Advertising guidelines* provide guidance about how the legal restrictions on advertising under the National Law and other relevant legislation apply to social media.

Review

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| **Date of issue**: 17 March 2014 |
| **Date of review:** This policy will be reviewed from time to time as required. This will generally be at least every three years. |