1. Introduction

1.1 What is ‘social media’, and why is it important?

The phrase ‘social media’ describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips. The use of social media has exploded in the last few years. Its popularity can be attributed to the:

- Immediacy of communication;
- Relative ease of broadcasting messages to specific audiences;
- Level of interactivity providing a rich user/learner experience;
- Ease of connecting regularly with people who share similar interests or concerns;
- Level of personalisation that can be applied to reflect how an individual wants to receive information.

“Social media represents much more than a tool for communication. It changes how people work and interact, how relationships are formed and how people complain, celebrate, discover and create. It does so on people’s own terms, and, as such, cannot be controlled”[1].

Social media is now used by people in every part of the world, 24/7. Ordinary people are now the new opinion formers, able to communicate instantaneously with millions of others. It is a communication channel, just like advertising or public relations (PR), but with a big difference. It is global, immediate, and interactive. It cannot be controlled. Using social media is rather like having a conversation, but hundreds – sometimes millions – of people can potentially see what you are saying.

Popular social networking sites include Facebook (845 million users worldwide at the end of 2011), Twitter and LinkedIn, which people use to network online in real time; and sites like YouTube and Flickr which enable people to share videos, photos and music. Blogging (another form of social media) allows people to share their online diary with interested parties.

As well as providing many benefits, social media also presents challenges for professionals, as it can blur the boundaries between personal and professional life. Certain sites like Facebook employ ‘privacy settings’ allowing some control of who can view postings. However social media sites are very rarely completely closed or secure. Inappropriate use of social media could have drastic consequences for your reputation, and could negatively impact on your professional status and employment prospects.

The use of social media is set to expand. Many people, not just younger people, now expect to use social media to interact with each other, and with service providers. Modern health professionals now need to find ways to embrace this social media technology to help deliver innovative services, whilst upholding their professional, legal and regulatory responsibilities.
1.2 Aim of this publication

This resource aims to support all CSP members to:

- Think through the opportunities that social media presents for new ways of working, researching and learning;
- Understand the relevant legal, regulatory, and professional framework which determines the appropriate use of social media in the health and social care context;
- Explore (as employees) what an employer’s social media policy means in practice;
- Understand what good practice looks like in relation to the use of social media in the health and social care context;
- Develop appropriate behaviour in relation to personal and professional use of this technology;
- Understand the personal and professional consequences of inappropriate use of social media.

This guidance also explains how the CSP is using social media as an integral part of its external communication programme, and what members need to do if they wish to speak on behalf of the profession or establish a social media presence under the umbrella of the CSP.

2. New ways of working or studying using social media

2.1. Social media opportunities

Social media offers many opportunities for connecting with colleagues, patients/clients and other contacts. It can help you develop stronger networks and relationships. So it is important for health and social care professionals to learn how to harness the power of social media appropriately.

A few examples of useful health related social networking sites are described below. They can help you understand the opportunities of social media, how social networking sites work, and how social media can be used to facilitate a more productive and informed working life.

Adoption and appropriate use of social media

NHSSM – Social Media in the NHS
http://nhssm.org.uk/about/
This resource supports NHS staff to learn about social media, share ideas and experiences.

Professional learning and collaboration

Physiofacebook
http://www.facebook.com/#!/topphysios
This site shares video footage about physiotherapy related treatment techniques, and posts commentary about new research.

CASE STUDY

– Comments made on Facebook group discussions

A group of physiotherapy staff are ‘friends’ on Facebook. An ex-colleague emails the group to ask how they all are. One of the group emails back (which includes their manager being able to read the response) that they miss the person, and can’t cope without them. The manager sees the comment and asks the staff member to explain to them why the service isn’t coping at present.

A physiotherapy staff member writes on Facebook “Had a horrible day at work”. Their manager is a ‘friend’ on Facebook, and asks them to come to see her to explain the problem.

The learning? Your comments could be interpreted in a different way to what you originally intended (and could potentially get you into trouble with your employer) – think before posting.
Interactive CSP
http://www.csp.org.uk/icsp
The CSP social media platform for professional debate with peers.

Research and teaching support
http://eprints.lse.ac.uk/38489/
This resource explains what Twitter is, how to set up an account, the different styles of utilising Twitter (pros and cons), and how to make the best use of it for research and teaching purposes.

Organisational benefits of using Twitter
http://www.learningpool.com/docs/marketing/general/twitter_guide.pdf
This resource provides a comprehensive and understandable overview of the benefits of, and how to use Twitter. It also has a useful checklist on using Twitter as an organisation.

Patient support
NHS Choices – Health Unlocked condition or disease online communities
http://www.healthunlocked.com/nhschoices/
This site gives access to a range of condition or disease specific online communities moderated with the parent charity or support group and their members. Such sites empower patients to engage in self management and decision making.

Patient/health professional consultation
Talking sense
http://www.talkingsense.org/
This ‘e-clinic’ site uses an application similar to Facebook messenger or MSN messenger to facilitate online one-to-one communication between registered patients and therapists in real time.

Patient power
Patient Opinion
http://www.patientopinion.org.uk/
This site is a not-for-profit, ‘Trip Advisor’ style resource which allows patients to leave positive and negative comments about the healthcare services they have received. Patients can search the website and leave comments for free.
**Campaigning**

Social media is increasingly important for effective campaigning. There are some tips on how social media may fit into a local campaign in the CSP ‘Campaigning in the NHS’ publication: [http://www.csp.org.uk/publications/campaigning-nhs](http://www.csp.org.uk/publications/campaigning-nhs)

### 3. Social media – the legal, regulatory and professional perspective

Legal, regulatory and professional considerations apply to you as a health professional or student when using social media – in the same way as they do when you are using other forms of communication, or sharing information. What you make public about your personal life on social media sites could have an impact on your employment and professional standing. Remember that even if you use stringent privacy settings in social media, effectively everything you say or post can easily and quickly be made public and seen by a wide audience.

#### 3.1 Legal considerations

The informality and speed at which information can be communicated via social media increases the risk of breaking the law. Several areas of the law are particularly relevant when you are considering the use of social media.

**3.1.1 Privacy, confidentiality and disclosure.** The Data Protection Act 1998 (2) regulates the use of information about living individuals, and provides the framework for ensuring the privacy, and appropriate disclosure of, ‘personal’ and ‘sensitive personal’ data. Social networking sites make it easy to upload and share information which may compromise patient confidentiality. So you need to consider whether your action(s) may breach the act BEFORE you post anything online. If in doubt, don’t post. For further information on this subject see the CSP publications on Record Keeping (3) and Consent (4).

**3.1.2 Defamation.** If using social media, first consider what you are writing and communicating. Written content has the potential to be considered defamatory (libellous). You as the author – and also possibly your employer – could find yourselves open to a defamation case. Remember – there is a marked distinction between sharing your views or opinions in a constructive manner, with knowingly disregarding the truth when discussing an individual online. Defamation takes place if the comment harms the reputation of the individual.

**3.1.3 Equalities, diversity and harassment.** Racist, sexist, homophobic comments, harassment, or bullying using social media will also breach the various laws that protect individuals from this inappropriate behaviour. Again legal action may be taken against the perpetrator using the online posting as evidence.

#### 3.2 Regulatory considerations – Health Professions Council (HPC)

The HPC does not have specific guidance about social media, but makes the point that when registrants use social media, they need to do so within the relevant Standards of Conduct, Performance and Ethics (which are mandatory for all registrants) (5):

- you must act in the best interests of service users

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**CASE STUDY – HPC Fitness to Practise case**

In March 2010 there was a case against an HPC registrant (not a physiotherapist), which found the registrant guilty of misconduct for filming ‘offensive’ clips of colleagues on his mobile phone, which then appeared on the video-sharing website YouTube. This resulted in an HPC caution order (2 years) (5).

**The learning?** Breaching the HPC Standards of Conduct, Performance and Ethics through the use of social media can lead to sanctions being imposed by the HPC, and could put your registration (and therefore employment) as a health professional in jeopardy.
Social Media Guidance

- you must respect the confidentiality of service users
- you must keep high standards of personal conduct
- you must behave with honesty and integrity and make sure that your behaviour does not damage the public’s confidence in you or your profession

The HPC guidance on consent and ethics for students articulates similar principles (8).

3.3 Professional considerations

‘Professionalism’ embodies a set of values and behaviours that have evolved over time and that are practised consistently. Professionalism is about acknowledging personal responsibility for professional actions (and recognising that actions in your personal life can impact on your professional standing). In the health context, professionalism is about striving for quality service delivery(6,10).

When using social media, you will want to consider your ‘digital professionalism’ – your professional conduct when interacting with patients, colleagues or friends in the digital world.

3.3.1 CSP Code: The CSP’s Code of Members’ Professional Values and Behaviours(10) articulates the CSP’s expectations of all members. The following elements of the code are particularly relevant for CSP members when thinking about the appropriate use of social media:

- Ensure confidential information that they acquire in all types of activity remains secure.
- Recognise the potential impact of their personal behaviour, life-style and activity outside work on their physiotherapy role.
- Recognise their role as advocates for the physiotherapy profession.
- Recognise the potential impact of their personal behaviour, life-style and activity on the reputation of the physiotherapy profession.

3.3.2 Maintaining professional boundaries: The issue of maintaining professional boundaries with patients is appropriate to consider in the context of professionalism and social media.

It is the responsibility of health professionals to establish and maintain clear boundaries with patients (11).

The CSP recommends the following action to ensure such boundaries are maintained:

- Set any social media personal account privacy settings high to ensure you have protected yourself against inappropriate advances from patients/clients;
- Don’t respond to requests from patients to befriend you via your personal account; click the decline option giving no reason;
- Don’t send ‘friend’ requests to current or former patients/clients;

CASE STUDY – Conducting an inappropriate relationship with a patient

In 2010 a nurse was struck off by the Nursing and Midwifery regulator because he had conducted an inappropriate relationship with a former patient (he contacted the patient via Facebook two weeks after she was discharged from his care) (12).

The learning? The use of social media to make contact with a former patient, and then the subsequent relationship, was a clear breach of professional boundaries expected of health professionals.
If using social media as part of your service (for example – a live ‘chat’ consultation with a patient), ensure your communication is professional and maintains appropriate boundaries;
Report any obscene correspondence (to your manager or supervisor) rather than replying to it.

3.3.3 Consent: The ease with which images, video clips and information can be shared across social networking sites means that it is important to be clear from the outset about how pieces of information will be used. If there is an intention to create a resource that will be shared via social media, consent needs to be gained from the patient and health professional involved.

4. Social media – the employer’s perspective
You should always check your employer’s policy on the use of social media, and ensure that you comply with this to avoid being in breach of your employment contract (and associated terms and conditions). Falling foul of such a policy could mean being called to account under an employer’s disciplinary policy, and could have implications for your continued employment.

4.1 Employer attitudes to social media
An employer will act to protect their reputation, and therefore has the right to consider how, why and when their employees are using social media.

Employer attitudes about the use of social media vary, for example:
- advocating the screening of social networking sites to check on information posted by or about potential job (or physiotherapy programme) applicants, and talking about what was found at the interview;
- checking the postings of employees;
- banning use by employees in work time, and stating what is acceptable outside work when referring to the employing organisation;
- stating what is permissible use within work (policy sets limits);
- actively encouraging use to benefit the organisation.

An employer should be aware that social media, when used effectively, can provide definite business opportunities through:
- communicating the organisation’s value, and the benefit of it’s services to customers and stakeholders;
- engaging in discussion and working collaboratively with key audiences (for example patients, students or colleagues);
- gathering appropriate information to enhance their market awareness.

CASE STUDY
Consent regarding how a video clip will be used
A treatment session was filmed between a physiotherapist and a patient, as the patient wanted the opinion of an overseas based medical practitioner on their condition. The physiotherapist was comfortable with this approach and gave their consent to share the video clip with the named overseas practitioner. However later the physiotherapist discovered that the patient had posted the video clip on YouTube, and was unhappy as they felt they hadn’t consented to this.

The learning? Consent needed to be considered in this context; it would have been helpful to agree upfront what was acceptable in terms of the use of the clip, and what both parties would not find acceptable.
Social Media Guidance

Employers will also be mindful that inappropriate use of social media at work could have a detrimental impact on:

- their own reputation and financial standing;
- the performance of their IT infrastructure;
- the organisation’s market position;
- the time spent dealing with legal claims being brought against their organisation in relation to inappropriate actions of their staff;
- the productivity of staff who are using social media;
- the health and wellbeing of individual employees who are on the receiving end of inappropriate personal comments communicated via social media.

So for example, a breach of patient confidentiality could potentially result in a financial penalty for an employer. Video content takes up bandwidth and can slow down IT network speed. A potentially defamatory posting could incur legal costs for an employer.

4.2 Balancing opportunities and risks

CSP members who are also employers will want to capitalise on the opportunities of social media, whilst mitigating the associated risks. The best approach to achieving this balance would be to talk through with staff what the organisation is trying to achieve; what social media interaction is appropriate; what limitations (if any) are necessary; and what ‘digital professionalism’ looks like on a day to day basis in terms of the acceptable behaviours to be displayed by staff.

4.3 Establishing a policy

ACAS recommends that employers draw up (with staff and trade union representatives) a policy to cover the use of organisational equipment and the use of social media sites, and that the policy is clear about what organisational monitoring of the policy will take place.

An approach adopted by some organisations is to have a corporate social media presence such as a Facebook page or Twitter account which certain staff are trained to manage or moderate. Staff are then asked to keep separate their personal Facebook or Twitter accounts. Many organisations advise their staff not to say where they work on their personal social media accounts to ensure clear boundaries. The TUC recommends that employers negotiate a reasonable conduct policy which would highlight to staff what is expected of employees both at work and in their private lives (online and offline).

4.4 Employer action against inappropriate employee use of social media

An employer does have the right to take action against an employee for inappropriate use of social media, particularly if it is damaging to the organisation, or its clients. However, employers need to be ‘reasonable and proportionate’ in any investigation and action taken against employees. Any disciplinary proceedings taken must take account of the nature, content, tone and context of any posting – so the outcome of investigations will vary from case to case. Comments found to be intimidating, discriminatory or bullying are far more likely to have serious sanctions imposed as a result.

CASE STUDY

– Employee being called to account about job seeking elsewhere

A physiotherapy staff member was asked by their manager to account for why, on their LinkedIn profile, they were showing interest in being contacted with career opportunities/job offers. Were they unhappy in their current role?

The learning? This is an example of a slightly uncomfortable conversation that took place because the social networking site revealed the staff member’s interest in other job offers. Think about what your settings on social networking sites may reveal about you.
4.5 Facing disciplinary action or any other problem at work?

If you are employed by the NHS or related social enterprise companies and are facing disciplinary action or any other problems at work related to your use of social networking, you should contact your local workplace steward in the first instance, or failing that your CSP regional senior negotiating officer. Members who are not employed by the NHS and don’t have a steward should call the CSP Enquiry Handling Unit on 020 7306 6666.

Action list – employees

■ Ask your employer if they have a social media policy, or make reference to the use of social media in their Internet, IT, Information Governance or Bullying and Harassment policies;
■ If there is no policy in place, ask your manager to clarify what is acceptable to the organisation;
■ Clarify through team meetings, meetings with your line manager or performance reviews what you understand to be the organisation’s stance on this issue, and how this applies to how you (and your team) carry out your duties.
■ Speak to your CSP steward (if there is one in your workplace) as they may be able to assist you.

Action list – managers

■ Ensure your staff are aware of the organisational policy on social media, and help them translate this practically in terms of day-to-day work;
■ Lead by example in terms of displaying appropriate behaviour in relation to the use of social media in the work context, and challenge and discuss where you spot unprofessional behaviour in this area.

Action list – employers

■ Consider your organisational policies in respect of social media – do you need to adjust your policies about internet usage, IT, Information Governance, Bullying and Harassment, or Disciplinary procedures to emphasise to staff what is acceptable behaviour in relation to the use of social media?
■ If there is no policy at present, consult with staff and trade union representatives, and develop a social media policy that is supportive of the organisation’s aims. Make sure the policy clearly states what is appropriate usage of social media at work and also covers staff conduct in social media outside work. The policy should aim to encourage a culture of responsibility in relation to the use of social media.

Action list – stewards

■ You can use the following two resources whether dealing with queries raised by individual members, or if you are helping to develop an employer’s workplace social media policy:TUC Work Smart – Online Social Networking and Work
http://www.worksmart.org.uk/rights/socialnetworking
ACAS guide to social networking
■ Contact your Senior Negotiating Officer if you need further assistance.

CASE STUDY
– Impact of ‘negative’ imagery on relations with the employer

The ‘Lying Down Game’(15). Seven staff at Swindon’s Great Western Hospital were suspended after their employer became aware that they had taken photos of themselves ‘lying down’ on hospital property; the pictures had been posted on Facebook. The pictures were in breach of the employer’s regulations and professional codes of conduct.

Naked photos of a named physiotherapy staff member, posted on a social networking site, are brought to the attention of the employer. This breaches the employer’s code of conduct for staff, and the physiotherapist was disciplined under the employer’s disciplinary policy.

The learning? Your actions could lead to a charge of unprofessional behaviour, bringing the reputation of your employer into disrepute. Disciplinary action could follow, which could result in dismissal.
5. Professional use of social media

😊 Do use social media effectively and responsibly:
- Think about why you want to use social media, what you want to say, to whom, how and why;
- Avoid jargon or abbreviations to ensure your audience will understand what you are trying to say;
- Ensure your contributions are based on fact/evidence;
- Set privacy settings to ensure only known or invited individuals can access your social media;
- Get written consent from patients before using images on social media sites;
- Recognise that everything you post online contributes to building a digital record about yourself (which may not easily be deleted);
- Be transparent if contributing to social media sites in a work or official capacity;
- Respect the ‘house rules’ of the social media site (terms of use etc);
- Adjust your communication style on social networking sites which are usually informal in nature;
- Remember, if being photographed or being featured in a video clip, be professional in dress and manner;
- Remember to take a proportional approach if you have to tackle negative or inappropriate comments on social networking sites. Try to solve the issue informally if appropriate. If this does not solve the matter or the original posting is serious enough to warrant moving straight to a more formal approach, refer on to the appropriate individual or organisation. For example, for an advertising issue go to the Advertising Standards Authority [http://www.asa.org.uk/]. For a dispute between colleagues seek advice from your workplace steward, or from Human Resources or Management. If you are worried about a breach of patient confidentiality, discuss it with management.

😊 To avoid negative personal or professional consequences when using social media don’t:
- Assume your contributions to social networking sites are private. Even if you have employed privacy settings, friends or followers can forward items outside your network and make them public;
- Post any comment or image you would not be happy to see on the BBC news;
- State your place of work on your personal Facebook/Twitter account (unless you have permission to do so);
- Use social media to criticise a colleague, manager or employer;
- Use social networking sites to whistle blow. Use HPC guidance on this topic instead[^16];
- Breach patient or employer confidentiality;
- Accept friend requests from patients;
- Send friend requests to patients;
- Gossip about colleagues, patients, your employer etc;
- Violate intellectual property law (e.g. copyright or trademark);
- Harass anyone, or discriminate against anyone in your postings;
- Speak on behalf of people or organisations without their express permission;
- Escalate situations by getting into a war of words online; bear in mind social networking sites are public spaces.

‘Stop and think’ social media checklist:[^17]
- Does your contribution positively promote your role as a physiotherapist, support worker or student?
Social Media Guidance

- Does your contribution reflect positively on your co-workers/colleagues?
- Does your contribution conflict with your employer’s mission, culture, values and/or policies?
- Does your contribution reveal confidential patient or proprietary business information?
- Does your contribution include any information that could directly or indirectly identify a patient under your care?
- Do you understand how the social media you are using works, including the privacy settings?

6. The CSP use of social media

The CSP (in partnership with members) has a role in improving appreciation and awareness of physiotherapy with patients, the public and other stakeholders. The social networking site, Twitter, is one tool used by the CSP to communicate with external audiences. Social networking can be a powerful campaign tool. The CSP uses Twitter to promote campaign messages about a number of issues including protecting quality patient care and protecting fair pensions.

Designated CSP staff follow influential blogs on health, and contribute to relevant debates in this way. The CSP Twitter account is followed not only by its members, but also by key health care organisations and other trade unions. The CSP also uses its Twitter account to communicate about current physiotherapy-related news or events, CSP initiatives or CSP policy agreed by Council. Using social media extends the reach of the Society’s communication programme. Take a look at: http://twitter.com/thecsp

7. Using social media in the name of the CSP

CSP members are encouraged to ‘follow’ the CSP on Twitter and to ‘retweet’ appropriate CSP information or messages. For example, the CSP regularly uses Twitter to highlight new information on the CSP website, and raise awareness of CSP campaigns.

Twitter: http://twitter.com/thecsp

However, please be aware that the CSP works hard to ensure that agreed policy and messages are presented in a consistent and appropriate manner in all national media (including social media). CSP members must not present themselves as speaking or writing on behalf of the CSP in any social media, unless by prior agreement/arrangement with the CSP Campaigns and Communications Director, Lynne Stockbridge stockbridgel@csp.org.uk

It is important to champion the physiotherapy profession, and the positive contribution it can make to modern health and social care. However, be aware that audiences may interpret your comments as an official view of your profession, so it is good practice to state that you are writing in a personal capacity if this is the case.

Please do not also assume that CSP members can establish any social media account in the CSP’s name. If you are an elected member on a CSP committee or active in a CSP network, and wish to establish a ‘CSP branded’ presence in social media, please seek advice first from the CSP Campaigns and Communications Director, Lynne Stockbridge stockbridgel@csp.org.uk
8. CSP Boards, Regional Networks and Professional Networks

CSP Boards, Regional Networks and Professional Networks may find it useful to establish their own social media presence either on Twitter or Facebook. This could help promote the activities and events of the Board or Network, and encourage members to share information and ideas (iCSP can also easily be used for this purpose). Approval must be sought in advance from the CSP Campaigns and Communications Director, the correct branding used and CSP information used correctly. The CSP is happy to advise and support members who wish to establish a ‘CSP’ branded presence in social media.

Boards and Networks are strongly advised not to create or publish online any messages or information which could be interpreted as a CSP comment or positions, or as CSP advice – especially content of a policy of political nature. Existing up to date CSP information or publicity can be used, if used without being altered and if correctly credited/referenced.

9. Conclusion

Social media is a powerful, useful tool. Used well, it could help you be innovative in the delivery of education, service provision, or in undertaking research. It has the potential to provide tailored services that meet the personal preferences of your patients.

However, in order to avoid the pitfalls of social media which can have a detrimental impact on the reputation, professional status and employment prospects of health professionals, the CSP is now encouraging you to gain an understanding of:

- how the use of social media fits within the legal, regulatory and professional framework;
- your employer’s stance on social media;
- appropriate professional behaviour(s) in relation to use of social media;
- how different social media sites work, including appropriate privacy levels.

The practical use of social media in health and social care is constantly developing at a considerable pace, so this guidance will be updated as appropriate.

10. Glossary

**Bandwidth** – a rate of measurement for the speed of data transfer across the Internet.

**Blogging** – is using a public website to write an online diary (a ‘blog’) sharing thoughts and opinions on various subjects. The word blog is derived from weB LOG. (13)

**Cyber-bullying** – the use of technology to send or post text or images intended to hurt or embarrass another person. (18)

**Following** – the practice of indicating you want to receive someone else’s Twitter postings/updates in your personal Twitter account.
Libel – a published statement that alleges to defame a named or identifiable individual(s) in a manner which causes them loss in their trade or profession, or causes a reasonable person to think worse of him, her or them.

Post – a contribution to a social media site e.g. uploading an image, writing a comment.

Retweet – the practice of reposting content on the Twitter social media site, originating from another Twitter user.

Social media – is an umbrella term for the various online and mobile communication technologies that facilitate social networking and blogging (e.g. Facebook, Twitter, LinkedIn).

Social networking – is the use of interactive web based sites that mimic some of the interactions that occur between people in life. (13)

Tweet – the practice of posting content to Twitter so other people can read your thoughts/opinions.

11. References


   http://www.csp.org.uk/publications/record-keeping-guidance

   http://www.csp.org.uk/documents/consent-physiotherapy-practice

   http://www.hpc-uk.org/complaints/hearings/index.asp?id=1445&month=3&year=2010&EventType=H

   http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/

   http://www.hpc-uk.org/publications/newsletter/index.asp?id=467

   http://www.hpc-uk.org/publications/index.asp?id=219#publicationSearchResults
   http://www.hpc-uk.org/publications/research/index.asp?id=511

    http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/code-professional-values-behaviour

    http://www.chre.org.uk/satellite/133/


    http://news.bbc.co.uk/1/hi/england/wiltshire/8246197.stm

    http://www.hpc-uk.org/registrants/raisingconcerns/


    http://www.ncpc.org/cyberbullying

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