

Authors' Information

Dental Update invites submission of articles pertinent to general dental practice. Articles should be well-written, authoritative and fully illustrated. Manuscripts should be prepared following the Guidelines for Authors published in the April 2005 issue (*additional copies are available from the Editor on request*). Authors are advised to submit a synopsis before writing an article. The opinions expressed in this publication are those of the authors and are not necessarily those of the editorial staff or the members of the Editorial Board. The journal is listed in *Index to Dental Literature*, *Current Opinion in Dentistry*, *MEDLINE* & other databases.

Subscription Information

Full UK £144 | Europe £177 | Airmail £192
 Retired GDP/Vocational Trainee/DCP £85
 Student (Undergraduate) £49 (Foundation Year) £95
 11 issues per year
 Single copies £23 (Europe £27 | ROW £33)
 Subscriptions cannot be refunded.

For all changes of address and subscription enquiries please contact:

Dental Update Subscriptions
 Mark Allen Group, Unit A 1-5, Dinton Business Park,
 Catherine Ford Road, Dinton, Salisbury SP3 5HZ
 FREEPHONE: 0800 137201
 Main telephone (inc. overseas): 01722 716997
 E: subscriptions@markallengroup.com

Managing Director: Stuart Thompson

Creative Manager: Lisa Dunbar

Design Creative: Alexander Lee

Dental Update is published by: George Warman Publications (UK) Ltd, which is part of the Mark Allen Group.



GEORGE WARMAN PUBLICATIONS (UK) LTD
 Unit 2, Riverview Business Park, Walnut Tree Close,
 Guildford, Surrey GU1 4UX
 Tel: 01483 304944, Fax: 01483 303191
 email: astroud@georgewarman.co.uk
 website: www.dental-update.co.uk



The Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow offers its Fellows and Members *Dental Update* as an exclusive membership benefit.



DU ISSN 0305-5000



Richard Moore

Social Media – What dentists need to be aware of

What is social media?

The Oxford English Dictionary¹ definition is:

'Websites and applications that enable users to create and share content or to participate in social networking'

Many of us will instantly think it relates to sites such as Facebook, Twitter and Instagram. However, it encompasses a variety of websites and all types of social networking. When I was asked to write this article, I researched some basic demographics about social media, which I found astounding. The United Kingdom has a population of approximately 65 million² and 92.6% of this population actively use the internet, a number far higher than I expected.

Whilst sitting on the train travelling to work and walking from the station to the hospital, I notice that the majority of people are transfixed to their mobile devices. I find the same scenario on my return journey, and notice more and more people out for dinner with their partners and family, mute, as they are using their mobile devices and not engaging in verbal conversation. What has happened to the world? Am I old before my time? Do people not socialize verbally anymore and share their experiences; do they only use social media? The answer to the latter, although may not apply to everyone, is yes to an extent. This is certainly the way the trend seems to be moving. I am a supporter of social media, but am concerned that our lives are overrun with 'apps', 'posts', 'tweets' and 're-tweets'. What we as professionals need to remind ourselves is that our 'electronic posts' may well be visible to all, and therefore we must consider what we post on social media, as the footprint is likely to remain there for ever, irrespective of removal of, or deletion, of posts. Some have described this as a digital tattoo.³

We should all be aware of the General Dental Council Guidelines⁴ on social media, for both students and qualified dentists which, in the Professional Standards, states:

'You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients cannot be identified.'

For those of you not familiar with it, in 2015 there was a case whereby a dental nurse was reported to the GDC for unprofessional and offensive behaviour and the professional conduct committee found that the nurse's fitness to practise was impaired, and issued a reprimand. Only recently have we seen the case of the American Dentist who shot a Tiger which was posted on social media and became headline news.⁵ Not a practice builder I am sure you will agree but, irrespective of his actions, his professional profile was darkened.

So, why do we use social media? Well this can be for a variety of reasons, which can include updating friends and family on situations; especially in recent months, where we have suffered terrorist attacks. Facebook has allowed people to 'check in safely', for discussions; creation and sharing of ideas, social updates, opinions or to advertise as a business and other professional means. Over 2 million businesses use Facebook for advertising, and 84% of adults use some form of social media, 76% of whom view it on a daily basis. Data from June of this year shows that Facebook has just over 2 billion active users, and Twitter has over 15 million active users in the United Kingdom alone, of which more than 65% are under the age of 34.⁶

Social media has excellent potential for professional development⁷ but, as mentioned above, we as professionals must be cautious as it can be extremely damaging when used inappropriately.⁸ Professionally, we are drawn to social media. There are a variety of professional bodies which host Facebook pages, such as the Faculty of General Dental Practitioners, all of The Royal College of Surgeons, several associations such as the British Association of Oral Surgeons, The British Dental Association and the British Society of Periodontology, to name but a few. There are other platforms within social media, such as Pinterest which, as the name suggests, is a pin board where you can post and share images, Instagram, which again is a photographic

Richard Moore, BDS, MFDS RCPS(Glasg), MAcadMed, CertClinEd, FFDTC RCS(Edin), FHEA, Clinical Lecturer and Specialist in Oral Surgery, School of Dentistry, The University of Leeds, Clarendon Way, Leeds LS2 9LU, UK.

forum where you can share pictures, and Wordpress, which is a very simple and easy-to-use blogging site. There are other social networking sites which are available on a professional basis and these can include discussion forums, some of which are public and require no registration or security settings. This presumably means that anyone can post or comment. Again, this potentially causes issues with confidentiality and professionalism. One has to be very careful where there are open forums, as any comments can be misinterpreted, with no way of qualifying the comment, and this can potentially generate a complaint or, at its worse, a fitness to practise issue. There are 'closed' pages on Facebook for professional groups such as 'Dental Roots – Connecting Dentists to Students' and 'Dentists for Dentists'. However, irrespective of being closed groups, there is still a concern about the false sense of security of this information being completely secure.

There have been reports⁹ in the United States of medical students posting unprofessional online content which included violations of patient confidentiality, profanity, discriminatory language, depiction of intoxication and sexually suggestive material. Chretien *et al* reported that 7% of medical students were dismissed following posting of unprofessional content and 67% were given informal warnings.⁹ At the time of publication, in 2009, only 39% of Medical Schools surveyed had policies in place for such issues, however, at the time of the research, the majority were developing them. Given the timescale since this publication, I would be very surprised if not all universities, irrespective of their programmes, had such policies in place.

We, as a profession, whether qualified or a student, should be conscious of our public image and be aware that any use of social media has the potential to damage or destroy our career irreversibly. We must be vigilant and think before responding or posting any comments. Often, it is prudent to 'bite one's cheek' (excuse the pun) and let whatever the original comment pass us by or, indeed, take some time out before responding in such a public forum. Privacy settings should be reviewed and activated to ensure optimal security, although this should not be relied on as, with some social

media sites, friends of friends, who may have no link to the original profile posting, may be able to see the original post and thereby it becomes uncontrollable.

On a more positive note though, there is endless high quality information available electronically for use by us as professionals. It allows networking to be much easier, such as LinkedIn, and it allows patients to access such information. However, we should be cautious of this and err on the side of caution with some websites, as the information patients read and digest might not always be entirely accurate.

There are opportunities to utilize social media in a positive, engaging manner to inform the public of medical and dental issues, for example sponsored 'tweets' reinforcing health messages similar to that of advertising businesses. Would social media companies consider tweeting 'sponsored' NHS messages free of charge to reinforce seasonal health messages to all accounts? Perhaps a discussion for another time, but certainly private healthcare providers are using social media to advertise their services.

Hopefully, this will not deter us, as professionals, from using social media in a professional and responsible capacity, and maintaining social links with friends near and afar.

References

1. The Oxford English Dictionary. www.oed.com (Accessed August 2017).
2. Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017> (Accessed November 2017).
3. Khatoun B, Hill K, Walmsley AD. The dos and don'ts of social networking in dentistry. *Dent Update* 2014; **41**: 690–696.
4. General Dental Council. Guidance on Using Social Media 2016. <https://www.gdc-uk.org/api/files/Guidance%20on%20using%20social%20media.pdf> (Accessed 16/08/17).
5. <http://edition.cnn.com/2015/07/28/africa/zimbabwe-lion-killed/index.html> (Accessed November 2017).
6. <https://www.statista.com/statistics/264810/number-of-monthly-active-facebook-users-worldwide/> (Accessed November 2017).
7. Abdulla S, Marsden D, Wilson S, Parker M. Networking opportunities for learning disability nurses. *Learn Disab Pract* 2013; **16**: 30–32.
8. George DR, Rovinal LS, Kraschnewski JL. Dangers and opportunities for social media in medicine. *Clin Obst Gynae* 2013; **56**: 453–462.
9. Chretien KC, Greysen SR, Chretien JP, Kind T. Online posting of unprofessional content by medical students. *J Am Med Assoc* 2009; **12**(302): 1309–1315.



FJ Trevor Burke

Welcome to Dental Update 2018 and to its first issue

It is in this issue that we see the last article in the Immune System series. This has been a fascinating look at our immune system, as the title of the articles state – the basis of so much health and disease. I very much wish to thank the authors, Drs Georgakopoulou and Hassona, for their superb input but, in particular to mention Professor Crispian Scully, whose 'brainchild' the series was. Following his untimely passing, all students of dentistry, be they young or old, will miss his writing. He had the knack of making potentially difficult subjects interesting to read.