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## **HCCA Feedback on the AHPRA Social Media Policy**

HCCA was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the Canberra region to participate in all levels of health service planning, policy development and decision making.

We welcome the opportunity to provide feedback on the Australian Healthcare Practitioners Regulation Association's draft Social Media Policy. In an increasingly online world, it is timely for a policy of this nature to be developed and we are pleased to see that AHPRA have recognised this.

HCCA believes that the draft Social Media Policy is too negative and reads as a list of what not to do. This sort of language is unhelpful and fails to reflect the fact that social media can have a positive influence on health. A number of the regulations also make it difficult for health professionals to understand exactly what constitutes a breach of the policy, so that it would be hard for them to use social media at all. In an environment where most people have access to social media, it is unreasonable to expect that health professionals will restrict their use to such an extent.

We note that this sentiment has been reflected in the response from health professionals currently using social media on sites such as Croakey. The concern is that, without having a social media presence itself, AHPRA is ill equipped to recognise the full potential that social media has to offer in terms of health promotion and education.

### *General Comments*

The draft policy focusses excessively on the use of social media for advertising purposes. We feel that this is not the intent of a majority of health professionals who currently use social media. In most instances, blogs and health websites have been created with the intention of improving health and raising awareness of important issues in health care. Social media is also an important forum for debate in terms of health reform and is a simple means of engaging consumers in this process.

Often, consumers rely on online resources when seeking information about particular health issues. With the advent of social media, this is the case now more than ever. Consumers also need to know where to access the health services that are right for them, and are likely to seek this information online in the first instance. It is important for

AHPRA to recognise these benefits to consumers and ensure that the Social Media Policy reflects a willingness to engage with consumers through this medium.

There is also great potential for health promotion through the use of social media. Social media is accessed by millions of consumers each day is an easy and cost effective means of disseminating information about healthy lifestyle strategies and disease prevention methods. Health professionals may also be able to direct consumers to reputable sources of information on the internet, which is far more preferable to the increasingly common practice of 'Ask Dr. Google'. If the restrictions placed on health Professionals are too tight, they will not be able to provide this information to consumers for fear of legal ramifications.

At all times, consumers expect health professionals to behave in accordance with good medical practice, including when communicating through social media. As long as health professionals are able to uphold this standard of practice, we see no issue with practices such as posting case studies or describing new treatments or services that are available to consumers.

We also have a number of comments that relate to specific sections of the policy.

#### *Professional Obligations*

This section does not account for practitioners using two separate social media accounts, one for private and public use. Like any other person using social media, the best that can be done in cases of private social media use is urge practitioners to use their discretion when posting material online. With regard to public social media accounts, practitioners need to consider this as an extension of their professional role and behave accordingly.

The line "it is likely to remain available to public view even after an attempt to delete it" is inaccurate. When a site, page or post is deleted, it can no longer be accessed in that form. The issue is rather that other people can take a screenshot or republish the content on another site before it is deleted. For this reason, practitioners need to be cautious about the information they post online.

We feel that the information contained in the 'professional boundaries' section is not necessarily specific to AHPRA practitioners, and is just good advice for anyone using social media. In most cases, people using social media will already be well aware of these risks.

Under Professional Behaviour, it would be important to explain why "critiquing or comparing and contrasting other health services" does not constitute good care. For instance, we see no reason why a practitioner should not be allowed to make a comparison between a model of care or style of service available in Australia with one used overseas. If this section is referring to more specific circumstances, this needs to be made clearer.

## *Confidentiality*

HCCA agrees that it is important to protect the privacy of patients and that this issue needs to be addressed by the AHPRA Social Media Policy. However, we also see an important role for patient stories and clinical case studies in informing debate and providing education. We suggest that the policy make allowances for this, as long as the patient can be completely de-identified, with no reference to medical issues which may indirectly identify the patient.

## *Advertising & Testimonials*

This section is highly ambiguous, making it difficult to determine whether specific applications and functions in social media might be construed as a form of advertising or endorsement. For instance, would a 'like' on a practitioners' Facebook page constitute a patient endorsement? It would also be impossible for practitioners to control the comments left by lay persons on their accounts, which may or may not be considered to be testimonials. As such, it is unreasonable that they should be liable for those comments.

Consumers also need to know how this works in case their interactions with practitioners on social media might constitute a testimonial or endorsement.

Overall, we acknowledge that there are certainly complications and risks involved with the use of social media by health practitioners that need to be addressed by a Social Media Policy. However, given the potential for social media to enhance health care and provide important information for consumers, it is important that the Social Media Policy reflects a more positive attitude towards its use. It is also essential that AHPRA develops a greater understanding of social media in order to better inform policies of this nature.

We look forward to continued involvement in the development of the policy.

Yours sincerely



Darlene Cox  
Executive Director  
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