

Brief guidance on using email / mobile devices to exchange messages about trainees

Discussing trainees amongst trainers is becoming increasingly challenging in recent times due to the Covid-19 pandemic. To facilitate communication, trainers are often taking to whatsapp groups and email exchanges. Ultimately, we are individually responsible for emails/whatsapps sent with the clear understanding that once in the public domain, such material is accessible to all. Indeed these communications may be accessed as per data SARs (Subject Access Requests) under the Data Protection Act 2018. There is already an increasing trend for trainees to apply for these; they are practically routine in legal cases and employment tribunals. Withholding (even inadvertently) or altering exchanges may lead to referral to the GMC.

The themes below might seem like stating the obvious and clearly need to be considered in the relevant context. However, based on experience and anecdotal reports, even these basic points are all too frequently overlooked or disregarded.

So, when involved in written communications about trainees, please do remember that:

1. All emails regarding trainees or training matters should be sent using “hee.nhs.uk” or official Trust email addresses rather than personal ones. All such messages are subject to access under SAR requests.
2. Face to face/telephone/virtual conversations may be better than detailed email/whatsapp messages (as long as conclusions are documented in eportfolio subsequently).
3. You must avoid the use of derogatory, undermining or inappropriate language as a matter of courtesy and professionalism. Remember, messages may end up being read by trainees, leading potentially to embarrassment, ill-feeling and complaints.
4. Be sensitive and mindful of making comments that may be construed as being prejudicial or discriminatory in any way. Inclusivity is a key component of a healthy training environment, as well as a safe and productive work place.
5. A message about an individual trainee is best avoided being copied to multiple recipients, especially if the content has not been agreed with the trainee first. Similarly, messages that compare and contrast multiple trainees should be avoided.
6. All information gathered as a result of feedback received ought to be summarised, shared with the trainee and documented formally on e-portfolio as part of the continuous educational supervision process. Guard against “hearsay” and where “criticisms” are being recorded, ensure that they are based on facts/specific examples. This step is vitally important but something that is often done poorly or inadequately. If the trainee disagrees with certain points, document the reasons why contemporaneously too.
7. Place yourself in the trainee’s shoes....how would you feel if you saw such messages being exchanged amongst consultants/colleagues about you? If in doubt, it is usually best to leave it out!

Please note that the above guidance is in no way meant to prohibit constructive discussion or emails about trainees, nor does it seek to compromise patient safety.

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