



HANDLING THE MEDIA A GUIDE FOR DOCTORS



CONTENTS

HOW CAN MEDICAL PROTECTION HELP YOU DEAL WITH THE MEDIA?	4
How we can help	4
How the media may contact you	4
What you can do and what you need to know before responding	5
What happens next?	5
Photographers and camera crews	5
Protecting patients' privacy	6
Being filmed and photographed	6
Reporters at legal proceedings	6
WHAT CAN YOU SAY TO THE MEDIA?	8
Confidentiality	8
Specific comment	8
Involving others	9
GP practices and private clinics – supporting your team	9
Undercover journalism	10
Social media and discussion sites	10
Independent Press Standards Organisation	11
WHAT CAN YOU DO IF IT ALL GOES WRONG?	13
Redress	13
How can you seek redress?	13
Misquoting	13
Factually incorrect articles	14
Injunction	14
Defamation	14
Defamation arising from media work	15

INTRODUCTION



Rob Hendry
Medical Director

Media scrutiny of you and your practice of medicine can put your personal and professional reputation at risk.

Where a media query relates to issues that fall within the scope of the benefits of membership, the Medical Protection Press Office is on hand to provide expert advice throughout the process.

We know how difficult media scrutiny can be for members and those around them and the Press Office's role is to help alleviate the additional pressures from the media. Staffed by experienced communications professionals, the Press Office can liaise with reporters on your behalf, deal with enquiries, draft appropriate statements – and aim to correct any inaccuracies in the press, if necessary.

Early advice from the Press Office can help prevent issues escalating. We advise you to contact your case handler if you have received press interest about an ongoing case or contact the Press Office directly about any other issues.

Please get in touch as soon as possible so we can help you through all stages of attention.

Media advice is available 24 hours a day, seven days a week.

CONTACT DETAILS FOR MEDIA ADVICE



0800 136 759



pressoffice@medicalprotection.org

HOW CAN MEDICAL PROTECTION HELP YOU DEAL WITH THE MEDIA?

HOW WE CAN HELP

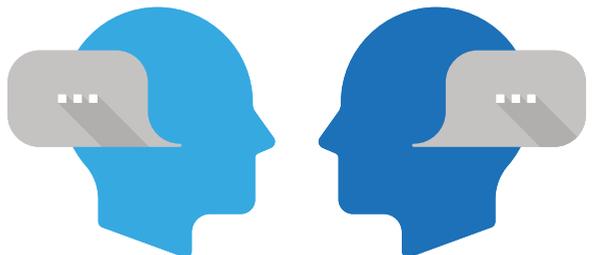
The assistance we offer will depend on the circumstances; generally we can help in the following ways:

- Provide experienced and expert advice on handling all stages of media attention
- Speak to a journalist on your behalf
- Liaise with the relevant press offices involved in your case, eg, your employer's press office.
- Assist and advise your practice/clinic staff and your team
- Prepare press statements
- Monitor coverage and assist with any follow-up actions.

THE MEDIA CAN BE QUITE INVENTIVE IN THE MANNER IN WHICH THEY CONTACT YOU AND THIS MAY COME IN A VARIETY OF FORMS.

How the media may contact you:

- By email or phone
- Through social media, eg, posting a comment or question
- Arriving at your home or place of work
- Through colleagues, friends or family members.



WHAT YOU CAN DO AND WHAT YOU NEED TO KNOW BEFORE RESPONDING

All of the approaches described in the previous section could catch you off guard – so avoid responding straight away. Ask the journalist to provide information on the exact issue they would like you to comment on and their deadline. Take their contact details and say you will phone or email them back.

Unless you feel well-equipped to deal with the query yourself, we recommend you contact us for advice in the first instance and then liaise with your employer or practice.

Taking advice is particularly important if the query relates to an ongoing investigation or litigation. We can advise on how you can respond without prejudicing ongoing proceedings or breaching patient confidentiality.

WHAT HAPPENS NEXT?

If you decide that you can handle the query on your own, take time to prepare your message, if one is needed, and use plain language that cannot be misconstrued or taken out of context.

If you have sought Medical Protection’s advice we can liaise with the journalist on your behalf, agree a statement with you, if one is needed, and issue it to the journalist(s). We can also deal with any follow-up enquiries and be the liaison between you and the publication.

Always assume that anything you say to a journalist could be published, nothing is “off the record.” Our advice is, if you don’t want to see it in print, don’t say it.



PHOTOGRAPHERS AND CAMERA CREWS

You might be confronted with a camera crew or photographer outside your home, place of work or court/hearing if you are facing regulatory or legal proceedings. Here is some advice on dealing with such a situation:

Protecting patients' privacy

If photographers/camera crews appear outside your practice/clinic or hospital make sure you alert your staff or hospital management team. This way they can be prepared and take appropriate steps to make sure that patients' privacy is respected, by informing patients of the situation when they book an appointment or in person when they arrive. An appropriate staff member, such as the manager or communications lead, should also warn photographers/camera crews not to take photos of patients or their vehicles, as this could identify them as being patients at the practice.

Being filmed and photographed

Where the photographer or camera crew are focused on you, try to maintain your professional composure. They will film or get a picture which they are likely to use alongside any news stories they publish, so make sure you convey a professional image. Focus on where you are going and do not look directly into the camera, if possible. Do not cover your face or react angrily; smiling may also convey the wrong message. Remember, this will be the image that is viewed by the public, so a calm, professional and dignified appearance is the most appropriate.

Reporters at legal proceedings

Evidence presented in open court or at inquests can be reported in the media, as can unproven allegations, unless reporting restrictions are specifically imposed. As long as the journalist reports proceedings fairly and accurately, it is unlikely there would be scope for redress.

When in court or at a hearing avoid discussing the case until you have the privacy of a room from which you can be sure you will not be overheard.

If approached by a journalist while the hearing is ongoing, ask them to contact the Medical Protection Press Office for assistance with their query. Your lawyer might also help manage the press in these situations.

MEDICAL PROTECTION'S PRESS OFFICE IS COMMITTED TO DELIVERING THE HIGHEST QUALITY SERVICE, AND GUIDING YOU THROUGH ALL STAGES OF MEDIA ATTENTION

WHAT DETAILS SHOULD YOU FIND OUT?

- The journalist's name
- The name of the publication/ programme
- What exactly they want comment on
- Their deadline
- Their contact details – phone numbers and email address.

TOP TIPS



- Don't respond immediately – take time to consider your response or seek advice
- Maintain your professional composure
- Saying “no comment” sounds defensive. Ensure you come across as cooperative and inform the reporter that you will come back to them
- Contact the Medical Protection Press Office for advice and liaise with your employer/practice where appropriate.

WHAT CAN YOU SAY TO THE MEDIA?

CONFIDENTIALITY

Doctors are expected to protect patients' confidentiality, and follow General Medical Council (GMC) guidance on dealing with media enquiries involving patients. Visit gmc-uk.org

Breaching confidentiality, whether inadvertently or not, could lead to a complaint, disciplinary action or regulatory sanction. However, there are ways in which you can respond to media enquiries without breaching patient confidentiality.

You should not comment on the specifics of a particular case but you can explain why – because of your ongoing duty to maintain patient confidentiality, or because the case is the subject of ongoing legal proceedings.

SPECIFIC COMMENT

There may be occasions where it is appropriate for you to make a more specific comment. For instance, if a patient has died expressing your condolences or regrets to the family may be the right thing to do.

It is wise to keep statements succinct and factual; about 150 words is a general guide. Column inches are limited, and a lengthy statement is likely to be edited, which could distort the meaning or alter the emphasis.

Even if a patient has provided consent for you to discuss the matter in public, we would discourage you from doing this. You should consider how that might look to your other patients, employer and the GMC if you are discussing sensitive and confidential details in the press.

INVOLVING OTHERS

We recommend that you liaise with others involved in the matter and agree on a consistent message and approach to the media. It is advisable to warn all those concerned about the prospect of press intrusion, attention and scrutiny of their professional and personal life. It might also be appropriate to let others close to you know in case they are approached by the media.

The media may also contact:

- The trust/commissioners/providers
- Employers
- Colleagues and professional partners
- Those you live with/friends and family
- Practice/clinic staff.

GP PRACTICES AND PRIVATE CLINICS – SUPPORTING YOUR TEAM

In the event of media attention about you or your practice, you can help support your team with the following steps:

- Appoint a nominated lead in your team to be the first point of call for all media enquiries to help ensure a consistent approach
- Brief the team so they know what they can and can't say – to reporters, and patients who may have seen media coverage.
- Ensure that the receptionist and person answering the phone knows there could be media calls and who to put the call through to
- Agree with relevant people who will say what and when
- Update Medical Protection, so that we can provide specific advice and monitor the situation through all stages of media attention.



UNDERCOVER JOURNALISM

Press

If you are the target of an undercover investigation, for example, a journalist posing as a patient, it does not automatically release you from your duty to maintain patient confidentiality. Any response to the media should be handled in the same way as a query that arose from a genuine patient consultation.

In some cases it might be appropriate to ask the 'patient' to give consent for the details of the consultation to be commented on in the media, but take advice first from Medical Protection, or others who may need to be involved, such as practice partners or your employer.

According to the Independent Press Standards Organisation's code engaging in misrepresentation or subterfuge, including by agents or intermediaries, can generally be justified only when it is in the public interest and then only when the material cannot be obtained by other means.

TV and radio

A complaint to Ofcom resulting from undercover journalism falls under fairness and/or privacy complaints.

Fairness and/or privacy complaints are complaints about unjust or unfair treatment in programmes, or about unwarranted infringements of privacy in programmes (or in connection with the obtaining of material included in them).

Further information on procedures for the consideration and adjudication of fairness and privacy complaints can be found on the Ofcom website.

stakeholders.ofcom.org.uk/broadcasting/guidance/complaints-sanctions/fairness/.

SOCIAL MEDIA AND DISCUSSION SITES

The same standards of professionalism and confidentiality apply no matter what the medium of communication. Posting inappropriate comments/photographs or describing a patient's care on a social media site, such as Facebook or Twitter, can damage your reputation and lead to disciplinary action as well as unwanted media attention.

Patients posting damaging and negative comments about you on patient feedback sites could test your professionalism. Talk to your employer, supervisor, medical school or Medical Protection to discuss the situation and the best way forward. As a general rule, GP practices should aim to reply to all feedback on NHS Choices, to thank the patient for their comments, demonstrate any changes that will be made as a result and, in some cases, to invite the commenter to discuss the matter further offline.

With the rise of social media, news stories are frequently shared and discussed online. It is important to resist responding to content that you are featured in, as this could exacerbate matters and your comments could be reported on by the media.

Ensure your team is aware of the need to protect patients confidentiality and privacy.



oatawa | iStockphoto/Getty Imagesplus

INDEPENDENT PRESS STANDARDS ORGANISATION (IPSO)

The Independent Press Standards Organisation (IPSO) is the independent regulator of the newspaper and magazine industry. They exist to promote and uphold professional standards of journalism in the UK, and to support members of the public in seeking redress where they believe that the Editors' Code of Practice has been breached. They are able to consider concerns about editorial content in newspapers and magazines, and about the conduct of journalists.

They administer the Editors' Code of Practice and take active steps to ensure that publications adhere to it. The Editors' Code deals with issues such as accuracy, invasion of privacy, intrusion into grief or shock and harassment. The full Code can be seen here: ipso.co.uk/IPSO/cop.html.

IPSO handles complaints, and conducts its own investigations into editorial standards and compliance. IPSO has the power, where necessary, to require the publication of prominent corrections and critical adjudications, and may ultimately fine publications in cases where failings are particularly serious and systemic. IPSO is there to serve the public by holding publications to account for their actions. For further information see ipso.co.uk.

Below are relevant IPSO clauses as set out in their Editors' Code of Practice

Accuracy: A significant inaccuracy, misleading statement or distortion once recognised must be corrected, promptly and with due prominence, and - where appropriate - an apology published.

Clandestine devices and subterfuge: The press must not seek to obtain or publish material acquired by using hidden cameras or clandestine listening devices; or by intercepting private or mobile telephone calls, messages or emails; or by the unauthorised removal of documents or photographs; or by accessing digitally-held private information without consent.

Privacy: Everyone is entitled to respect for his or her private and family life, home, health and correspondence, including digital communications.

Harassment: They must not persist in questioning, telephoning, pursuing or photographing individuals once asked to desist; nor remain on their property when asked to leave and must not follow them. If requested, they must identify themselves and whom they represent.

Hospitals: Journalists must identify themselves and obtain permission from a responsible executive before entering non-public areas of hospitals or similar institutions to pursue enquiries. For further information visit: ipso.co.uk/IPSO/cop.html.

WHAT CAN YOU DO IF IT ALL GOES WRONG?

REDRESS

Journalists are trained to write their copy within the law. Some may write sensationally, but most are careful to write accurately. Careful use of language (eg, “alleges”, “claims”) can imply incompetence or fault without explicitly stating it. Occasionally however, there may be cause for redress.

HOW CAN YOU SEEK REDRESS?

The Medical Protection Press Office will offer you objective professional advice, and talk you through your options to help put the situation right, or limit the reputational damage.

In many cases there is a greater opportunity to get speedy corrections of errors in online publications if there is proof of error. Sometimes the online copy may even be removed from the site. An online copy is ‘searchable’ and may be online indefinitely, so in many ways it is more important that this copy is correct, given the longevity of the information.

Where appropriate, we can seek a printed apology and a correction. If the article has significant factual errors, depending on the context of the published errors, an article correcting the false impression given in the original can be sought.

The opportunities for printed corrections are limited due to publication timeframes. You should also bear in mind that printed corrections and apologies can also prolong media interest.

MISQUOTING

Your comments may be taken out of context and edited to change their original and intended meaning, to fit the news agenda of the day. If this happens, there are two possible courses of redress open to you – seek an apology and/or a correction, or report the publisher to IPSO. In the case of TV or radio, a complaint can be made directly to the broadcaster, or if you believe you were unfairly treated in a programme and/or your or the patient’s privacy was unwarrantably infringed, you can complain to Ofcom.



FACTUALLY INCORRECT ARTICLES

The scope for factual errors in media health stories is wide. Patients can sometimes present a skewed version of events due to frustration or anger, or they might be driven by personal motivations or grievances.

Though patients can talk openly about their medical condition and treatment, doctors cannot. The Medical Protection Press Office can advise you about the best way of handling this situation.

INJUNCTION

A remedy of injunction can be considered in the rare case of getting prior notice of a press release or media story that is inaccurate. If this happens it is important to act quickly and advise Medical Protection as soon as possible.

DEFAMATION

Although rare, MPS may (in extenuating circumstances) be able to provide assistance in a defamation action, so long as the action arises from the member's professional practice and the case is not subject to any membership limitations (including jurisdiction restrictions and media work restrictions).

Defamation law is notoriously complex, and legal action in this area is costly and unpredictable. Legal action may also be counterproductive, and attract more attention and adverse publicity than the original article or comment.

Because of this, it will not usually be in the interests of the member or the membership funds to pursue such actions.

MPS are unlikely to provide assistance with any damages awarded in a claim in defamation against the member. This does not affect a member's right to request assistance in relation to non-claims issues arising from such activity (for example a complaint to the professional regulator).

DEFAMATION ARISING FROM MEDIA WORK

MPS membership does not include indemnity for claims arising from material published or broadcast by members, or on their behalf, or to which they have contributed.

This does not affect a member’s right to request assistance in relation to non-claims issues arising from such activity (for example a complaint to the professional regulator).

Published or broadcast includes, but is not limited to:

- television
- radio
- newspapers and magazines
- social media
- websites and blogs
- podcasts.

Members wishing to undertake such work should seek an indemnity from the broadcaster or publisher, or from their employer if speaking on their behalf.

NOTES

MORE THAN DEFENCE

MEDICAL PROTECTION

Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG

Victoria House, 2 Victoria Place, Leeds LS11 5AE

39 George Street, Edinburgh, EH2 2HN

medicalprotection.org

HOW TO CONTACT US

PRESS OFFICE



0800 136 759



pressoffice@medicalprotection.org

MEDICOLEGAL ADVICE



0800 561 9090

+44 (0)113 243 6436



+44 (0)113 241 0500



querydoc@medicalprotection.org

In the interests of confidentiality please do not include information in any email that would allow a patient to be identified.

ABOUT MPS

'Medical Protection' is a trading name of The Medical Protection Society Limited (MPS), a company limited by guarantee registered in England with company number 36142 at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG.

MPS is the world's leading protection organisation for doctors, dentists and healthcare professionals. We protect and support the professional interests of more than 300,000 members around the world. Membership provides access to expert advice and support and can also provide, depending on the type of membership required, the right to request indemnity for any complaints or claims arising from professional practice.

Our in-house experts assist with the wide range of legal and ethical problems that arise from professional practice. This can include clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We do this by promoting risk management through our workshops, E-learning, clinical risk assessments, publications, conferences, lectures and presentations.

MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association, and MPS® is a registered trademark.