

Council, 23 March 2017

Outcomes of the consultation on draft social media guidance

Executive summary and recommendations

### **Introduction**

The standards of conduct, performance and ethics published in January 2016 contain a standard about the appropriate use of social media. Registrants' use of social media was frequently raised during the review of the previous standards, and social media activity increasingly features in fitness to practise cases. We have therefore written this guidance to assist registrants with using social media in a way that meets our standards.

Following approval from the Council in September 2016, we publicly consulted on the draft guidance between 3 October 2016 and 13 January 2017. Prior to this, we undertook an online crowdsourcing exercise to inform the development of the guidance.

Overall there was strong support for the guidance among respondents to the consultation. We have made minor amendments based on the feedback we received, as outlined in the consultation responses analysis document.

The consultation response analysis document and the revised guidance is attached for the Council's consideration and approval.

### **Decision**

The Council is invited to discuss and agree the text of the consultation response analysis document and the draft guidance, subject to legal scrutiny and minor editing amendments.

### **Background information**

- Education and Training Committee, 3 March 2016. A proposal for Health and Care Professions Council (HCPC) guidance on the appropriate use of social media and networking websites:  
<http://www.hcpc-uk.org/assets/documents/10004F36Enc06-HCPCguidanceontheappropriateuseofsocialmediaandnetworkingwebsites.pdf>
- Council, 21 September 2016. Consultation on draft social media guidance:  
<http://www.hcpc-uk.org/assets/documents/1000516CEnc15-Consultationondraftsocialmediaguidance.pdf>

**Resource implications**

The resource implications include those associated with the publication and launch of the guidance. These have been taken into account in departmental work plans for 2016/17 and 2017/18.

**Financial implications**

The financial implications, including printing the guidance document, have been accounted for in budget planning for 2017/18.

**Appendices**

Appendix 1: Guidance on social media (revised draft)

Appendix 2: Consultation response analysis document

**Date of paper**

9 March 2017

## Guidance on social media

### Contents

About this document.....	5
Section 1: About us .....	6
Section 2: Top tips.....	7
Section 3: Using social media .....	8
Section 4: More information .....	11

## **About this document**

We have written this document to provide guidance to registrants who use social media. It explains how to use social media in a way which meets our standards.

This document cannot address every issue that might come up. We have instead focused on the issues registrants and other stakeholders told us they came across most frequently.

This guidance is focused on our standards. Some professional bodies publish social media guidelines to support their members to get the most from this technology. If you are employed, your employer may also have relevant policies or guidance that apply to you.

## **How this document is structured**

This document is divided into four sections:

- Section 1 provides information about the HCPC;
- Section 2 contains some top tips for using social media;
- Section 3 provides guidance on how our standards relate to the use of social media, and some relevant issues you may come across;
- Section 4 contains information about how to find out more.

## **Language**

Throughout this document:

- 'we' and 'us' refers to the Health and Care Professions Council (HCPC);
- 'registrant' refers to a professional on our Register;
- 'you' or 'your' refers to a registrant; and
- 'social media' refers to websites and applications that enable users to create and share content, and to interact with other users. This includes – but is not limited to - websites such as Facebook, Twitter, and YouTube, as well as online forums, and blogs.

## **Section 1: About us**

We are the Health and Care Professions Council.

We are a regulator and were set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their professional skills, knowledge and behaviour. Individuals on our Register are called 'registrants'.

We currently regulate 16 professions:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

### **About the standards**

We set standards of conduct, performance and ethics, which set out the high level principles of how we expect registrants to behave. We use the standards when a concern has been raised about a registrant, to help us decide whether we need to take action to protect the public.

As a registrant, you must make sure you are familiar with the standards and that you continue to meet them at all times.

## Section 2: Top tips

The following are some top tips for using social media in a way which meets our standards. You can find information about how to put these into practice in the next section of this document.

- **Think before you post.** Assume that what you post could be shared and read by anyone.
- **Think about who can see what you share** and manage your privacy settings accordingly. Remember that privacy settings cannot guarantee that something you post will not be publicly visible.
- **Maintain appropriate professional boundaries** if you communicate with colleagues, service users or carers.
- **Do not post confidential or identifiable information.**
- **Do not post inappropriate or offensive material.** Use your professional judgement about whether something you share falls below the professional standards expected of you.
- If you are employed, **follow your employer's social media policy.**
- When in doubt, **seek advice.** Appropriate sources might include experienced colleagues, trade unions and professional bodies. You can also contact us if you are unsure about our standards. If you think something could be inappropriate or offensive, refrain from posting it.
- **Keep on posting!** We know that many registrants find using social media beneficial and do so without any issues. There's no reason why registrants shouldn't keep on using it with confidence.

## **Section 3: Using social media**

### **Benefits of social media**

Registrants have told us that using social media helps them to:

- develop and share their skills and knowledge;
- engage with the public about what they do;
- network with other professionals nationally and internationally; and
- raise the profile of their profession.

The vast majority of registrants who use social media already do so responsibly, in line with our standards, and without any difficulties at all. However, we know that registrants sometimes have questions or concerns about using social media because they want to make sure that they always meet our standards.

This guidance explains what our standards mean when using social media.

We have structured the guidance below under the areas of our standards which apply to the appropriate use of social media.

### **Communicate appropriately**

The standards of conduct, performance and ethics say...

‘You must use all forms of communication appropriately and responsibly, including social media and networking websites’ (2.7)

You should apply the same standards as you would when communicating in other ways when using social media. Be polite and respectful, and avoid using language that others might reasonably consider to be inappropriate or offensive. Use your professional judgement in deciding whether to post or share something. Remember that comments or posts may be taken out of context, or made visible to a wider audience than originally intended.

### **Be honest and trustworthy**

Our standards of conduct, performance and ethics say...

‘You must make sure that your conduct justifies the public’s trust and confidence in you and your profession’ (9.1)

This means you need to think about who can see what you share. Make sure you understand the privacy settings of each social media channel that you use. Even on a completely personal account, your employer, colleagues or service users may be

able to see your posts or personal information. It is best to assume that anything you post online will be visible to everyone.

Our standards of conduct, performance and ethics state that...

‘You must make sure that any promotional activities you are involved in are accurate and are not likely to mislead’ (9.3)

If you use social media to advertise or share information related to your professional practice, you must make sure it is fair and true to the best of your knowledge. You may choose to include a disclaimer on your profile that your views are your own, and that they do not represent the views of your employer or those who contract your services.

### **Respect confidentiality**

Our standards of conduct, performance and ethics say...

‘You must treat information about service users as confidential’ (5.1)

When you post information about another person on social media, think about whether it is appropriate to share that information. If the information is confidential and/or could allow a service user to be identified, you should not put it on a site without their consent. This could include information about their personal life, health or circumstances, or images relating to their care.

Even if you have the highest level of privacy settings, something you share online can quickly be copied and redistributed to a much wider audience. This means a post can stay in the public domain after you delete it. Try to stay up to date with any changes to the privacy settings of the social media platforms you use. If you are unsure whether to post, stop and seek advice first from an experienced colleague, professional body or trade union.

### **Maintain appropriate boundaries**

Our standards of conduct, performance and ethics state...

‘You must keep your relationships with service users and carers professional.’  
(1.7)

Some professionals find using social media a valuable way of communicating with service users and the public. However, social media can blur the boundaries between the personal and the professional. It is just as important to maintain appropriate boundaries when using social media as it would be if you were communicating through any other medium. You must always communicate with service users in a professional manner.

You might decide to set up a separate professional account where you provide general information for service users and the public. If you are employed and plan to

use this account to have direct contact with service users, you should first agree whether this is appropriate with your employer.

Keep in mind that service users may still be able to find and contact you via your personal account. If this happens, we recommend that you decline friend requests. If appropriate, indicate that you cannot mix social and professional relationships. If you wish to follow up any contact you receive, consider using a more secure communication channel, such as your professional email account.

If you include content relating to your professional role on a personal account or vice versa, think about whether you would be happy for these different audiences to see the material you post. Think carefully about what you share and who can see it.

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## **Section 4: More information**

### **Contact us**

You can contact us if you have any questions about this guidance or our standards. Please be aware, however, that we cannot offer legal advice. Our contact details are below:

The Health and Care Professions Council  
Park House  
184 Kennington Park Road  
London  
SE11 4BU.

Tel: +44 (0)300 500 6184

You can download copies of our standards documents and other publications from our website at [www.hcpc-uk.org](http://www.hcpc-uk.org).

### **Other sources of guidance**

We recognise the valuable role professional bodies play in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards that we set.

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## Consultation on social media guidance

Analysis of responses to the consultation on social media guidance and our decisions as a result.

### Contents

1. Introduction .....	13
2. Analysing your responses .....	15
3. Summary of responses.....	18
4. Thematic analysis of responses .....	19
5. Our comments and decisions .....	26
6. List of respondents .....	29

# 1. Introduction

## About the consultation

- 1.1. We consulted between 3 October 2016 and 13 January 2017 on proposals to publish new guidance on social media.
- 1.2. We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers. We also advertised the consultation on our website and on social media, and issued a press release.
- 1.3. We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: [www.hcpc-uk.org/aboutus/consultations/closed](http://www.hcpc-uk.org/aboutus/consultations/closed).

## About us

- 1.4. We are a regulator and our job is to protect the public. To do this, we keep a Register of professionals who meet our standards for their professional skills, knowledge and behaviour. Individuals on our register are called 'registrants'.
- 1.5. We currently regulate 16 health and care professions:
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists
  - Practitioner psychologists
  - Prosthetists / orthotists
  - Radiographers

- Social workers in England
- Speech and language therapists

### **About this document**

1.6. This document summarises the responses we received to the consultation.

- Section two explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- Section three provides an executive summary of the responses we received.
- Section four adopts a thematic approach and outlines the general comments we received on the draft guidance document.
- Section five outlines our response to the comments received, and any changes we will make as a result.
- Section six lists the organisations which responded to the consultation.

1.7. In this document, 'we', 'us', and 'our' are references to the HCPC; 'you' or 'your' are references to respondents to the consultation.

## 2. Analysing your responses

- 2.1 We have analysed all the written and survey responses we received to the consultation.

### Method of recording and analysis

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. 'yes', 'no', 'partly', or 'don't know'). Where we received responses by email or by letter, we recorded each of those in a similar manner.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

### Quantitative analysis

- 2.4 We received 155 responses to the consultation. 132 responses (85%) were made by individuals and 23 (15%) were made on behalf of organisations. Of the 132 individual responses, 109 (83%) were HCPC registered professionals.
- 2.5 The tables below provide some indicative statistics for the answers to the consultation questions.

**Table 1 – Breakdown of responses by question**

	Yes	No	Partly	Don't know	No answer
Q1. Is the guidance clear and easy to understand?	124 (81%)	3 (2%)	22 (14%)	2 (1%)	4 (3%)
Q2. Could any parts of the guidance be reworded or removed?	36 (23%)	83 (54%)	18 (12%)	10 (6%)	8 (5%)
Q3. Do you have any other comments on the draft guidance?	62 (40%)	89 (57%)	n/a	n/a	4 (3%)

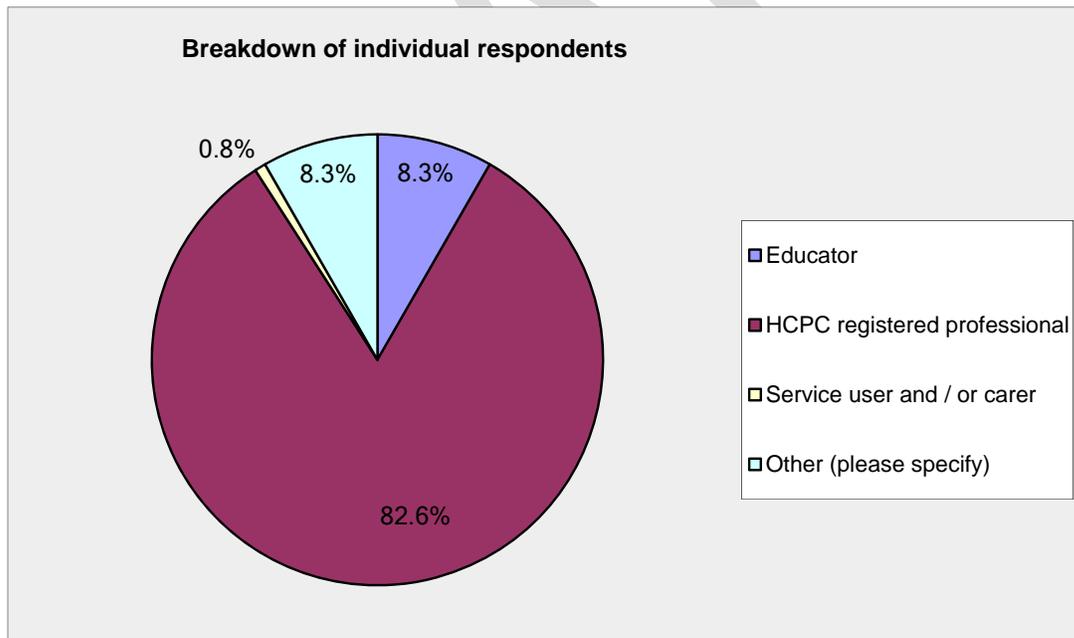
**Table 2 – Breakdown of responses by respondent type**

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Q1	105 (80%)	3 (2%)	19 (14%)	2 (2%)	19 (83%)	0	3 (13%)	0
Q2	28 (21%)	74 (56%)	14 (11%)	9 (7%)	8 (35%)	9 (39%)	4 (17%)	1 (4%)
Q3	49 (37%)	79 (60%)	n/a	n/a	13 (57%)	10 (43%)	n/a	n/a

- Percentages in the tables above have rounded to the nearest whole number and therefore may not add up to 100 per cent.

**Graph 1 – Breakdown of individual respondents**

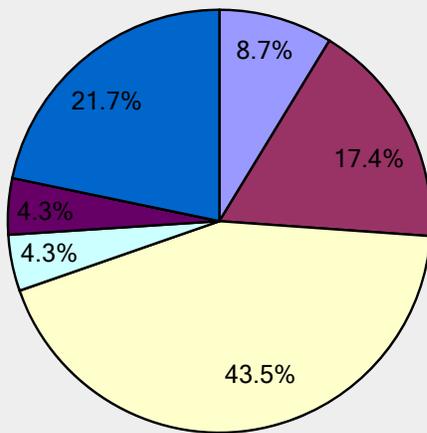
Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as students from a range of professions, educators, lawyers, service users and members of the public.



**Graph 2 – Breakdown of organisation respondents**

Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as unions or representative bodies, law firms, companies owned by governmental departments, and an independent provider of diagnostic services.

### Breakdown of organisation respondents



- Education provider
- Employer
- Professional body
- Public body
- Regulator
- Charity and/or voluntary sector organisation
- Other (please specify)

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### 3. Summary of responses

- 3.1 The vast majority (81%) said that the draft guidance was clear and easy to understand, with little difference between individuals (80%) and organisations (83%). Over half (54%) of all respondents indicated that they would not reword or remove any part of it.
- 3.2 We received positive feedback about the tone of the document, and its timeliness. Organisations were more likely than individuals to provide further comments about how they considered the guidance could be altered or strengthened.
- 3.3 Many of the comments, from both individuals and organisations, focused on the following themes:
- The scope of the document's application, for example, whether it is applicable to personal and/or professional social media profiles, and which specific social media platforms would be included;
  - The extent of the HCPC's powers in this area, including the link between unprofessional behaviour on social media and the fitness to practise process;
  - The meaning of terms such as 'inappropriate', 'offensive', and 'professional'; and
  - The importance of using social media in a way that respects consent, confidentiality, and relevant legislation.
- 3.4 We also received comments that queried what to do in specific situations, or requested for the guidance to explicitly address these. Example of this include:
- how a professional should engage with service users they know in a non-professional capacity, and
  - what to do if a colleague posts about leisure activities when they are signed off from work.
- 3.5 Other feedback related to strengthening the guidance by reducing repetition, or adding examples.
- 3.6 A very small number of respondents expressed their disapproval for the guidance in general. These respondents generally felt that the development of guidance in this area was inappropriate, or would place unjustifiable restrictions on registrants.

## 4. Thematic analysis of responses

- 4.1 This section provides an analysis of the responses we received, based on the broad themes and issues that were raised. The most common themes are discussed first.

### Positive feedback

- 4.2 We received positive comments about the guidance, in respect of its clarity and tone. 81% of respondents said that they found the guidance clear and easy to understand.
- 4.3 A number of respondents expressed their approval for the recognition of the value of social media within the document. Others said that they found the explicit links to the relevant standards of conduct, performance and ethics helpful. Respondents also welcomed the efforts taken to source stakeholder views in developing the guidance.

### Defining social media

- 4.4 A number of individual and organisation respondents commented that there needs to be a clearer definition of social media in the guidance. There was some confusion about what types of social media are covered by the guidance; for example, whether it relates only to the most commonly used networking sites, such as Facebook and Twitter, or if it is also intended to be applicable to blogging sites, dating sites and online multi-player games. Some respondents expressed that they felt the document only referred to the former.
- 4.5 Some respondents recommended an explicit reference to WhatsApp as an example of social media.

### Personal and professional use

- 4.6 One of the most common pieces of feedback we received related to confusion about whether the guidance applies equally to professional and personal use of social media. Individuals and organisations commented that it is not the HCPC's responsibility as a professional regulator to prescribe how individuals use social media unless there is a clear connection between this and their professional registration. Reflecting these concerns, one respondent suggested changing the name of the guidance to 'Guidance for professional use of social media'.
- 4.7 A small number of individuals suggested that there is a risk of the guidance placing limits on registrants' rights to freedom of speech, and that if the guidance were applied to personal accounts it would set an unachievable standard. There were also questions about how the HCPC would respond to

swearing or political views being expressed by registrants using personal accounts.

- 4.8 One respondent questioned whether the guidance would still apply to a registrant's personal account if they used a pseudonym.
- 4.9 Some respondents suggested that the guidance should recommend having separate accounts for professional and personal usage, with more advice about controlling privacy settings for personal accounts. Relatedly, some also suggested deleting the paragraph in section 3 of the guidance, beginning 'If you choose to have a single account for social and work purposes...', as this was felt to send a confusing message and may endorse potentially problematic usage. A few commented that the section, 'Maintain appropriate boundaries', generally lacks sufficient clarity or is repetitive.
- 4.10 There was some feedback about the guidance being too vague on issues such as when the personal is relevant to the professional. One respondent questioned when having fun in their personal life would become 'unprofessional', if seen by an unintended audience. Another commented that the grey areas are where registrants often need more help, which this guidance may be too broad to provide.
- 4.11 One organisation suggested that the document should reiterate the need for registrants to take steps to maintain their own privacy and safety online, in a way that prevents service users or clients from obtaining personal information, which could potentially be used in an abusive way.

### **Inappropriate and offensive material**

- 4.12 Some respondents expressed concern or confusion about the meaning of 'inappropriate and offensive'. A number of respondents pointed out that these descriptions are subjective, and requested that we give examples or further guidance about what exactly would constitute an inappropriate or offensive post.
- 4.13 Other respondents expanded upon this criticism to emphasise the importance of context. Some suggested the guidance should explicitly make the point that the nuances of humour may be lost through social media, and that registrants should be encouraged to consider this, regardless of whether they are sharing text, images or gifs.
- 4.14 Some respondents asked for greater clarification about what happens to registrants who are deemed to have posted or shared inappropriate or offensive material, and how this might affect their registration. A few individual respondents expressed concern whether swearing on a personal account

would fall into this category. One questioned whether being critical of an employer on social media would be deemed inappropriate.

- 4.15 One organisation called for a more explicit statement of the consequences of inappropriate behaviour through social media. There was also a question about consequences and accountability in cases of joint enterprise.
- 4.16 We received some suggestions to address this issue. One suggestion was to add in a definition of inappropriate and offensive, as is included in another organisation's guidance on the topic. Another suggestion was to expand this point in the 'top tips' section so that it encouraged registrants to use their common sense and think about how posts might make other people feel. It was, however, recognised that this may be deemed patronising.

### **Communicating appropriately with service users and colleagues**

- 4.17 A number of respondents raised the need for greater clarification around maintaining appropriate boundaries with service users, with some expressing that the guidance gave mixed or unclear messages. One organisation stated that registrants should not be encouraged to use social media in any way in relation to individual cases, or as a means for communicating with service users or carers. Others suggested there needs to be more explicit boundary setting in this area, and that it should be made clear that registrants should refrain from any non-professional contact with service users.
- 4.18 One organisation respondent referenced a fitness to practise case example of a social worker sanctioned for using social media to communicate with a service user, where the HCPC finding related to there being no audit trail which could be scrutinised by the employer. The respondent expressed the need for more explicit boundary setting in the document in this respect.
- 4.19 Relatedly, there was some discussion about whether it is appropriate for section 3 of the guidance to list engagement with service users and carers as a benefit of using social media.
- 4.20 A few respondents also questioned whether the advice to 'politely decline' a friend request from a service user may cause undue confusion, as generally declining a friend request happens at the press of a button. One considered that advising that this should be done 'politely' could lead registrants into a situation where they feel they have to contact the service user to explain their actions, and may make them feel obliged to engage in communication which could potentially cross professional boundaries. It was also felt that the advice to 'send a separate message' required further clarification that this should be through a formal or professional form of communication, such as a work email account.

4.21 Some respondents asked for more guidance on how professionals should manage service users who follow them on social media. One organisation also suggested that there should be more guidance on what to do if a service user has tried to make contact, and how to keep safe online.

4.22 A few specific issues were suggested for further consideration in the final document. These included:

- how professionals should interact with former service users who are now professionals themselves;
- whether it is acceptable practice for professionals to look up clients or service users on social media, possibly as part of an assessment;
- what counts as appropriate behaviour if a service user is a friend offline and on social media;
- whether it is inappropriate to send patients friend requests if working in private practice.

4.23 Some respondents called for more in the guidance regarding appropriate communication and behaviour involving colleagues on social media. There were a number of suggestions made, including:

- ensuring that posts on social media, including images, do not expose the identity of colleagues or breach their privacy;
- what to do if colleagues post about social activities while they are on sick leave;
- how to record or report an inappropriate post on social media.

### **Confidentiality and privacy settings**

4.24 A number of respondents indicated that there should be a greater focus on confidentiality and consent in the guidance document. In particular, comments were made about ensuring registrants are aware of the potential consent and confidentiality challenges relating to uploading photographic images, for example, of colleagues. Some respondents felt that examples of what counts as a breach of confidentiality would be a helpful addition to the guidance.

4.25 Some respondents suggested that the guidance should make it explicit that it is never appropriate to talk about service users on a social media account, even if this is done anonymously. Some commented that the draft guidance is too ambiguous in this respect, or may give a false sense of protection in the way it discusses privacy and security settings. One respondent spoke about

the need for an on-going process of seeking consent with clients before referring to their information on social media.

4.26 Suggestions for improving the guidance on this topic included:

- Giving more information about how to discuss confidential cases without breaching confidentiality, in a way that would support registrants to use social media to share knowledge and therefore develop their skills;
- Amending the top tips to emphasise the risk of private posts being made public, or repeating the caveat to 'treat all information posted as being publicly available' earlier in the document;
- Including advice about how registrants can maintain their own privacy and safety, for example, information about ignoring 'trolls', how to end difficult conversations appropriately, and who to approach for support.

4.27 Specific issues raised by respondents included whether it is appropriate for Ambulance Trusts and paramedics to tweet about incidents they have attended.

#### **Level of detail and use of examples**

4.28 We received mixed feedback about the level of detail contained within the guidance. On the one hand, some respondents agreed that this style of short guidance which abstains from being too prescriptive is appropriate and would be helpful alongside other local guidance. On the other, there were those who commented that the document was 'scanty', or like an easy read version.

4.29 One respondent questioned whether it was necessary for the document to have a glossary, which they considered repetitive and made the document longer than necessary.

4.30 There were many responses which suggested adding in good practice or case study examples, particularly of where inappropriate social media use has led to HCPC involvement. One respondent suggested that these could be included on the HCPC website rather than in the guidance.

4.31 There was also a suggestion from one organisation to undertake a review of all fitness to practise cases involving social media and use this to inform the draft guidance.

4.32 Some respondents suggested a much finer level of detail would help, for example, by clarifying what constitutes high standards of personal behaviour or behaviour that would damage public confidence in a profession. Cases

where additional clarity may be needed were discussed. These included posts relating to naked charity calendars or protest activity.

- 4.33 Some respondents mentioned students, and suggested there should be more detail about how the guidance applies to students and particular situations they might face.

### **Strengthening the language**

- 4.34 A few particular sections provoked discussion about strengthening the language, or whether certain statements were appropriate. Some respondents felt there was too much use of 'may' or 'consider', rather than direct instruction. One organisation respondent commented that the tone of the document did not reflect the gravity of the HCPC's powers to sanction and potentially strike off registrants for inappropriate social media use.
- 4.35 A number of respondents disagreed with the instruction in the 'Top tips' section to refrain from posting something on social media if you wouldn't put it in a letter or email or say it out loud. Comments included that this does not reflect the nuances of communicating via social media or importance of context and intention, and that the statement may be misinterpreted.
- 4.36 There was further disagreement with the instruction to seek advice from a colleague or friend if in doubt about whether something is appropriate to post. Some of the comments included suggestions for better sources of advice, such as professional bodies or indemnifiers, and some suggested it should be made clear that only appropriate, experienced colleagues should be approached. There was also the suggestion that the guidance should explicitly encourage registrants to err on the side of caution and not post if they have any doubts at all.
- 4.37 We received some comments relating to the use of 'should' and 'must'. For example, respondents suggested that the instruction that 'you should not put' confidential information on a site should be changed to 'you must not', to reflect data protection legislation.
- 4.38 One respondent highlighted what they said was a grammatical error running through the document, through the use of 'social media is [...]'.

### **The appropriateness of the guidance**

- 4.39 A small number of respondents expressed that the guidance was unnecessary or would cause registrants to feel more anxious. This was raised, in particular, in relation to the phrase 'registrants can sometimes be anxious' in section 3.

- 4.40 There was also a suggestion that, with the increasingly integrated way in which students/professionals use social media and participate in online communities, this stand-alone guidance will quickly become over-simplistic. It was suggested that the guidance needs to be fluid to keep pace with technologies and their changing applications for both service users and registrants.
- 4.41 Another respondent questioned whether the document should be called a guidance document, and whether it would not be more appropriate to publish standards of conduct for the use of social media.

### **Dissemination**

- 4.42 We received some suggestions about how to disseminate the final guidance to improve its impact. These included:
- Running events for students to encourage consideration of how social media use impacts on their professional role;
  - Sharing the final guidance on social media platforms.

## 5. Our comments and decisions

- 5.1 This section sets out our responses to the feedback we received on the draft guidance, and the changes we plan to make to the guidance as a result.

### Defining social media

- 5.2 We recognise that making a clearer definition of social media more prominent in the guidance may help to clarify the extent of its application. We have moved the definition of social media, previously included in the glossary, to the beginning of the document.
- 5.3 The guidance document already states that it cannot address every issue that might come up; similarly, it would be impossible to list every social media platform, particularly as this is continually developing. We have therefore chosen not to explicitly mention other platforms which were mentioned by individual respondents, such as WhatsApp, multi-player online games and dating sites.

### Personal and professional use

- 5.4 A number of respondents commented that the guidance could be clearer about whether it applies to personal as well as professional use of social media. The guidance does reference that social media can blur the boundaries between the personal and the professional towards the end of section 3.
- 5.5 We recognise the questions raised by respondents about whether the HCPC should be concerned with registrants' use of social media where there is no clear connection with their professional registration, and we agree that it is not the regulator's role to be overly prescriptive on this matter. However, we do not agree that it would be appropriate to say that the guidance is only applicable to professional use of social media, because it is not possible to strictly compartmentalise this from non-professional.
- 5.6 In light of some respondents' concerns that the guidance might place restrictions on registrants' rights to freedom of speech, we have carefully reviewed the content and the language used. We are confident that it strikes the right balance between setting out expectations, and not deterring registrants from using social media.
- 5.7 We have removed the sentence which suggests that registrants might have one single account for social and work purposes and edited the section on maintaining professional boundaries, on the basis of the feedback received.

## **Communicating professionally with service users and colleagues**

- 5.8 As mentioned above, we have edited the section on maintaining appropriate boundaries in line with respondents' feedback. This has included strengthening the paragraph which advises registrants about what to do if they are contacted by a service user.
- 5.9 We have decided that it is not appropriate to address the specific issues (e.g. what to do when online friends become service users) raised by individual respondents in this guidance document, as the guidance is intended to give high level advice on meeting the standards and cannot cover every situation. We have indicated that we would expect registrants to use their professional judgment to apply the guidance, alongside other relevant local or national policies, to reach a decision on these issues.
- 5.10 We have written the sections on appropriate communication and confidentiality in a way that makes them applicable to colleagues, not just service users. We have therefore decided not to include additional content about interacting with colleagues, and would again expect registrants to use their professional judgement about what is appropriate.

## **Inappropriate and professional use**

- 5.11 We have not attempted to define inappropriate or offensive material in the guidance document because this would need to happen on a case by case basis. Instead, we have included additional advice regarding our expectations that registrants will use their professional judgment to decide on whether their conduct is of a professional standard. We have referenced the importance of context.
- 5.12 A number of respondents asked for the guidance to explicitly address the consequences of failing to use social media in a way that meets professional standards, with case studies to demonstrate this. We have decided not to include these within the document, to ensure that the focus of the guidance is positive and about good practice, rather than focusing on examples of poor practice. This is to reflect that the vast majority of registrants use social media appropriately and to their benefit. Including such examples in the guidance itself might also mean that it quickly becomes out of date, as this is a developing area. We will, however, consider using case studies as part of our communications plan when the guidance is published.

## **Level of detail and use of examples**

- 5.13 We have removed the glossary from this document, bringing the definition of social media to the first section. We have also reviewed the content to remove any unnecessary repetition.
- 5.14 The signposts to professional bodies at the start and end of the document are intended to direct registrants towards good practice guidance.
- 5.15 As the guidance is intended to be used by registrants who use or are considering starting to use social media, we have chosen not to explicitly mention students. We believe this is appropriate, considering the HCPC does not have a formal regulatory relationship with students until they complete an approved programme and come on to the Register. However, we hope that this guidance will still provide a useful resource for educators to consider some of the issues that arise from social media use with their students, particularly when read alongside the HCPC guidance on conduct and ethics for students, which itself contains explicit reference to appropriate use of social media.

### **Strengthening the language**

- 5.16 We have revisited the use of 'should' and 'must' throughout the document and amended accordingly, and ensured the use of 'social media' is in accordance with its Oxford English Dictionary definition.
- 5.17 We have also reconsidered some specific parts of the guidance, to ensure that the advice given is not potentially misleading. This includes amending the suggestions about who to contact and what to do if in doubt about posting, and removing the comparison between posting on social media and writing a letter or saying something out loud.

## 6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Academy for Healthcare Science  
Association of Educational Psychologists  
Association of Anatomical Pathology Technology  
Association of Clinical Genetic Science  
BLM  
British Chiropractic Association  
Canterbury Christ Church University  
College of Occupational Therapists  
College of Paramedics  
Genomics England  
Greater Glasgow and Clyde Health Board  
Hertfordshire County Council, Children's Services  
National Association of Professional Ambulance Services  
Northern Ireland Ambulance Service  
Psychology 4 Education  
Scottish Ambulance Service  
Staffordshire University  
The British Association of Social Workers  
The National Association of Educators in Practice (NAEP)  
The Society of Chiropractors and Podiatrists  
UNISON  
Unite the Union