

OPINION

LinkedIn or out? Can social media platforms be useful to POGP members?

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Abstract

This article is a discussion of and a response to Graham Aikin's talk about social media (SoMe) at the 2015 POGP Annual Conference. The author considers the potential benefits of and personal conflicts related to these increasingly popular digital tools, particularly with regard to the LinkedIn social networking service. She also discusses how best to manage an online presence, and SoMe guidance is provided. Following this, there are short summaries of the three SoMe platforms discussed at Conference. This information is supplemented with practical advice, and personal insights from several POGP members who are active SoMe users. It is hoped that readers will feel encouraged to consider their own SoMe presence and how this may be useful to them professionally, and that this article will promote debate.

Keywords: continuing professional development, Facebook, LinkedIn, social media, Twitter.

Introduction

Following the success of Teresa Cook's presentation on professionalism in practice at the 2014 POGP Annual Conference (Cook 2015), I was delighted to see a further, non-clinical speaker on this subject included in last year's programme. Graham Aikin of HNW Social Media Solutions Limited, an advisor to the financial services industry, was asked to talk to members about social media (SoMe) use and strategies (Aikin 2015).

Before Conference, I already had a strong interest in SoMe and all things digital. However, although I am usually an early adopter of technology, I was puzzled by my lack of engagement with SoMe. I had managed a Facebook (FB) account with a dated photograph, a couple of dozen "friends" and membership of one of the physiotherapy-focused closed groups, but I remained chiefly an observer of colleagues' discussions and friends' holiday pictures. I interacted very rarely and felt minimal engagement. What could I possibly post that would be of mutual interest to my father, school-gate friends, physiotherapy colleagues and the odd Pilates client? Perhaps this is the reason why people resort

to posting the details of what they have had for breakfast! As someone who cannot have my phone accessible at work, rolling Twitter feeds seemed irrelevant to me. Because of our specialized niche, it had only taken a few "likes" and "follows" to have an "interesting" array of news flowing into my feeds, which created the odd awkward moment when my 9-year-old peered over my shoulder. My feeds had quickly filled with items relevant to potential continuing professional development (CPD), but the problem of information overload came with this.

Norris (2011) described online platforms as allowing a two-way flow of data: you supply facts about yourself to the world, and information about the world is sent to you. The first part of this flow, especially considering its implications for personal privacy, was a topic that I was interested in hearing explored. It appears that many people are not concerned about separating their public physiotherapy professional and private selves on SoMe, but my training ingrained in me the idea that one's professional conduct should always be a consideration.

Facebook, Twitter and LinkedIn

Graham Aikin (2015) discussed FB, Twitter and LinkedIn, the three main SoMe platforms,

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emphasizing that the enormous number of users world-wide presents an opportunity for physiotherapists to promote themselves and their profession. However, it was unnerving to realize that, if you google your own name, your SoMe profiles will appear before any professionally built websites or National Health Service (NHS) pages. Graham views SoMe as a positive environment: it offers users free and effective marketing, along with the power to manage what people see about you online, and to enhance your credibility through posts and tweets. It can also be an effective tool for researching competitors, collaborators and clients. The caveat is that vigilance is required, and you must both monitor and protect your online data trail. It was quite bemusing to hear that Graham's own FB account had recently been hacked by a rather striking woman from Russia.

Some early questions and discussions from the floor revealed that many colleagues present were keen users of SoMe. However, for reasons similar to my own, others expressed their reticence to engage beyond the "social" aspects of these media.

Once this became more obvious, Graham spoke about the different strategies that his client groups (chiefly from the financial services industry) employ. There are those who don't worry about compartments, have one persona for all contacts and ensure that comments are suitable for all. Alternatively, there are others who use FB for personal posts and Twitter for professional ones, or *vice versa*.

I found Graham's explanation of the value of LinkedIn to the membership as a medium to raise and promote our professional presence compelling. He described a LinkedIn profile as a dynamic, multimedia curriculum vitae that is useful but not limited to those who are seeking a job, as I had previously thought. He pointed out that many non-health professionals would automatically search LinkedIn prior to a meeting, and would find it odd not to find the fellow professional whom they were looking for. This has relevance to physiotherapists working in private practice because a profile could be an important marketing tool, and importantly, help a patient to take the difficult step of deciding who to see, as well as establishing pre-visit confidence, credibility and authenticity. A LinkedIn profile can carry multiple media, such as published articles, projects and photographs, and offer a comprehensive public record of CPD. Graham took us on a step-by-step tour through the visual layout

of LinkedIn, demonstrating the fields available, which was a helpful way to reduce those initial barriers to action when faced with a new technological interface.

Unfortunately, there wasn't time to share more of the wide range of experiences of the audience, which would clearly have led to interesting, inspiring and thought-provoking discussions. Picking up the conversations later, Conference speakers Julie Ellis and Deborah Bancroft inspired us to get Twitter feeds up and running as an integral part of CPD, and Tim Watson highlighted online sources of electrotherapy updates. The POGP Executive Committee reported a peak in followers of @ThePOGP on Twitter over the conference weekend, and that the #POGP15 hashtag was well utilized. The journal has also recently launched its own Twitter account, @JPOGP, where members can actively join in by using the #JournalClub and #ThrowbackThursday hashtags (see pp. 87–88).

The Executive Committee has also responded to requests for a closed group on FB that only POGP members can access. Similar to the interactive community area of the Chartered Society of Physiotherapy (CSP), interactiveCSP (iCSP), this page provides a platform for group discussion and the exchange of ideas in a secure environment. If a member's subscription lapses or she chooses to leave POGP, then access will be denied. The POGP Members Area group (www.facebook.com/groups/1652693234997631) is moderated by a member of the Executive Committee.

Managing your online presence

Norris (2011) advised taking time to think about your values, and the purpose or purposes of establishing an online presence. In particular, as professionals, it may be important to consider possible conflicts between our social needs and our professional goals. Bearing in mind that we may also wish to be "sociable" with our colleagues, this can be a difficult balance to get right.

At Conference, Graham Aikin (2015) suggested that we should be "obsessive" about monitoring our FB pages, especially our timeline content, wall, tags, and privacy and security settings, using his Russian hacker as a clear example of a security lapse. Norris (2011) recommended "gatekeeping" your online privacy, and even suggested that, although sites have privacy tools, it is better to assume that these don't work: "although allowing an online presence to

reveal your humanity may often be desirable, and can help promote your business, it is also worth remembering that discretion has its good points too” (p. 63); and furthermore, “[t]here has been much discussion in the media about safety for children online, but remarkably little consideration of what adults should do to safeguard themselves in this relatively new environment” (p. 66).

The Health and Care Professions Council (HCPC) states that, when members are using SoMe, they should do so within the relevant standards of conduct, performance and ethics (HCPC 2016). In November 2014, the CSP published *Social Media Guidance for CSP Members* (CSP 2014), which can be downloaded. The POGP Executive Committee has developed a SoMe code of practice (POGP 2015) specifically for our professional network (PN).

Norris (2011, p. 82) presented a simple approach to this area by suggesting that you ask yourself the following practical questions:

- “What impact will sharing that information have on your professional life and your business?”
- “Will it enhance the way clients/customers see you, as a friendly human face in an impersonal online world of commerce?”
- “Do you feel it could adversely affect your relationships with clients?”
- “Will clients respect you more or less if they are able to access your holiday snaps online?”

Every resource repeats that you must think before you post, and if you’re in doubt, then don’t press “Send”. Certainly, it is wise to avoid late nights, alcohol and reacting in anger. The current etiquette appears to be to interact two to three times “in public” before carrying on a conversation in private, be that by direct message, e-mail or even, believe it or not, picking up the phone.

What about iCSP?

Do we think of iCSP as a form of SoMe? Social networking sites are dedicated to bringing people together to interact online, after all. InteractiveCSP was launched in 2006 (the same year as Twitter and only 2 years after FB) as a website to enable physiotherapists “to keep up to date, to interact with their peers and to share knowledge and resources” (CSP 2006):

“It works across sectors and locations and covers a range of different interests and

issues. It puts the individual in control because they only associate themselves to the issues that interest them and they can change these at any time.” (CSP 2006)

InteractiveCSP offers members:

- discussion forums that allow them to put questions to their peers, safe in the knowledge that the system is not open to the public;
- access to a wealth of practical knowledge and resources (e.g. documents, websites and projects);
- a platform to demonstrate their CPD that has a search facility; and
- a system to help keep track of all their contributions to the site.

Within iCSP, our PN is routinely and closely moderated by a voluntary group of POGP members to ensure that communication remains polite, topics are relevant and the site cannot be exploited for commercial gain.

Perhaps, in our desire to be on-trend, we should be careful not to dismiss the purpose-built networking tool that our own colleagues designed and engineered well in advance of the more famous SoMe brands.

Conclusions

Clearly, SoMe sites do have the power to change the world. We have the opportunity to harness this future. Imagine what might happen if every single POGP member had a smart, intelligently prepared LinkedIn profile by the end of this year?

Physiotherapists are trained to think about confidentiality and professionalism. In women’s and men’s health, one must also establish boundaries of tastefulness and discretion. There is no doubt that the online world is “public”, and therefore, by definition, we must remain conscious at all times that privacy is not the default setting.

Concerns about misrepresentation predate digital media, of course. Miss Brown, who taught my year group, would only let us massage with talcum powder, not oil, for fear that our skills might be suggestive of an entirely different profession. Similarly, we were advised to keep our personal lives separate from those of our patients, no matter how much common ground we had. Obviously, it is essential to establish romantic relationship boundaries. Oversharing our own life stories can also detract from patients’ needs when they come to us with their own problems. If too much of our personal self is easily available

online, will this weaken the professional credibility and trust that we want to offer to our clients?

Social media “short form” ways of communicating are supposed to be spontaneous, of the moment and frequent. These same features are associated with such problems as interruption, distraction and information overload.

Personally, I like compartments. I want to find a way to have a private “social self” who shares pictures of my dog and keeps up with my friends without worrying that patients can find this information, however innocent my pictures may be, or well-intentioned their searches. Paradoxically, I also want to engage more with FB groups, Twitter and iCSP, among other resources, to use the power of these interesting conversations and networking opportunities to enhance my CPD. I see the value in promoting physiotherapy, both the profession in general and our specialty in particular, with pride and skill, utilizing the multimedia capabilities of networks like LinkedIn. My personal journey will be a quest to find out how to achieve all this without provoking my twin enemies, information scatter and overload.

Therefore, I am working on developing two separate identities to present to the world. Watch the Internet ether, and heaven help you if you end up on both my lists!

Now join the conversations on Twitter (@ThePOGP and @JPOGP) and FB (www.facebook.com/groups/1652693234997631).

Social media: POGP members’ advice, wisdom and cautionary tales

During his presentation at last year’s POGP Annual Conference, Graham Aikin (2015) encouraged physiotherapists to use SoMe platforms as professional tools. Discussion with the audience revealed that it was made up of a mixed group of hesitant SoMe beginners, and experienced and enthusiastic users.

To help those in our PN who are tentative about taking their first steps into the professional use of SoMe, I asked some POGP members who are among the more-prominent users of these platforms for their advice, wisdom and cautionary tales. With their help, I have compiled short summaries of the three brands of SoMe that were discussed at Conference, functional tips for users and some personal insights.

The ways in which our members are already using SoMe platforms include:

- networking with colleagues;

- expanding groups of friends and colleagues within the profession (and other professions);
- promoting physiotherapy services (both private and NHS);
- forming a group of experts and exchanging ideas with them;
- posting clinical questions and supporting colleagues with their clinical queries;
- using online information as an ongoing training resource;
- accessing online journals;
- communicating with suppliers and manufacturers, and monitoring industry news;
- finding a new job or seeking out people in order to fill roles; and
- enhancing CPD, and using it as a tool to capture and store relevant activities.

Our colleagues are also aware that patients are searching the Internet for information about their disease process, and the ways in which physiotherapy in general and, as their local suppliers, physiotherapists in particular can help:

“SoMe are communication tools. We all have differing learning styles and needs – CPD is about finding tools that suit your professional practice. It gives us the potential to access, analyse and discuss a wide range of current information from world-wide sources in bite-sized pieces to stimulate further investigation and professional development. As with any communication, it’s not the information you receive, it’s what you actively do with it that’s CPD.” (JE)

“I have only used FB to promote media coverage for POGP. I can see the benefits of reaching out to a large number of people quickly.” (KM)

“I run the POGP FB and Twitter accounts, which pushes me to keep up to date with topics in the news related to women’s and men’s health, and also new guidelines or important documents that would be of interest to our followers. I also cross-check the items posted to make sure they are appropriate. This all contributes to my CPD; however, I do not document much, if any of it, in any other format apart from the SoMe outlets.” (RB)

“I use Twitter as a facilitator for some CPD opportunities. By following organizations such as the HCPC, CSP, International Continence Society and POGP, I find out about news items and publications, including

journal articles. The tweets often include a link to take me directly to the relevant resource, which gives me timely, hassle-free access to pertinent information. I also participate in TweetChat conversations, such as the one-hour Twitter “discussions” facilitated by Physiotalk.” (TC)

“I do tweet about POGP as I am passionate about promoting the work of PNs and their importance within the CSP, especially as these are not self-promoting or for commercial benefit” (JE)

Facebook

Facebook was founded in 2004 as a private university network. It has expanded to have a world-wide membership that is free to use because it is funded by advertisers:

- Officially, you cannot have two FB accounts; only one FB identity (ID) is possible. This can be used to set up a page; for example, one for your professional self. However, a page cannot belong to a group, or “like” or comment in a group.
- When you “like” an advert or post in your general newsfeed, this will be shared with all your friends, but not other members of any closed groups to which you belong.
- When you post something, this does not necessarily reach all your friends. Facebook randomly selects how many of your friends will see the post. This allows it to charge to “boost” posts to more people.
- It is important to understand the impact of being “tagged”. Usually, if a FB friend posts a photograph that you are in, then only their friends will see it. However, if he or she tags you in the photo, potentially your friends will see it too. Facebook may automatically tag photos that you have uploaded, so you may wish to remove these labels before posting. You can limit the visibility of photos and posts that you are tagged in. On your “Privacy Settings and Tools” page, click on “Timeline and Tagging”. You can also “untag” yourself from a photo on FB by clicking one of the options at the bottom of the image. You can read more about tagging on FB on the site (FB 2016a).
- When groups are created, these can be made public, closed or secret (FB 2016b).
- If you have joined a closed group, but find the posts into your general newsfeed overwhelming

or wish to hide these for discretion, you can choose to see only highlights or turn all notifications off. The group is still listed in your sidebar, but you have to click on the group to see the posts, rather than have these automatically appear in your newsfeed.

- You can follow or save posts by clicking on the arrow in the top right-hand corner, and then selecting “Turn on notifications for this post”.
- Use the top right arrow to hide adverts and posts that do not interest you.
- You can set up multiple mailing lists to separate friends from colleagues, just as you can do by creating distribution lists in an e-mail account.
- Be aware that some groups (such as POGP) will only have physiotherapists as members, but others may have a more general membership and there may be members of the public among them.

Our POGP colleagues have shared the following FB wisdom:

“My problem with FB, which is entirely my own fault, is that I am a keen follower of some patient groups, such as Pelvic Organ Prolapse Support and the Birth Trauma Association [www.birthtraumaassociation.org.uk]. These give me insight into patient problems, but tend to be quite depressing at times, which can then play on your mind when you’re not at work. The trouble with SoMe is that, if you regularly access it, you never switch off. I never comment on closed groups for patients because I don’t want potential clients knowing that I am following these, or asking me professional questions.” (JE)

“For me, the POGP FB page is extremely well moderated. The information streams are accurate, professional as well as friendly, and very supportive for members. It’s a very good mentoring and ‘hand-holding’ resource too. As long as the group is well moderated, it should not be a threat to members. . . It’s FB [itself that’s] becoming invasive and overpowering. I’ve now started ignoring a lot of posts on the group pages and becoming much more selective about what I respond to. For pages which are world-wide, some of the practices highlighted worry me intensely, as do the inaccuracies in some of the information given.” (JD)

Twitter

Twitter evolved from a project that was begun in 2006. This SoMe platform allows its account holders to send and read other user's messages, which are known as "tweets". Tweets are text-based posts of up to 140 characters in length, and these are displayed on the user's profile page:

- In the default setting, all your tweets will be visible to anyone who accesses your page unless you restrict these to your "friends" list (or create a "colleagues" list).
- You can have more than one Twitter username, or "handle", which allows you to compartmentalize your professional and personal personae.
- Hashtags (#) can be used to filter tweets and search for particular material. This is why users are encouraged to employ these labels. For example, members who tweeted about Conference were asked to use #POGP2015. If you search Twitter with this hashtag now, you will see all Conference-related tweets.
- If you want to get the attention of someone, you start the tweet with his or her Twitter handle; for example, "@ThePOGP when is Conference 2016?"
- Ironically, your e-mail inbox will be fed daily with twitter updates, but you can turn these notifications off.
- You can "direct message" someone if you want to continue to correspond in private.
- Twitter provides information about mentions, replies and tags, and whether these will be private or not (Twitter 2016).

Our POGP colleagues shared the following observations about Twitter:

"My main professional SoMe platform is Twitter. I follow a wide range of organizations, such as The King's Fund, the Royal College of Obstetricians and Gynaecologists, the HCPC, the CSP and BBC News, and practitioners whose opinion and practice I respect." (JE)

"Several times a day, I review tweets on my Android phone. If I find something that is of benefit to me, I retweet it, and this enables me to review it at a later date. This is how I keep track of new research, and I retweet any new research I find for others to access." (JE)

"The maximum number of characters in a tweet is 140, which means each tweet is to the point. If I miss a few hours/days, then

Twitter automatically skips a period of time and selects some 'while you were away' tweets to show me. I can access any tweets that were skipped, but often choose not to do so." (TC)

"At a maximum of 140 characters per tweet, it can be difficult to get your message across, or include any critical analysis in your own tweets; it's also easy to interpret/accept other people's tweets at face value, which is not a good thing!" (TC)

"I use Twitter a lot for professional purposes, but I would not use FB for this. With Twitter, I follow people/organizations whom I know will have something to contribute to an area I have an interest in; for example, Public Health England and the Royal Society for Public Health. . . By following organizations, you can engage with individuals who are very active on Twitter, and ask questions or join in with conversations they post. I have made some excellent contacts this way, which has helped me professionally. Organizations publish guidance documents on the day they are published on Twitter (you can't get more instant access than this), and I have become involved with a number of focus groups/projects following a call for participation that has only been posted on Twitter." (DB)

"I much prefer Twitter. Because you are limited in the number of characters available, everything is succinct and unambiguous." (JD)

"I also engage in quite a few TweetChats (e.g. see www.wecomunities.org). I find these extremely useful, and TweetChats definitely help you to make the right professional connections. With most TweetChats, if you are not free to join in, you can go to the archive page and read the post-chat transcript. You can see who has contributed and get in touch with them later." (DB)

LinkedIn

LinkedIn is a business-orientated site for professional networking. Launched in 2003, it has more than 19 million users in the UK alone, and 45 million users across 170 countries. LinkedIn aims to host the contact details of people in a business network:

- Avoid the "Connect with Everyone" button, or you will find that you have sent invitations to

everyone in your e-mail address book that will be followed by persistent reminders. You will have received these requests yourself. They can be perplexing, embarrassing or downright annoying.

- As with other SoMe networking sites, whenever you update your profile, the information will be sent to all those connected to you.
- LinkedIn has a reputation as being a better search engine to “find” people than FB.

Very few of the POGP members surveyed had explored LinkedIn as a platform yet:

“I am on LinkedIn, but don’t use it. This is because I’m not a private practitioner and I have no wish to self-promote, but I can see that it’s useful for others” (JE)

“I think it has helped me make some very useful professional connections.” (ML)

“I find LinkedIn very useful for networking and making connections with people who may share my professional interests” (DB)

Information overload

Our POGP colleagues were asked, “How do you manage the rolling feeds through the day without feeling overwhelmed?”

“I have update alerts on my phone, so I am made aware if anyone has posted on FB or tweeted. I will go through these, usually twice a day, and check both websites and follow up as required.” (RB)

“You can get overwhelmed by information and find you are checking SoMe almost neurotically. With Twitter, I have found that information and new themes are often repeated, and you don’t need to fear missing out. I am not particularly bothered if I miss out anyway and not involved in discussions: CPD is not knowing everything there is to know, it’s about exploring issues relevant to your practice.” (JE)

“As an administrator and co-founder of the women’s health FB group [www.facebook.com/groups/1424514604444439], I get a notification every time someone posts. It takes quite a bit of discipline not to spend the whole day on there – there are so many interesting posts! I try to check in maybe three times a day, or use travel time/waiting at airports, to keep on top of it.” (ML)

“It can be overwhelming, and is. Turning on ‘notifications’ helps with screening what you might chose to read or skip over. Also, now that my time is more flexible, I tend to screen posts more frequently than just once or twice a day. I’m rapidly learning that life should not revolve around SoMe!” (JD)

“I do have a personal FB identity as well as a professional one, but the line does become quite blurred as I am really passionate about what I do. If I come across something of interest to my professional community, I might also end up sharing it with family and friends. Sometimes I post a little too much information on pelvic health in the opinion of some of my family, but . . . it doesn’t stop me!” (ML)

Time management

Our colleagues were also asked, “Have you any personal tips for managing the flow of information and/or your time spent on it?”

“It’s self-discipline. . . If I’m by myself, I’m much more likely to engage. It’s important not to go online if you have had a drink! Also, don’t react if something makes you angry. Don’t comment more than three times.” (JE)

“Try to not aimlessly sift through post after post. If you see something that interests you, then follow the link, if there is one, read up on it, and reply with your thoughts if you feel you have something relevant to add.” (RB)

“Start off slow. Start by following one or two organizations/individuals you are interested in. Follow professionals who are good role models, and read through their Twitter feeds – see how and who they engage with.” (DB)

“We have to get away from the culture of being able to treat all of the patients all of the time. It’s a bit like the TV that’s on, but you’re not watching it. There is an off button!” (JD)

“Don’t be afraid to reply to a tweet or pose professional questions. It’s a huge community out there, and in my experience, people genuinely want to be supportive and share.” (DB)

“Don’t follow everyone who follows you, or you just end up reading through a long feed

of tweets that may not have any relevance to you. Unfollow individuals if they are clogging up your feed with irrelevant tweets (they won't know or mind)." (DB)

Social media and the membership

Finally, our colleagues were asked, "What do you see as the strengths, weaknesses, opportunities and threats of SoMe for POGP members?"

"Many POGP members work in fairly isolated environments, and SoMe gives us a fantastic opportunity to connect and share professional practice. It breaks down barriers, makes us all equal and accessible. You can ask authors questions, and access the information and opinions that they put in the public domain. It can highlight current relevant topics at an appropriate time. Social media are here to stay and we can use these to our benefit. I have a thirst for knowledge and understanding, and I want to be the best practitioner I can be, and for me, SoMe are the easiest way to do this." (JE)

"I feel strongly about the need to maintain professional barriers and think that we have to be very careful about service users (or possibly complete strangers who've heard of you or see that you follow a few of the same people as them) being able to view, or 'speak', i.e. tweet, with others who may know you personally. You could compare it to a social event where someone has heard that the event is happening and decides to come along, even though you really only wanted your friends and family there." (TC)

"Social media are a fantastic way of generating topics and discussion, and also learning from your peers. I have found these mean I can converse quickly and easily with other women's and men's health physiotherapists, and specifically, POGP members. I am always aware that items posted on SoMe are seen by lots of people who could be colleagues, mentors or patients. I would never write anything I wouldn't be happy saying to someone face to face." (RB)

"You need to be able to distinguish between someone's personal opinion and the evidence being referred to. This is easy enough to follow up if you are in doubt." (DB)

"The opportunities are massive! I have made so many positive professional connections

via Twitter alone in the past 12 months. I have had invitations to get involved with projects, and made connections with different universities." (DB)

"It's free! It's a great way to network, and share ideas, research and clinical questions (while maintaining confidentiality, of course). I think exploring other outlets outside of FB/ Twitter (e.g. podcasts) could be a great way for POGP members to expand their learning and explore best international practice." (ML)

As Graham Aikin (2015) highlighted in his talk, there is no right or wrong way to use SoMe. Our panel of POGP members are all using different mixes of platforms for both their personal and professional online presences. Reassuringly, these more-seasoned users are all equally still experimenting with the media to explore their preferences, the balance of their personal and professional profiles, and strategies for managing information.

Please do use iCSP or the POGP FB members' area to share your own experiences.

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A. Savage

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