

raise concerns rather than social media - i.e. local procedures, via the regulator. Concerns should only be made public if these options have been tried and you still believe patients are at risk.

One GP surgery asked its patients to complaint to the practice manager, thus ensuring confidentiality rather than [post negative comments on Facebook and Twitter](#).

GMC advice states, "Don't blur professional boundaries, and check privacy settings. A 'friend' request on Facebook is outside the boundaries of your professional relationship. You should indicate that you cannot mix social and professional relationships and, where appropriate, direct them to your professional profile. "

Even if your Twitter account has only a few followers, it can still be public and counted as such. A civil servant in the UK, who tweeted about her hangovers, did not have her complaint to the press complaints commission upheld.

Bell concluded that old principles still apply in the new practice of social media. Do not tweet anything that you would not want your boss or kids to see.

Websites (Cited by Dr. Rodríguez)

Online journal clubs

[ACR](#)

[SERAM](#)

Cloud-based PACS

[Osirix](#)

[Purview](#)

[OnePacs](#)

Medical Social Networking

[Doximity](#)

[Ozmosis](#)

[Doc2doc](#)

[esanum](#)

[Sermo@](#)

Realtime Clinical Communities

[Careflow](#)

[DocbookMD@](#)

[Airstrip@](#)

Radiology Communities

[RadRounds](#)

[Radiopolis](#)

[Radiopaedia](#)

[myPACS.net](#)

Patient Social Media

[patientslikeme@](#)

[iWantGreatCare](#)

[caringbridge.org](#)

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