

Policy Statement 6.24 – Social Media and Dentistry

Position Summary

Maintaining patient-practitioner relationships and trust in the profession requires that dentists consistently apply ethical principles whilst communicating, including in the social media sphere, whether in a personal or professional environment.

1. Background

- 1.1. Social media participation has substantially changed the way organisations, business, communities and individuals communicate. Social media, websites and e-communications are common media used in both a personal and professional context.
- 1.2. Maintaining patient-practitioner relationships and trust in the profession requires that dentists consistently apply ethical principles for preserving the relationship, confidentiality, privacy and respect for persons whilst communicating online.
- 1.3. Social media may include, but is not limited to:
 - Social networking sites such as Facebook and LinkedIn
 - Video and photo sharing sites such as Youtube, Flickr and Instagram
 - Blogs
 - Micro-blogging, for example Twitter
 - Forums, discussion boards and groups
 - Podcasts
 - Instant messaging services, for example WhatsApp and Facebook Messenger
 - Geo-spatial tagging, for example Foursquare and Facebook check-in
 - Google Reviews
- 1.4. Social media has implications on the practice of dentistry. The participation involves dental associations, dental practices and dental personnel. The Australian Dental Association (ADA) and its Branches use social media to communicate with its members.
- 1.5. Use of social media can bring significant educational benefits to patients and practitioners, but may also facilitate the dissemination of misinformation and pose ethical challenges.
- 1.6. Content posted on social media may be impossible to remove or delete. Information posted on any social media platform is open to a wider audience. Such content may be fraudulently posted, with the authorship being unknowingly attributed to an individual not connected to it.
- 1.7. The boundaries between professional and social spheres can blur online.
- 1.8. Social media testimonial/review websites are providing the opportunity to publish online reviews of dental practice by the public. These sites are being created by businesses, health funds, individuals and government agencies.

¹ This Policy Statement is linked to other Policy Statements: 2.1 National Oral Health, 3.2 Dentists, 3.3 Allied Dental Personnel, 3.6 Higher Education Funding for the Dental Workforce, 3.7 Vocational Education Funding for the Dental Workforce, 3.8 Overseas Qualified Dentists, 5.21 Regulatory Authorities, 6.5.2 Professional Boundaries & 6.9 Advertising in Dentistry.

- 1.9. The Board provides guidance to dental practitioners on advertising including the use of social media.
- 1.10. The ADA publishes social media guides and resources for its members.

Definitions

- 1.11. BOARD is the Dental Board of Australia.
- 1.12. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.
- 1.13. NATIONAL LAW is the Health Practitioner Regulation National Law Act 2009 as in force in each state and territory.
- 1.14. SOCIAL MEDIA are forms of electronic communication through which users create online communities to share information, ideas, personal messages and other content.

2. Position

- 2.1. Social media must not result in:
 - publication of misleading information that may endanger the public;
 - a breach of patient privacy such as the use of photos of clinical treatment outcomes
 - publication of biased and/or uneducated reviews on the professional procedures provided by practitioners;
 - health practitioners having their reputation enhanced or damaged unfairly;
 - health practitioners being unwittingly placed in potential breach of health practitioner and privacy legislation; and
 - exposure to legal action
- 2.2. Websites and social media are inappropriate avenues for people making complaints against practitioners because they are generally unmoderated, often anonymous and practitioners often have no right of reply.
- 2.3. Private communication and referral are fairer, more legitimate and more effective avenues for people to recommend practitioners than social media.
- 2.4. There is a risk that testimonials websites, social media and other online commentary may be fraudulent, unreliable and open to bias.
- 2.5. It is unreasonable for the Board to impose the onus of control of online content upon dental practitioners when they have no ownership of or relationship with the owners of such websites.
- 2.6. Dentists should periodically self-audit to assess accuracy of information available about them on websites.
- 2.7. The Board must regulate all forms of advertising by dental practitioners including social media.
- 2.8. Dental practitioners must comply with the Board's registration standards and guidelines including those about social media.
- 2.9. ADA members should be aware of the ADA's resources and guides regarding advertising and social media.
- 2.10. Dentists should ensure that they and dental practice staff are educated in the use of social media. They should keep professional and social spheres separate and conduct themselves professionally in both.
- 2.11. Dentists should conduct themselves professionally in both professional and personal social media

environments.

- 2.12. Dentists must obtain patients' consent before involving them in social media.
- 2.13. Dentists and their staff must protect the privacy of their patients and abide by relevant legislative and regulatory frameworks relating to the use of patient information and health records.
- 2.14. Dentists and student dentists should be aware that online postings may have future implications for their professional lives.
- 2.15. ADA members should act in good faith and uphold the good reputation of the Association when initiating or responding to social media.

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