

## Education and Training Committee, 8 September 2016

### Consultation on draft social media guidance

### Executive summary and recommendations

#### **Introduction**

In January 2016 we published revised standards of conduct, performance and ethics (SCPE), which include a sub-standard about appropriate use of social media. During the review of the previous version of the standards, registrants' use of social media was a topic that was frequently raised, including amongst registrants who are active on social media.

We have previously produced a page on our website with advice about how to use social media in a way that meets our standards, but we were told registrants would find it helpful to have specific published guidance from us in this area.

As agreed by the Committee in March 2016, the Executive contracted a third party to undertake an online 'crowdsourcing' exercise to inform the development of the guidance. We also took into account the requests for advice we have received and the small number of fitness to practise cases which have involved inappropriate use of social media.

We are proposing to consult on the draft guidance between 3 October 2016 and 13 January 2017. A consultation document, the draft guidance for consultation and the final report of the crowdsourcing exercise are attached.

#### **Decision**

The Committee is invited to discuss and agree the text of the consultation document and the proposed guidance, subject to legal scrutiny and minor editing amendments; and to recommend them to the Council.

#### **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>
- The revised SCPE were published on 26 January 2016: <http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

- Advice for registrants on meeting our standards - Use of social networking sites: <http://www.hpc-uk.org/registrants/standards/socialnetworking/>

### **Resource implications**

The resource implications include those associated with the public consultation process, analysis of responses, and publication and launch of the guidance. These have been taken into account in departmental work plans for 2016/17.

### **Financial implications**

The financial implications, including reprinting the guidance document, have been accounted for in budget planning for 2016/17.

### **Appendices**

Appendix 1: Guidance on social media (draft for consultation)

Appendix 2: Social media guidance online workshop final report

### **Date of paper**

26 August 2016

---

**Consultation on guidance on social media for registrants**

1. Introduction..... 4

2. About the HCPC..... 4

3. New guidance on social media ..... 5

4. The draft guidance for consultation..... 7

## 1. Introduction

- 1.1 We are the Health and Care Professions Council (HCPC). This consultation seeks the views of our stakeholders on draft guidance for registrants about social media.
- 1.2 In this document, you can find out information about the guidance and how to respond to this consultation. The draft guidance for consultation is published alongside this document on our website.
- 1.3 The consultation runs from **3 October 2016 to 13 January 2017**.

## 2. About the HCPC

- 2.1 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 and behaviour. Individuals on our register are called 'registrants'.
- 2.2 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

### **3. New guidance on social media**

3.1 In January 2016 we published revised standards of conduct, performance and ethics ('the Standards').<sup>1</sup> The Standards now include a sub-standard about registrants' use of social media:

2.7 You must use all forms of communication appropriately and responsibly, including social media and networking websites.

#### **Why are we publishing guidance?**

3.2 When we reviewed the previous version of the Standards, registrants' use of social media was a topic that came up frequently, including amongst registrants who were active on social media and amongst educators. We were told that registrants were increasingly using social media as a personal and professional communication tool and that some were anxious about using social media for fear of not meeting our standards. It was argued by some stakeholders that an explicit reference to social media in the Standards would be helpful to highlight that registrants' obligations to communicate appropriately and effectively also extended to use of this medium.

3.3 Several years ago now we published some advice on our website about using social media in a way which meets our standards.<sup>2</sup> However, during the review, we were told that registrants would value specific published guidance from us in this area. This was also a recommendation from the Professional Liaison Group (PLG) we established as part of the review process.

3.3 In deciding to publish guidance, we took into account the queries we have received in recent years seeking advice about this area. We also took into account the small number of fitness to practise cases we have considered which have concerned inappropriate use of social media.

#### **What is the relationship of the guidance to other sources of guidance?**

3.4 We know that some (but not all) of the professional bodies that represent the health and care professionals on our Register already produce their own guidance on the use of social media. Although there will be some overlap, this guidance is often much broader than the guidance we are consulting on. Professional bodies' guidance often includes helpful advice about topics such as making the most of social media to promote the profession; the benefits of different social media websites; how to measure the effectiveness of social media activity; and explaining social media specific terminology.

---

<sup>1</sup> <http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

<sup>2</sup> <http://www.hpc-uk.org/registrants/standards/socialnetworking/>

- 3.5 As a regulator, our draft guidance necessarily focuses on the ethical aspects of social media use, providing advice about meeting our standards of conduct, performance and ethics. The feedback we have received to date indicates that registrants would value clear, published guidance from us which provides reassurance so that they can use social media with the confidence that they are meeting expected standards.
- 3.6 The proposed guidance is therefore complementary to the guidance produced by the professional bodies. In the draft guidance for consultation we have acknowledged the role of professional bodies as sources of further advice.

### **How have we developed the guidance?**

- 3.7 In May 2016 we ran an online workshop to engage stakeholders in identifying the areas that should be addressed in the guidance. It is important whenever we publish guidance that we do this in partnership with the registrants and other stakeholders who will use it, or who have an interest in its content.
- 3.8 Participants in the workshop were asked to comment on three overlapping themes:
- **Top tips – dos and don'ts.** What are the things a HCPC registrant should or should not do when using social media?
  - **The challenge of using social media.** What are the challenges that a HCPC registrant could face when using social media?
  - **The value of using social media.** How can social media be useful for your practice or help you as a service user? Can you share examples?
- 3.9 Participants were able to add ideas and to comment and vote (like / dislike) on the ideas of others.
- 3.10 We informed a range of stakeholders about the campaign. This included issuing a press release; sending a stakeholder email; utilising our existing social media channels; and directly emailing a sample comprising 5,000 registrants. We particularly wanted to target registrants who were already active on social media.
- 3.11 313 people participated in the workshop. The majority were registrants but some identified themselves as educators and a small number as service users and carers. There were 2,081 contributions (ideas, comments and votes). You can download a copy of the report of the workshop from our website.<sup>3</sup>

---

<sup>3</sup> [to appear here]

#### **4. The draft guidance for consultation**

- 4.1 We have used the outcomes of the online survey to help us develop the draft guidance. We also looked at the guidance published by other organisations including other regulators of health and care professionals and professional bodies.
- 4.2 In the guidance, we wanted to strike the correct balance and tone between acknowledging the value of social media as a dynamic and effective communication tool and highlighting the importance of meeting our standards. We want to make clear that our expectations of registrants' behaviour extends to their use of social media, whilst recognising that the vast majority of registrants who use this medium already do so responsibly and without any difficulties at all.
- 4.3 In keeping with the small number of other guidance documents we have produced, we wanted this guidance to be principles-based. We therefore intend the guidance to set out how we expect registrant to apply our standards when using social media in different contexts. We also want the guidance to be clear, concise and accessible.
- 4.4 We would value the views of stakeholders about how successful we have been in achieving these goals.
- 4.5 Once the consultation has concluded, we will use the comments we receive to improve the draft guidance further. We will then work with the Plain English Campaign to edit the guidance before we publish the final copy.

## 5. How to respond to the consultation

5.1 We welcome your comments on the draft guidance. We have listed some questions to help you below. The questions are not designed to be exhaustive and we would welcome your comments on any aspect of the guidance.

Q.1 Is the guidance clear and easy to understand? How could we improve it?

Q.2 Could any parts of the guidance be reworded or removed?

Q.3 Do you have any other comments on the draft guidance?

5.2 You can respond to this consultation in the following ways.

- By completing our easy-to-use online survey: [\[add link here\]](#)
- By emailing us at: [consultation@hcpc-uk.org](mailto:consultation@hcpc-uk.org).
- By writing to us at the following address.

Consultation on guidance on social media  
Policy and Standards Department  
Health and Care Professions Council  
Park House  
184 Kennington Park Road  
London  
SE11 4BU  
Fax: +44(0)20 7820 9684

5.3 Please note that we do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing. However, if you are unable to respond in writing, please contact us on +44(0)20 7840 9815 to discuss any reasonable adjustments that would help you to respond.

5.4 Please complete the online survey or send us your response by 13 January 2017.

5.5 **Please contact us to request a copy of this document in Welsh or in an alternative format.**

5.6 Once the consultation period is completed, we will analyse the responses we receive. We will then publish a document which summarises the comments we received and explains the decisions we have taken as a result. This will be published on our website.

## Guidance on social media

---

### Contents

About this document .....	10
Section 1: About us.....	11
Section 2: Top tips .....	12
Section 3: Using social media .....	13
Section 4: More information.....	
Glossary.....	17

## **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 useful 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 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.

## Section 1: About us

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 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

We may regulate other professions in the future. For an up-to-date list, please see our website at [www.hcpc-uk.org](http://www.hcpc-uk.org)

### 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.

- **Apply the same standards of behaviour as you would elsewhere.** If you wouldn't put something in a letter or email or say it out loud, don't say it on social media.
- **Think before you post.** Try to be polite and steer clear of inappropriate or offensive language.
- **Think about who can see what you share** and consider managing your privacy settings accordingly.
- **Maintain appropriate professional boundaries** if you communicate with service users or carers.
- **Do not post confidential or identifiable information.**
- **Do not post inappropriate or offensive material.**
- If you are employed, **be aware of your employer's social media policy.**
- When in doubt, **seek advice** from a friend or colleague. You can also contact us if you are unsure about the Standards.
- **Keep on posting!** Social media is a great communication tool. There's no reason why registrants shouldn't keep on using it with confidence.

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

### **Benefits of social media**

Social media is a dynamic and effective communication tool. Registrants have told us that social media can help them to:

- develop and share their skills and knowledge;
- engage with service users and carers and provide them with information;
- network with other professionals nationally and internationally; and
- raise the profile of their profession.

We know that registrants can sometimes be anxious about using social media because they want to make sure that they always meet our standards. The vast majority of registrants who use social media already do so responsibly, in line with our standards, and without any difficulties at all. 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)

Social media sites can provide a valuable platform for communicating with other professionals and to promote a better understanding of your profession to a wider audience. However, social media activity which is unprofessional may put your registration at risk.

You should apply the same standards as you would elsewhere when using social media. If you would not write it in a letter or an email or say it out loud, do not post it on social media. Try to be polite and respectful, and avoid using language that others might reasonably consider to be inappropriate or offensive.

### **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.

### **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 identifiable and is about a service user, patient, client or colleague, you should not put it on a site. This could include information about their personal life, health or circumstances, or images relating to assessments or diagnostics.

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, seek advice from a friend or colleague first.

### **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 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 should make sure that you always communicate with service users in a professional manner. You might decide to set up a separate professional account where you direct any contact with service users. If you are employed and plan to use this account to have direct contact with service users, you may need to agree whether this is appropriate with your employer.

If you choose to have a single account for social and work purposes, think carefully about whether you would be happy for both audiences to see the material you post. Whether you have a single account or separate accounts, always think carefully about what you post and who can see it.

If you have separate accounts or profiles, 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 politely decline a friend request or send them a separate message if appropriate.

DRAFT

## **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.

## **Glossary**

### **Carer**

Anyone who looks after, or provides support to, a family member, partner or friend.

### **Professional bodies**

Organisations which promote or represent members of a profession. They may also carry out work such as providing guidance and advice, producing curriculum frameworks, overseeing post-registration education and training, and running continuing professional development programmes.

### **Register**

A published list of health and care professionals who meet our standards. The Register is available on our website at [www.hcpc-uk.org](http://www.hcpc-uk.org).

### **Registrant**

A health and care professional who appears on our Register and meets our standards.

### **Service user**

Anyone who uses or is affected by the services of registrants, for example, patients or clients.

### **Social media**

Websites and applications that enable users to create and share content, and to interact with other users. This includes websites such as Facebook, Twitter, and YouTube, as well as online forums and blogs.

### **Standards of conduct, performance and ethics**

Standards of behaviour that we expect from health and care professionals who are registered with us.

# Social Media Guidance Online Workshop Final Report

<b>Presented to</b>	Michael Guthrie
<b>Date</b>	01/07/2016
<b>Authors</b>	Leila Hoda, Astrid Grant

## **Purpose of this document**

The purpose of this document is to report on the results of HCPC's first Clever Together crowdsourcing project. In doing so, this document will:

- demonstrate that participation in your online workshop is broadly representative of the HCPC's registrants population;
- present how we analysed the participants' contributions; and
- demonstrate how your participants have helped to identify the challenges, value and top tips for using social media.

**Content**

Background and executive summary.....	3
Summary of findings .....	3
Area 1- the challenges of using social media.....	3
Area 2- the value of using social media .....	4
Area 3- Top tips – dos and don’ts .....	4
Stats and facts: engagement and contribution levels .....	6
Participation analysis .....	6
Where did our participants come from? .....	6
Who took part in our online workshop?.....	6
What social media tools do our participants use?.....	7
Contribution analysis .....	8
Overview .....	8
How we analysed the data.....	9
What the participants told us .....	9
Area 1 – the challenge of using social media.....	10
Area 2 – the value of using social media .....	14
Area 3 – top tips – dos and don’ts .....	18
Next steps .....	22
Appendix 1: Other Ideas .....	23

## Background and executive summary

In March 2016, the Health and Care Professions Council (HCPC) launched a project to produce social media guidance for its registrants. HCPC feels this is needed because:

- some registrants and professional bodies have frequently requested advice and guidance on the appropriate use of social media and networking websites;
- some registrants are not clear how the HCPC's standards of conduct, performance and ethics applies to their social media and networking website interactions and usage;
- the HCPC has investigated and dealt with a number of fitness to practise (FTP) cases relating to the inappropriate use of social media and networking websites by registrants; and
- one of the recommendations of the professional liaison group tasked with reviewing the standards of conduct, performance and ethics was to develop separate guidance for use of social media and networking websites.

Addressing these issues would produce a simple and easy to use social media guidance document presenting clear guidelines and identifying areas of good practice. HCPC's registrants would then be able to refer to this document when using social media and networking websites in their personal and professional lives.

Clever Together was commissioned by the HCPC to design a deliver a crowdsourcing campaign to engage a cohort of the HCPC's registrants and other key stakeholders (e.g., service users, carers) so they would share, explore and co-create ideas, issues and themes which should be incorporated into the draft social media guidance.

The crowdsourcing campaign was launched on 10<sup>th</sup> May and closed on 24<sup>th</sup> May 2016.

This report summarises key stats, facts and insights from a rapid analysis of data points collected during this period and offers some views on next steps.

### Summary of findings

313 people joined the HCPC's online workshop, collectively sharing 2,063 contributions. Of these people:

- 175 actively contributed to the conversation, making 2,063 contributions; and
- 138 spectated, reading but not making contributions.

The participation profile is broadly representative of the HCPC's registrant population, with the exception of Social Workers being significantly underrepresented.

The online workshop was structured around three areas of conversation: the challenges of using social media, the value of using social media and top tips.

#### *Area 1- the challenges of using social media*

16% of the conversation in our online workshop was focused on this area. Our analysis revealed four themes that point to the key reasons participants identified as challenges of using social media.

**I find using social media challenging because...**

<b>Blurred professional and personal boundaries – loss of privacy</b>	I feel that my personal privacy can be compromised as the line between personal and professional boundaries is blurred.
<b>Perception of unprofessionalism</b>	I am worried that my online behaviours could be perceived as unprofessional or inappropriate by others.
<b>Potential breach of confidentiality</b>	I may breach service user confidentiality without being aware of it.
<b>IT limitations</b>	I can't access social media at work, as my employer prohibits its use at work.

*Table 1: A table to show the themes that emerged from analysis of Social Media Guidance online workshop contributions regarding the challenge of using social media.*

**Area 2- the value of using social media**

29% of the conversation in our online workshop was focused on this area. Our analysis revealed four themes that point to the key reasons participants identified as the benefits of using social media.

**I find using social media valuable because...**

<b>Develop and share my skills and knowledge</b>	I can learn from other health and care professionals and also share my knowledge and best practice.
<b>Engage and give advice to members of the public</b>	I can use social media to engage with service users and provide them with information.
<b>Networking</b>	I can connect with and establish a global network of health and care professionals.
<b>Promote my profession</b>	I can use this platform to educate professionals and service users about my services and raise the profile of my profession.

*Table 2: A table to show the themes that emerged from analysis of Social Media Guidance online workshop contributions regarding the value of using social media.*

**Area 3- Top tips – dos and don'ts**

49% of the conversation in our online workshop focused on this area. Our analysis revealed six themes that point to what participants identified as the key top tips of using social media.

**When using social media...**

<b>Manage my online presence carefully and proactively</b>	I am aware of my digital footprint and manage it proactively.
--	---

Treat everyone with respect	I am respectful and refrain from using offensive language or behaviour.
Maintain professional boundaries	I refrain from having non-professional contact with patients and services users.
Familiarise myself with how to make the most out of social media	I educate myself on how best I can make the most out of using media, this includes understanding my employer's social media policy, knowing my #hashtags etc.
Respect and protect service user data	I refrain from sharing confidential service user information on social media.
Explore and have fun!	I explore various social media tools and use this them to be innovative and creative.

*Table 3: A table to show the themes that emerged from analysis of Social Media Guidance online workshop contributions regarding the dos and don'ts of using social media.*

## Stats and facts: engagement and contribution levels

### Participation analysis

#### Where did our participants come from?

People were given the opportunity to take part in this online workshop wherever they were. User geography reveals that many people took this opportunity and engaged when and where it was best for them, illustrating the benefit of an online workshop approach. Participants joined the conversation from:

- across the UK; and
- Australia, Philippines, China, UAE, Israel, Turkey, Italy, Switzerland, Germany, Sudan, Nigeria and Kenya.



Figure 1: This figure shows the HCPC registrants took part in the Social Media Guidance online workshop from wherever they were.

#### Who took part in our online workshop?

The large majority of participants (72%) are HCPC registrants.

Please select the category that best describes you.	% of Total participants
HCPC registrant	72%
Other	17%
Educator	10%
Service user and/or carer	2%

Table 4: A table to show distribution of online workshop participants by their relationship to the HCPC.

The participant population is broadly representative of the population of the HCPC’s registrants. It is worth noting:

- we have had representation from 15 professions regulated by the HCPC;
- the social worker profession is significantly underrepresented;
- the only profession not represented is prosthetist and orthotist;
- the four most engaged professions are: physiotherapist, occupational therapist, paramedic and radiographer; and

- as depicted in Table 5 below, 16.1% of participants chose to not respond to the question regarding their profession as it was not compulsory. It is reasonable to assume that those who did not respond to this question are among the 27% of participants who chose the “other” or the “Educator” option in the previous question regarding their relationship to HCPC (Table 4).

If you are a HCPC registrant, please select the category below that best describes your profession.	% of Total participants	% of Total HCPC registrants
Physiotherapist	15.8%	14.7%
Occupational therapist	11.4%	10.7%
Paramedic	9.1%	6.6%
Radiographer	8.5%	8.9%
Social worker in England	6.9%	27.4%
Practitioner psychologist	5.4%	6.3%
Speech and language therapist	5.4%	4.5%
Dietitian	4.4%	2.6%
Biomedical scientist	4.1%	6.5%
Operating department practitioner	3.8%	3.8%
Clinical scientist	3.2%	1.6%
Chiropodist / podiatrist	2.2%	3.8%
Arts therapist	1.9%	1.1%
Orthoptist	1.6%	0.4%
Hearing aid dispenser	0.3%	0.7%
Prosthetists / orthotist	0.0%	0.3%
Blank	16.1%	N/A

Table 5: A table to show which professional category participants belong to as a percentage compared to the population of these categories.

### What social media tools do our participants use?

Our analysis also revealed that Facebook and Twitter are the most used social media tools amongst participants.

Social Media	% of total participants
Facebook	74.1%
Twitter	65.0%
LinkedIn	43.8%
Instagram	16.4%
Pinterest	5.7%

Table 6: A table to show distribution of preferred social media platforms across the Social Media Guidance online workshop participants.

Some participants also mentioned other social media platforms such as WhatsApp, WordPress and Snapchat.

## Contribution analysis

### Overview

The HCPC social media online workshop was designed to give its registrants and stakeholders the opportunity to share what they believe are:

- the benefits of using social media;
- the challenges of using social media; and
- top tips for using social media.

To achieve this aim we structured our online workshop around three corresponding discussion areas:

1. The value of using social media, where we posed to participants the question below:
  - *How can social media and networking websites be useful for your practice or help you as a service user? Can you share examples?*
2. The challenge of using social media, where we posed to participants the question below:
  - *What are the challenges that a HCPC registrant could face when using social media and networking websites? Can you share examples?*
3. Top-tips – dos and don'ts, where we posed to participants the question below:
  - *What are the things a HCPC registrant should or should not do when using social media and networking websites?*

Between 10<sup>th</sup> May and 24<sup>th</sup> May, 313 people joined the online workshop. Collectively, they shared 2,063 ideas comments and votes across the three discussion areas. Our analysis of these contributions revealed that some participants used this opportunity to submit ideas that do not directly respond to the questions posed. These ideas did not seem to raise any valuable insight regarding social media guidance, therefore they have not been included in the body of this report. To see them, please refer to Appendix 1.

Participants self-selected to contribute to the area of the online workshop they are naturally more interested in. As demonstrated by Figure 2, participants showed more interest in offering top tips and discussing the values of using social media (3 in 4 contributions).

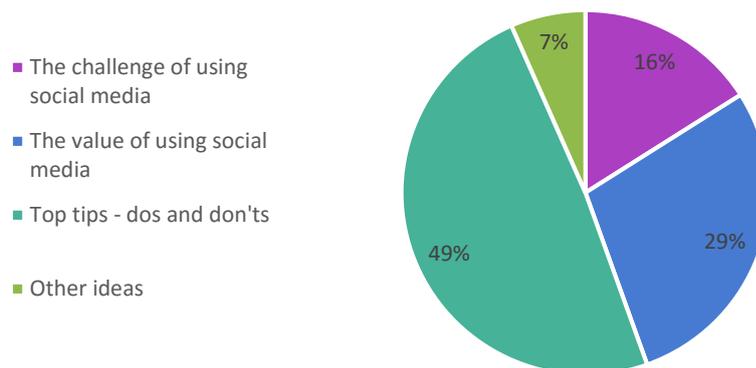


Figure 2: A figure to illustrate the percentage contributions for each stream of the Social Media Guidance online workshop.

## How we analysed the data

The ideas, comments and votes shared in the online workshop were analysed through a process of coding using two lenses:

1. We conducted ground-up analysis, by grouping the data into recurring themes. In this instance, this process was completed by two researchers, independently, and overseen by a research manager:
  - firstly, each researcher reviewed the data to generate their own codes;
  - secondly, the researchers swapped coded data sets to examine each other's coding conclusions;
  - thirdly, critical discussion and debate of the codes took place; and
  - finally, the process repeated until an agreed coding framework was reached and no new information or coding could be drawn from the data (i.e., a point of saturation).

Our coding revealed key themes of discussion within each discussion area (challenges of using social media, value of using social media and top tips).

2. We also mapped all ideas against the 10 broad standards of the HCPC standards of conduct, performance and ethics. Analysing the data in this way, enabled us to link how participants perceive their actions on social media to a particular area of the standards.

We have used the crowd's votes (likes and dislikes) to prioritise the ideas. Given that ideas and comments were on the platform for different lengths of time, we based our prioritisation on an adjusted score, relating the number of likes and dislikes the contribution had attracted to the amount of time the contribution had been on the platform. This process enables us to give each idea a weighted score. For example, an idea that has been on the platform for one day and has received 20 votes would be ranked higher than an idea that has been on the platform for 30 days and has received 25 votes.

## What the participants told us

The analysis of the contributions was divided into the three different discussion areas of the online workshop:

1. the challenge of using social media;
2. the value of using social media; and
3. top tips – dos and don'ts.

### Area 1 – the challenge of using social media

#### Key insights

Online workshop participants shared 316 contributions to express what they identify as the challenges of using social media. Analysis of the contributions with contributions revealed:

- four core themes of the conversation:

Theme	% of Total contributions
Blurred personal and professional boundaries	42%
Perception of unprofessionalism	32%
Potential breach of confidentiality	16%
IT limitations	11%

Table 7: A table to show the distribution of contributions across themes of conversation within the challenge of using social media question.

- interestingly, the possibility of breaching service user confidentiality did not appear to be a major concern for participants;
- the discussion around the challenge of separating personal and professional accounts attracted a continuous debate. While the majority of contributions are suggesting that ‘personal vs professional is a false divide’. Some participants argued that Health and Care professionals must have separate personal and professional accounts;
- participants did not discuss the risk of their posts being picked up by media; and
- table 8 below, presents how challenges of using social media related to HCPC’s Standards of Conduct, Performance, and Ethics (SCPE). This table demonstrates that more than 50% of total contributions were regarding the standard “Be honest and trustworthy”, specifically the sub-standard of “Personal and professional behaviour”.

		Challenges of Using Social Media				Grand Total
		IT limitations	Blurred personal and Professional boundaries	Perception of unprofessionalism	Potential breach of confidentiality	
HCPC Areas of Standards of Conduct, Performance and Ethics	Be honest and trustworthy - personal and professional behaviour	0%	31%	22%	0%	53%
	Communicate appropriately and effectively - communicate with service users and carers	0%	2%	2%	0%	4%
	Respect confidentiality - disclosing information	0%	0%	0%	16%	16%
	Work within the limits of your knowledge and skills - maintain and develop your knowledge	11%	9%	7%	0%	27%
	<b>Grand Total</b>	<b>11%</b>	<b>42%</b>	<b>32%</b>	<b>16%</b>	<b>100%</b>

Table 8: A table to presents how challenges of using social media map against the HCPC's SCPE.

The sections below present a collective narrative for each of the four core themes identified in this area of discussion. Each narrative is then brought to life by providing example evidence drawn directly from crowd's contributions.

*The participants told us there are four key challenges related to using social media*

*Blurred professional and personal boundaries – loss of privacy*

*I find it challenging to separate my personal and professional lives when using social media as the boundaries are blurred. This leads to a loss of privacy:*

- *the visibility provided by the internet and social media, my profile can be easily found and what I share can potentially be seen by more people than intended;*
- *I often find myself thinking 'is this a private matter' or 'can I share this publicly';*
- *my personal views may be at odds with my professionalism; and*
- *I may be contacted intentionally or unintentionally by a service user on social media (such as Facebook or dating apps) which makes me feel very vulnerable.*

Note: our analysis (as demonstrated in Table 8) shows that this challenge can leave HCPC registrants exposed to unintentionally breach the HCPC SCPE standard of “Be honest and trustworthy”, specifically sub-standard “personal and professional behaviour”.

**Example evidence:**

- **Idea name:** Public V private

I am [...] very aware of the HUGE platform of visibility provided via social media, and so I do often find myself thinking 'is this a private matter' or 'can I share this publicly'. There's no such thing as privacy on the internet, so if I am in any doubt, I don't publish.

*28 likes, 0 dislikes, 3 comments. Weighted score: 15.*

- **Idea title:** Blurred personal and professional boundaries

“Using social media can breakdown many barriers, it can lead to making new contacts and learning from peers. But it can also blur important boundaries as you are more identifiable and contactable by a wider range of people. Sometimes I'm worried that a current or former patient may try to contact me on this platform or send a friend request.”

*14 likes, 0 dislikes, 7 comments. Weighted score: 7.*

- **Idea title:** Professional versus personal opinion

“I tweet regularly and 'like'/'retweet' various professional Tweets. It is always a bit worrying that I might endorse or retweet something that is not acceptable to my employer (a professional body) however unintentional. It's sometimes hard not to Tweet personal views as these may be at odds with professional policy.”

*9 likes, 0 dislikes, 4 comments. Weighted score: 5.*

*Perception of unprofessionalism*

*I find it challenging to ensure that my professional image is maintained at all times when using social media because:*

- *what I share on social media can be easily misinterpreted by others. Therefore, I am constantly in turmoil about what I say, which tweets I can retweet, etc.;*

- *sometimes I see colleagues using prolific profane language, relating to professional discussions in public forums which could provide a distorted view of my profession;*
- *furthermore, it can be challenging to control what personal information you have online as you are not always the distributor. For example, pictures of your family events may end up online without you knowing it;*
- *some colleagues may share inappropriate content which could cause people thinking we are unprofessional. As a result I don't feel confident what I should or should not share on my social media channels.*

Note: our analysis (as demonstrated in Table 8) shows that this challenge can potentially leave HCPC registrants exposed to unintentionally breach the HCPC SCPE standard of “Be honest and trustworthy”, specifically sub-standard “personal and professional behaviour”.

**Example evidence:**

- **Idea title:** Understanding the boundaries of bringing the profession into disrepute  
“The prolific use of such language causes offense to professional colleagues but may also provide a distorted view of the professions to outside observers. This behaviour would not be acceptable [by employers, colleagues and the public] in a physical context.”  
*18 likes, 0 dislikes, 1 comment. Weighted score: 10.*
- **Idea title:** Who else posts about you?  
“It can be challenging to control what personal information you have online as you are not always the distributor. [...] I'm not behaving in an unprofessional way but the photographs give away personal information about my family and relationships which can interfere with a therapist/patient relationship.”  
*13 likes, 0 dislikes, 6 comments. Weighted score: 10.*
- **Idea title:** Ensuring your posts are not misinterpreted  
“It is very easy to be misinterpreted on SoMe. Education is vital to ensure that registrants have the skills to be able to post in a professional manner without causing offence.”  
*10 likes, 0 dislikes, 7 comments. Weighted score: 6.*
- **Idea title:** Humour, beliefs and opinions in the age of social media  
“I just find myself constantly in turmoil as to whether I should comment or share an idea on social media.”  
*7 likes, 1 dislike, 7 comments. Weighted score: 3.*

Potential breach of confidentiality

*I feel there is a danger of breaching service user confidentiality. When I discuss one of my cases on social media, I may share more information about the patient that can breach service user's confidentiality. I have seen how some of my colleagues, when discussing a case on discussion groups, provide detailed information about a patient's condition that can lead to the patient being identifiable. A clear guidance from the HCPC in this regard can be useful.*

Note: our analysis (as demonstrated in Table 8) shows that this challenge can potentially leave HCPC registrants exposed to unintentionally breach the HCPC SCPE standard of “Respect confidentiality” specifically sub-standard “Disclosing information”.

**Example evidence:**

- **Idea title:** Clear guidance needed on patient-identifiable information

“I am a member of several professional discussion groups on Facebook and I have been uncomfortable seeing the level of personal detail posted by people in the US when talking about case studies. These have included videos of assessments or pictures of conditions, but also detailed information about a patient's condition that could be combined with the therapist's location to identify the patient... I think the HCPC guidance should include examples of breaches of information governance that might not be obvious. I can't use social media in my workplace”

*18 likes, 0 dislike, 63comments, weighted score: 13.*

**IT limitations**

*My employer has a restrictive policy preventing employees from accessing social media from within the workplace. This means that I won't be able to benefit from many positive aspects of social media for my professional development and networking. For example, I can't take part in the increasing number of social media consultations or use social media to network with other healthcare professionals.*

Note: This challenge doesn't directly contravene the HCPC's SCPE. However, in our analysis (as demonstrated in Table 8) we have mapped this challenge onto the HCPC SCPE standard of “Work within the limits of your knowledge and skills” specifically sub-standard “Maintain and develop your knowledge”. We did so because participants argued that lack of access to social media means they will not be able to tap into the vast knowledge that is available on social media sites. This in turn will prevent them from developing their skills and knowledge as much as they would like to.

**Example evidence:**

- **Idea name:** IT limitations

There are some basic difficulties for some sectors in accessing social media from within the workplace (the IT systems simply do not allow it). Therefore any media feeds have to be accessed outside of work time. For some this is an acceptable part of the work / life balance. However for others this intrudes on family or personal life and they have to make a choice about not accessing work related material outside of the workplace. Therefore consultations conducted solely through social media or good practice guidance / networking issued in this way has limited accessibility for a large sector.

*13 likes, 0 dislikes, 1 comment. Weighted score: 13.*

- **Idea name:** Restrictive employment policies and access

While many organisations have adopted a more encouraging and permissive approach to social media many NHS organisations have very restrictive social media policies, and therefore work-based access. This means that healthcare professionals need to carry out social media based activities out of work hours in order to make the most of the learning, sharing, networking etc. offered.

7 likes, 0 dislikes, 5 comments. Weighted score: 4.

## Area 2 – the value of using social media

### Key insights

Online workshop participants shared 589 contributions to express what they think the value of using social media is. Analysis of these contributions revealed four core themes:

The value of using social media	% of Total contributions
Develop and share my skills and knowledge	57%
Networking	22%
Promoting our profession	12%
Engage and give advice to members of the public	9%

Table 9: A table to show the distribution of contributions across themes of conversation within the value of using social media question.

- Participants see great value in social media helping them:
  - develop and share their skills and knowledge (57%); and
  - network with their peers and other professionals (22%).
- Interestingly, while facilitating public access to accurate health information is one of the benefits of using social media in the health and social care sector, only 9% of contributions were coded under this theme.
- Participants did not discuss how social media can improve patient access to services.
- Table 10 below, presents how the values of using social media is related to HCPC’s SCPE. As expected based on the emerging themes of the conversation in this area, this table demonstrates that more than 67% of contributions shared in this area were regarding the standard “Work with the limits of your knowledge and skills”, specifically “maintain and develop your knowledge”.

		Value of using social media				Grand Total
		Develop and share my skills and knowledge	Engaging and giving advice to the public	Networking	Promoting our profession	
HCPC Areas of Standards of Conduct, Performance and Ethics	Be honest and trustworthy - personal and professional behaviour	0%	0%	0%	7%	7%
	Communicate appropriately and effectively - communicate with service users and carers	0%	9%	0%	5%	13%
	Communicate appropriately and effectively - work with colleagues	0%	0%	12%	0%	12%
	Work within the limits of your knowledge and skills - maintain and develop your knowledge	57%	0%	10%	0%	67%
	N/A	0%	0%	0%	1%	1%
	<b>Grand Total</b>	<b>57%</b>	<b>9%</b>	<b>22%</b>	<b>12%</b>	<b>100%</b>

Table 10: A table to presents how the value of using social media map against the HCPC's SCPE.

The sections below present a collective narrative for each of the four core themes identified in this area of discussion. Each narrative is then brought to life by providing example evidence drawn directly from crowd's contributions.

*The participants told us there are four key values related to using Social Media*

*Develop and share my skills and knowledge*

*Social media is a great tool to help me develop my knowledge and skills. It is also great to share this knowledge and discuss good practice examples with my peers and learn about recent evidence and the experiences of other people and professions. Furthermore, social media can be used to engage students in current topics of professional interest, to grow their knowledge and to challenge their thinking. I often refer to my learnings via social media in my continuous professional development (CPD).*

Note: our analysis (as demonstrated in Table 10) shows that this benefit facilitates HCPC registrants to adhere to HCPC SCPE standard of "Work within the limits of your knowledge and skills" specifically sub-standard "Maintain and develop your knowledge".

**Example evidence:**

- **Idea title:** Engage outside of your own profession  
*"It's great to make contact with those from the same profession as yourself but engaging with other healthcare professionals can broaden our horizons and mean we have a better understanding of our colleagues in practice - really important for students as well."*

*31 likes, 0 dislikes, 0 comments. Weighted score: 18.*

- **Idea title:** International sharing of ideas  
“I find Facebook professional groups invaluable for sharing ideas about good practice in the diagnosis and treatment of conditions in my area. This is a great way to learn about recent evidence and ideas for new ways of working.”  
*20 likes, 0 dislikes, 0 comments. Weighted score: 11.*
- **Idea title:** Sharing best practice  
“Great way of keeping up to date with developments in healthcare.”  
*17 likes, 2 dislikes, 3 comments. Weighted score: 7.*
- **Idea title:** Supporting students/pushing their thinking  
“Social media can be used to great effect to engage students in current topics of professional interest, to grow their knowledge, to challenge their thinking.”  
*15 likes, 2 dislikes, 2 comments. Weighted score: 7.*

### Networking

*I use social media to develop new relationships and keep in touch with colleagues I have met in different events. Social media also enables me to build a community that I can turn to support when I need it. My network also allows me identify opportunities, learn, and collaborate with others and in doing so improve my practice.*

Note: our analysis (as demonstrated in Table 10) shows that this benefit facilitates HCPC registrants to adhere to HCPC SCPE standard of “Communicate appropriately and effective”, specifically sub-standard “work with colleagues”.

### Example evidence:

- **Idea title:** Professional development and networking  
“Many social media platforms are ideal for professional networking and development on many levels.”  
*21 likes, 2 dislikes, 2 comments. Weighted score: 10.*
- **Idea title:** Networking  
“Keep in touch with other health and care professional colleagues who I have met at different meetings, conferences or events. Highly diverse [...] networks have been proven to have positive value for HCPs in relation to learning, collaborating, improving patient care, research and more.”  
*21 likes, 1 dislike, 2 comments. Weighted score: 10.*
- **Idea title:** Supporting research and growing opportunities  
“[Social media] can link people together with shared interests/skills and allows them to work together [...] which will ultimately improve patient care. I have also been able to network effectively with people and grasp opportunities to expand my area of research activity.”  
*10 likes, 0 dislikes, 0 comments. Weighted score: 5.*

### Promote my profession

*I use social media to explain and promote a better understanding of what I do to a wide audience. For example, I use these channels to share insights on my daily activities and findings. In doing so, I can challenge and shed light on incorrect or misleading information.*

Note: our analysis (as demonstrated in Table 10) shows that this benefit facilitates HCPC registrants to adhere to HCPC SCPE standard of “Communicate appropriately and effective”, specifically sub-standard “work with colleagues”.

#### Example evidence:

- **Idea title:** Promote your professional role  
“Tweeting about your role, and engaging in discussions can help to promote your profession [...] challenging those who tweet incorrect or misleading information.”  
*19 likes, 0 dislikes, 1 comment. Weighted score: 11.*
- **Idea title:** Awareness of our roles  
“I use [social media] to give insights into the day to day work that I do.”  
*17 likes, 0 dislikes, 3 comments. Weighted score: 9.*
- **Idea title:** Promoting smaller professions  
“Social media gives us the opportunity to promote what we do to a wide audience.”  
*9 likes, 0 dislikes, 0 comments. Weighted score: 5.*

### Engage and give advice to members of the public

*I find social media allows me to break down the barrier between me and service users. It helps me and service users improve our understanding of each other. I can also provide general advice, which I believe helps preventing illnesses and injuries and educates service users about what we do.*

Note: our analysis (as demonstrated in Table 10) shows that this benefit facilitates HCPC registrants to adhere to HCPC SCPE standard of “Communicate appropriately and effective”, specifically sub-standard “communicate with service users and carers”.

#### Example evidence:

- **Idea title:** Health Promotion  
“Offer general advice can aid service users in preventing illness and injury. [...] Aid in educating service users about the nature and scope of the work professionals undertake.”  
*19 likes, 0 dislikes, 4 comments. Weighted score: 9.*
- **Idea title:** New ways of communicating with patients and clients  
“Working with patients on Social Media is extremely effective for improving understanding on both sides, breaking down barriers and forging new ways of communicating with patients.”  
*10 likes, 2 dislikes, 5 comments. Weighted score: 5.*

### Area 3 – top tips – dos and don’ts

#### Key insights

Online workshop participants shared 1,022 contributions to share top tips – the dos and don’ts of using social media. Analysis of these contributions revealed:

- Six core themes of the conversation:

Top tips- dos and don’ts	% of total contributions
Manage my online presence carefully and proactively	38%
Treat everyone with respect	21%
Familiarise myself with how to make the most out of social media	18%
Maintain professional boundaries	12%
Explore and have fun	7%
Respect and protect service user data	5%

Table 11: A table to show the distribution of contributions across themes of conversation within the top tips of using social media question.

- Over one third of the conversation revolved around managing one’s online presence carefully and proactively.
- Interestingly, there was only one idea regarding ‘respect and protect service user data’ but it seemed to be fully supported by the crowd (40 likes, 0 dislike). So much so, that they did not appear to need to add anything by submitting new ideas or comments.
- Table 12 below, presents how the top tips- do’s and don’ts of using social media relate to HCPC’s Standards of Conduct, Performance, and Ethics (SCPE). This table demonstrates that more than 50% of total contributions were regarding the standard “Be honest and trustworthy”, specifically the sub-standard of “Personal and professional behaviour”.

		Top tips - dos and don'ts						Grand Total
		Manage my online presence carefully and proactively	Explore and have fun	Treat everyone with respect	Familiarise myself with how to make the most out of social media	Maintain professional boundaries	Respect and protect service user data	
HCPC Areas of Standards of Conduct, Performance and Ethics	Be honest and trustworthy - personal and professional behaviour	38%	0%	20%	0%	5%	0%	63%
	Communicate appropriately and effectively - social media and networking websites	0%	0%	0%	18%	0%	0%	18%
	Communicate appropriately and effectively - work with colleagues	0%	7%	0%	0%	0%	0%	7%
	Promote and protect the interests of service users and carers - maintain appropriate boundaries	0%	0%	0%	0%	7%	0%	7%
	Promote and protect the interests of service users and carers - treat service users and carers with respect	0%	0%	0%	0%	0%	0%	0%
	Respect confidentiality - disclosing information	0%	0%	0%	0%	0%	5%	5%
	Work within the limits of your knowledge and skills - keep within your scope of practice	0%	0%	0%	0%	0%	0%	0%
	Work within the limits of your knowledge and skills - maintain and develop your knowledge	0%	0%	1%	0%	0%	0%	1%
	<b>Grand Total</b>	<b>38%</b>	<b>7%</b>	<b>21%</b>	<b>18%</b>	<b>13%</b>	<b>5%</b>	<b>100%</b>

Table 12: A table to presents how top tips and do’s and don’ts of using social media map against the HCPC’s SCPE.

*The participants told us there are six key tips related to using social media*

*Manage my online presence carefully and proactively*

*I am aware that nothing is really private on the internet. Therefore I manage my online presence carefully. This means I...*

- *ensure that I am identifiable (i.e. use my real name)*
- *manage the privacy settings of my accounts diligently- for example I've set my Facebook privacy such that I have to approve people who tag me into things;*
- *regularly check my digital footprint;*
- *am aware that there is not such a thing as "delete" on internet, so I use common sense and think carefully before I post something;*
- *remove anything (pictures, tweets, etc.) that might be inappropriate;*
- *won't post anything I wouldn't say in person or in an email; and*
- *won't use social media when under the influence of alcohol.*

Note: our analysis (as demonstrated in Table 12) shows that this tip can help HCPC registrants to comply with the HCPC SCPE standard of "Be honest and trustworthy", specifically sub-standard "Personal and professional behaviour".

**Example evidence:**

- **Idea title:** Use common sense  
"Think before you post, if you wouldn't say something in person or in an email - don't say it on social media."  
*51 likes, 0 dislikes, 4 comments. Weighted score: 25.*
- **Idea title:** Think before you post  
"Never post, reply or share without thinking carefully. SoMe posts can last forever unlike 'corridor gossip'."  
*38 likes, 0 dislikes, 3 comments. Weighted score: 23.*
- **Idea title:** Don't drink and tweet  
"Never a good idea to use your phone on a night out - your judgement about what is or is not suitable to post is impaired."  
*40 likes, 0 dislikes, 1 comment. Weighted score 21.*

*Treat everyone with respect*

*I always treat others with respect and consideration. This means I...*

- *engage in debates, but always use polite and respectful language;*
- *avoid using offensive or inappropriate language;*
- *act in a kind, open, fair and professional manner;*
- *do not use social media channels to air my frustrations with my employer or colleagues;*
- *refrain from 'airing anyone's dirty laundry';*
- *refrain from sharing false information; and*
- *avoid engaging with 'social media trolls' and report them to social media platform managers.*

Note: our analysis (as demonstrated in Table 12) shows that applying this top tip would help HCPC registrants to comply with the HCPC SCPE standard of “Be honest and trustworthy” and specifically, the sub-standard “personal and professional behaviour”. Furthermore, application of this tip would mitigate the challenge of being perceived as unprofessional.

**Example evidence:**

- **Idea title:** Be respectful  
“There is never an excuse for offensive or harassing behaviour. We should not disrespect people face to face or on social media.”  
*48 likes, 0 dislikes, 6 comments. Weighted score 23.*
- **Idea title:** Be human, be kind, be open, be respectful, be fair, be professional  
“If the value of SoMe lies in its ability to connect us with others who can help us to develop, then we have to be nice to those people, and make it worth their while to connect with us. Don't do things that contravene the HCPC standards.”  
*40 likes, 0 dislikes, 1 comment. Weighted score 21.*
- **Idea title:** Never critique your workplace in a public forum  
“Social media is often seen by many people who are not your “friends” and airing your dirty laundry in these forums is a definite no, no. If you are that unhappy discuss it with your manager, union steward or in supervision.”  
*39 likes, 0 dislikes, 6 comments. Weighted score 20.*

**Maintain professional boundaries**

*I will always maintain my professional boundaries when using social media. This means I...*

- *am careful about what I post on social media – especially when I share where I'm working, making sure I don't bring my organisation into disrepute;*
- *refrain from sharing pictures wearing staff uniform which is identifiable;*
- *do not associate my personal/political views with where I work; and*
- *do not accept ‘friendship’ requests from service users or students.*

Note: our analysis (as demonstrated in Table 12) shows that applying this top tip can enable HCPC registrants to comply with the HCPC SCPE standard of “Promote and protect the interests of service users and carers” and specifically, the sub-standard “maintain professional boundaries”.

**Example evidence:**

- **Idea title:** Keep personal and work separate  
“Registrants need to be very careful that:  
1 - if they disclose who and where they work they do not bring that company etc. into disrepute. This includes not posting pictures wearing staff uniform which is identifiable.  
2 - They do not associate their personal/political views with where they work and that their online behaviour is professional at all times.  
3 - personally - don't disclose where you work - or have a separate account /social media format (LinkedIn) for professional matters.”

*27 likes, 3 dislikes, 9 comments. Weighted score 14.*

- **Idea title:** Being contacted by service user on Facebook

“I have been contacted by a service user through Facebook [...] I checked with my employer who had a social media policy in place that said you should not have any non-professional contact with service users and carers through any medium including social media.”

*16 likes, 0 dislikes, 7 comments. Weighted score 8.*

- **Idea title:** Student / qualified boundaries

“Awareness and guidance about 'being friends' with students - thoughts are that this should be discouraged at every opportunity.”

*11 likes, 1 dislike, 7 comments. Weighted score 6.*

Familiarise myself with how to make the most out of social media.

*I will learn and endeavour to make the most out of social media. This means I...*

- *familiarise myself with my employer's social media policy;*
- *make sure I understand the privacy settings of every social media channel I use;*
- *am clear about my objectives and my target audience when using a social media account;*
- *adapt the language I use to my audience;*
- *learn about appropriate 'hashtags' and use them appropriately; and*
- *proactively improve my digital skills.*

Note: our analysis (as demonstrated in Table 12) shows that applying this top tip can enable HCPC registrants to comply with the HCPC SCPE standard of “Communicate appropriately and effectively” and specifically, the sub-standard “Social media and networking websites”.

#### **Example evidence:**

- **Idea title:** Check your employer's social media policy

“Your employer should have a policy - it's worth checking to ensure you are acting within this...”

*31 likes, 0 dislikes, 5 comments. Weighted score 23.*

- **Idea title:** Have clear aims and objectives for work social media

“If you're setting up a work social media account, make sure you have clear aims and objectives:

- Who's our audience, which social media could help us access them?
- What are we hoping to achieve? How will we know if we've achieved it?
- What information do we want to share? How often?”

*20 likes, 0 dislikes, 1 comment. Weighted score 17.*

- **Idea title:** Know your audience

“Before you post, ask yourself who you'd like to read it, and put yourself in their shoes as you write.”

*23 likes, 0 dislikes, 3 comments. Weighted score 15.*

Page 21 of 24

**Commercial in confidence – this document or its contents shall not be shared beyond those addressed.**

Copyright Clever Together © 2016. All rights reserved.

For more information visit [www.cleverttogether.com](http://www.cleverttogether.com)

### Respect and protect service user data

*I ensure service user confidentiality is preserved by refraining from disclosing confidential information when using social media.*

Note: our analysis (as demonstrated in Table 12) shows that applying this top tip enables HCPC registrants to comply with the HCPC SCPE standard of “Respect confidentiality” and specifically, the sub-standard “Disclosing information”.

#### Example evidence:

- **Idea title:** Potential breaches of confidentiality  
“Maintaining service user and carer confidentiality is important for all health professionals. As a professional you should not disclose confidential information when using social media.”  
*40 likes, 0 dislikes, 6 comments. Weighted score 21.*

### Explore and have fun

*I explore various social media site and will have fun making the most out using them. This means I...*

- *proactively seek out information and improve my skills and knowledge; and*
- *follow people or groups that express different ideas to my own.*

Note: This top tip does not seem to relate directly to any SCPE standard. The closest standard to this seemed to be the HCPC SCPE standard of “Communicate appropriately and effectively”, specifically sub-standard “work with colleagues”.

#### Example evidence:

- **Idea title:** Be curious, be social  
“Social media as a professional comes into its own if you are curious, seek out information, follow people or groups that express different ideas to your own, and if you have conversations. The communication, listening and influencing skills we use offline are just as relevant online.”  
*28 likes, 0 dislikes, 2 comments. Weighted score 15.*
- **Idea title:** Feel the fear, and do it anyway  
“AHP's are missing out on the benefits of using social media, which include such things as communicating and organising your real life with friends, learning about real life events, discussing and sharing evidence of good or bad practice amongst fellow professionals.”  
*22 likes, 0 dislikes, 4 comments. Weighted score 12.*

## Next steps

The HCPC will use this document to shape its social media guidance which will go out for public consultation in autumn 2016.

## Appendix 1: Other Ideas

The table below presents the ideas that were submitted by our crowd but did not respond directly to questions at hand and/or could not be coded.

Idea title	Idea description	Number of contributions
Using social media at work	During the last few years I have noticed that some social workers and student social workers spend a considerable amount of office time updating social media accounts and responding to online messages. I also know of two instances where students have checked their social media accounts during home visits. Clear guidance around social media usage during work hours needs to be addressed in any potential social media policy.	16 likes, 1 dislikes, 4 comments
Many people don't see the benefits	In my experience, there is a challenge in getting colleagues to see the value in using social media in a professional manner. People see the pitfalls but struggle to see through to the many benefits. I think that some reassurance and guidance would help in allaying peoples' fears and those of us that do use it need to gently encourage others to join in. There is a need to improve its image.	10 likes, 0 dislikes, 2 comments
HCPC's employees and the website need to comply with the same laws and ethics that are applied to Registrants & at the same level for managers and registrants.	A robust, anti-oppressive, standardisation of hearing reports published by the HCPC on the fitness to practise website. The way that some registrants are disrespected by HCPC is shocking. Every registrant deserves respect, regardless of what errors they have made or crimes they have committed.	10 likes, 1 dislikes, 6 comments
Social postings and sickness absence	If you are off sick really think about posting on any social media - if you are well enough to be on your computer or smart device and posting on social media then it may be argued you are well enough to be in work unless you have a medically certified reason. Also, if you have a big social event or one of your children are ill and you post this news on social media and then phone in sick the following day think how that looks to your colleagues, employer and patients - yes some patients Google their AHP and social media posts are included in the search findings.	10 likes, 9 dislikes, 9 comments
Speaking the truth	Sometimes the truth is worse than fiction	4 likes, 0 dislikes, 6 comments
Creating separate HCPC page on FB	If a separate HCPC page is created on Facebook the registrants and service users will be able to access the page by liking it. Information which is available on the website as news feed or information regarding any event and courses can be easily available to the members of the group/page on Facebook (which otherwise can't be seen unless you go to HCPC website). By doing this it will be easier to keep the professional and personal account separate.	4 likes, 6 dislikes, 5 comments
Curating	Employees and students should have the opportunity to curate trust or university accounts, I have recently taken on this role which has given me a more in depth understanding. This not only educates registrants the perimeters around the use of social media websites but highlights the importance when using them.	3 likes, 0 dislikes, 0 comments

