

HEE Guidance on the involvement of postgraduate medical trainees in the care of private (non-NHS) patients and working in non-NHS settings

Background

Changes in healthcare delivery across the NHS are increasingly resulting in private providers offering services that NHS commissioners are restricting or decommissioning. The independent sector is therefore becoming a point of access for clinical experience and training opportunities.

In addition service providers in the NHS who are also local education providers for Health Education England (HEE) are augmenting their scope to include patients outside of the NHS framework and funding streams.

This includes inpatient, outpatient and community services:

1. To patients eligible for NHS treatment¹ but who choose to pursue healthcare privately.
2. To patients ineligible for NHS treatment eg patients from overseas coming to the UK for healthcare or falling ill and requiring healthcare during their time in the UK.

Various models exist for how patients' needs in non-NHS settings are met in-hours and out-of-hours including:

- Separately staffed and located units within Trusts
- Using NHS facilities outside of normal NHS hours eg outpatient clinics, operating theatres
- A fully integrated model of care where NHS and private patients are included in theatre lists, clinics, ward rounds and scope for routine and / or emergency cover out of hours.
- Non-NHS service providers

Implications for HEE's postgraduate trainees

Postgraduate medical trainees (HEE trainees) on HEE sponsored time-restricted programmes with specific curriculum requirements must be supported to maximise learning opportunities to meet those requirements and demonstrate and record that those requirements have been met. Equally trainees working under supervision in clinical placements contribute to service delivery as part of the practical experience they need to acquire to support their learning and training. Their training is resourced by the NHS and therefore the expectation has been that the NHS should be the beneficiary of any service they deliver. Hence the principle that trainee service delivery should be restricted to the NHS.

The exceptions to this rule are:

1. The model of Integrated Care that NHS England is supporting in selected Trusts where the financial strategy of the organisation is determined on NHS and private income. Within such organisations there are a range of delivery models with variable integration of private patients with NHS patients. However it should be recognised that there are collateral benefits where a fully integrated model exists. This is not just limited to the financial benefit of the wider NHS and Trust; consideration should be given to the benefits to training through the complexity and nature of the care delivered. Trainees

¹ Including military personnel

involved in units where the income generated from private practice is used to improve the quality of NHS patients, are informed of this principle as part of the organisation induction process.

2. Private providers offering services that NHS commissioners are restricting or decommissioning but which provide essential clinical experience necessary for a trainee to meet curriculum requirements such as plastic surgery procedures.

HEE is keen that its postgraduate trainees are enabled to gain maximum breadth of experience and exposure during training and therefore acknowledges that such opportunities for experience of rarer clinical presentation and procedures may be compromised if access to patient care in non-NHS settings is restricted.

Finally, under Good Medical Practice², any doctor “should take prompt action if you think that patient safety, dignity or comfort is being compromised” ie provide medical care to patients in an emergency whether they be NHS or private.

Principles

1. GMC quality standards for postgraduate medical education and training³ apply in all scenarios where doctors in postgraduate training are routinely deployed.
2. If requested an HEE trainees should respond to an emergency arising in a private patient by providing immediate support until the staff involved in that patient’s care are able to attend.
3. In all other circumstances HEE trainees may be involved in the care of private patients and NHS patients in non-NHS settings where there is an explicit benefit to their education and training. The individual training benefit should be agreed and logged in advance of their involvement with their educational supervisor. This includes routine assisting in theatre, clerking and phlebotomy.
4. Employee indemnity should cover the trainee for any private work both routine and emergency. If a trainee is required to be an employee in the independent sector in order to access the training opportunity their employer must ensure that the necessary indemnity is in place to cover their practice.
5. GMC standards must apply and LEPs must show they meet these standards in a manner that is equivalent to NHS LEPs and NHS patients. This includes the requirement for supervisors to be compliant with the GMC’s supervisor framework and, where relevant the training site must hold current GMC approval.

² http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp

³ http://www.gmc-uk.org/education/postgraduate/standards_and_guidance.asp

6. For NHS Trusts offering Integrated NHS and Private Services trainees should only be involved in the routine care of private patients (in hours and out of hours) when that care is delivered alongside that of NHS patients. In addition they should not be expected to provide routine care to patients located in separate parts of the hospital, nor should the level of care they are expected to provide be any different from that which they would provide for NHS patients.

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