



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAURUA O AOTEAROA

Policy and guidelines

Social media and electronic communications

May 2020

Policy title	MSC Social Media
Reference number	20251114_MSC Social Media May 2022
Scope	This policy applies to practitioners registered with Te Kaunihera Pūtaiao Hauora O Aotearoa Medical Sciences Council of New Zealand.

Associated documents
Code of Ethics
Health Information Privacy Code 2020
Competencies and Standards for the practice of Medical Laboratory Science
Competence Standards for Anaesthetic Technicians.

Revision schedule			
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Overview

1. This policy sets out the responsibilities of Medical Sciences Council (MSC/the Council) registered practitioners when using social media, to ensure they meet good practice standards. The policy and guidelines have been developed to assist registered medical laboratory science practitioners and anaesthetic technicians working in Aotearoa New Zealand in their use of social media and electronic communications with patients, colleagues, employers, and any other interested third parties.

Medical laboratory science and anaesthetic technicians should ensure they comply with, and read this policy in conjunction with the Council's policy on the [Code of Ethics](#).

Practitioners should also be familiar with the [Health Information Privacy Code 2020](#) and the Council's [Competencies and Standards for the practice of Medical Laboratory Science](#) and the [Competence Standards for Anaesthetic Technicians](#).

Definitions

Social media and communications

2. Social media are internet technologies and online applications that enable users to connect, communicate and interact to share and exchange information.

Social media includes (but is not limited to):

- Facebook, Twitter, LinkedIn, Snapchat, instant messaging, content sharing websites such as YouTube and Instagram, and blogs.

It can also include dating apps such as: Tinder, Bumble, Hinge.

Communication includes (but is not limited to):

- Texts, photographs, images, video and audio files, radio, television, and printed media.

Principles / legislative context

3. The internet and other methods of electronic communication can be a useful tool for practitioners to communicate with each other, find information, network, and participate in nationwide or international discussion groups.

Follow your employer's social media policy

4. Healthcare organisations using electronic and social media typically have policies governing employee use of such media in the workplace, and you need to be aware of and follow these policies.

In addition, when using social media and electronic communication, the authorities expect that you will do so within the boundaries of the following principles.

Remember to maintain professionalism

5. While you have the right to use social media in your personal life it is important to remember that you are responsible for maintaining the same standards of professional behaviour on social media as would occur if the communication was in-person.
6. Consider how your online post and/or electronic communication contributes to the impression that others may form of you and the profession of medical laboratory science/anaesthetic technology and how this may influence how others will interpret your online and off-line behaviour in the future.

When posting on social media:

- Consider how what you post on your social media account may influence how the public sees you, or the medical laboratory science/anaesthetic technology profession.
- If you believe that a friend or colleague has posted material online that could be damaging for them, talk with them about your concerns in a non-judgemental manner.
- Remember that commenting on professional matters in your personal capacity does not excuse you from your professional obligations as a registered health practitioner.

Respect privacy and confidentiality

7. Whatever medium you use to communicate health information or information about a private matter, you must consider issues of privacy, security, and the sensitivity of the information. You need to take on board that patients have expectations of privacy and may choose to not disclose information to you in a clinical setting – even when that information is accessible online.
8. Remember that your professional obligations to respect the confidentiality and privacy of patients apply to social media and electronic communications just as they do to other forms of professional and personal interaction.
9. If you consider that it is medically necessary to view a patient's online profile or site, seek permission before accessing it.
10. Ensure that any social media and electronic communication with others, including colleagues and other stakeholders, complies with professional, ethical, and other relevant standards.

Act with integrity

11. As a registered health practitioner, you must practise ethically in your use of social media and electronic communication.
 - Act responsibly to uphold the reputation of medical laboratory scientists and anaesthetic technicians and the profession, ensuring your interactions with

colleagues and stakeholders are polite and respectful, so that public trust and confidence is maintained, and the reputation of the profession is enhanced.

- Be mindful of maintaining professional boundaries between yourself and the patient and/or other people nominated by the patient to be involved in their care.
- When considering whether to 'like' or otherwise recommend or endorse individuals, products, or services on social media or by electronic communication, be mindful of *Principle 4 (Honesty and Integrity)* in the Council's *Code of Ethics*.

Good practice

12. When using social media or electronic communications, check that you are engaging in good practice:

- Uphold the principles outlined in the Council's *Code of Ethics* with particular attention to *Principle 4 (Honesty and Integrity)* whatever your communication method.
- You are personally accountable for your professional practice and behaviour.
- You must always be prepared to explain your decisions and actions.
- You have an ethical and legal responsibility to maintain patient confidentiality.
- You are responsible for entering into and maintaining a professional relationship with colleagues, employers, and other interested parties.
- Keep your professional and personal life separate. Carefully consider who you accept as a friend online.
- Consider the personal information you post online as it could influence how you or the profession is seen. Do not post photos/videos of yourself that you would not want your patients, employer, or colleagues to see.
- If in doubt, do not post it, or seek advice from a senior colleague before doing so.
- Permanence: remember that once something is posted online it can be very difficult to remove it.
- Try "Googling" yourself: are you comfortable with the results that are shown?
- Check your old online posts and blogs to review how you have posted information about a patient or a colleague.
- Check if you are a member or support of any group that may be considered racist, sexist, or in an otherwise derogatory light. Browse all the groups you are linked to online to consider if these are an accurate reflection of the person you are and the values you hold.
- Check the privacy settings on all of your social media pages.

Case studies¹

Example: using social media to network

Katherine

As part of her CPD training, once a year, Katherine attends a conference and meets other practitioners working in the same health profession across Aotearoa New Zealand. Many of these professional colleagues come from different professional and employment backgrounds.

Katherine has found meeting other health practitioners useful, as it has helped her to gain a new perspective on some of the aspects of her role and exchange information about best practice and other work matters.

Katherine is one of only a small team of practitioners in her workplace. As a result, she does not always have other colleagues on hand to discuss her work, so she is keen to keep these professional contacts. Katherine has recently made friends on Facebook with several of the other practitioners she met at the conference. She is hoping to use Facebook to network with them and continue to share skills and knowledge about her role. However, as her profile contains lots of information about her personal life, she does not think it is appropriate to use this in her professional life.

In order to replicate the environment at her training session, Katherine decides to create a private Facebook discussion group with the practitioners she met at the conference. In this group they share updates about their practice, discuss best practice and share professional contacts. The privacy settings on the group mean that she can discuss work freely without this crossing into her personal life or impinging on the sensitive nature of her work. She is still mindful of the confidentiality of her service users though and does not share identifiable information or facts when referring to her personal experiences. She also keeps her interactions on social media to the same professional tone she would usually use at a professional training or networking event. In addition, Katherine makes sure to check any information she receives on the group with reputable sources before applying it to her practice.

As a result of social media, Katherine has been able to develop her professional skills and knowledge, and build a network of professional contacts to help her in her future work.

1 The case study examples have been adapted by similar case studies published by the HPCP (Health & Care Professions Council UK).

Example: when social media use can breach confidentiality

David

David has recently started using Facebook while at work. Primarily, he has been posting photos of himself and his colleagues on duty in a clinical setting, but in some instances, he has posted about a patient's health status and occasionally shared photos of them during an examination, test, or procedure. These posts do not show the face of the patient, but there is otherwise no attempt to hide their identity. Several of the posts contain confidential patient information, despite this not being the focus of the images. Typically, this is in the background of the photo but sometimes includes their names and/or date of birth. His posts are also geo-tagged, meaning they identify the location in which they were taken (in this instance the workplace where he works).

David believes he is only sharing these images with his friends on Facebook and does not believe they pose a risk to his patients' confidentiality. However, his Facebook privacy settings are set to public, meaning all his posts are publicly available. Therefore, a member of the public who sees a post and is aware of a patient being treated or tested at David's place of work could identify the patient from his posts.

Eventually a mutual friend of David's - Ben - sees one of David's posts of an injury and believes that this might be of one of his co-workers. Ben tags this co-worker in a comment, asking if the image is his. The co-worker sees that the post is of him and considers this to be a breach of his confidentiality. The nature of the injury was something he wanted to keep private and instead has now been seen by several of his colleagues. He makes a formal complaint to the Medical Sciences Council (MSC).

Despite no intention on David's part to breach patient confidentiality, the MSC is concerned about the inappropriate nature of his posts and opens an investigation into the matter.

Example: using social media to raise the profile of the profession

Sue

Sue has recently started co-ordinating a campaign with her employer to promote the profession to the public; to encourage more people to the role and to inform members of the public about what the scope of practice entails. Sue is keen to use social media as part of this campaign, including using blogging and sites such as YouTube to share experiences and demonstrate in interactive ways what members of the profession will traditionally do as part of their role.

Sue has been blogging in her personal life for several years. The blog combines her own thoughts on practice issues, anecdotes from her practice, difficulties she has encountered from working as a health practitioner, and her views on developments in the profession. She frequently refers to particular cases she has worked on but always keeps these anonymised and changes certain facts to make sure patients cannot be identified. She believes the blog will be a good tool to give a realistic picture of the challenges and rewards of being a health practitioner.

Sue co-ordinates the campaign's social media accounts and uses these to share key materials. This includes participating in 'Twitter chats' and sharing positive stories and articles about her practice. She does not share confidential information but does share more general information about her experiences – this spreads awareness of what she does and improves the image of the profession. On YouTube, Sue and her employer create short pieces to camera which respond to questions about the profession and provide examples of an average day in the life of a health practitioner in this scope of practice. Patients are not included in these pieces, with Sue editing the interviews to remove any confidential or identifiable information.

Through use of these more interactive tools, Sue's employers find the campaign gains more traction than it otherwise would have and reaches a wider range of people. Sue also finds her close friends and family have a greater understanding of her role.