

## **Training in the Private Sector**

### **JCST Guidance on Training Implications and Principles to Consider**

The private sector in the UK (and particularly in England) is taking a role in the delivery of care to NHS patients. Overall, this represents a small proportion of total NHS care. Nevertheless in some regions, in some specialties, for some procedures and under certain circumstances this can be a more significant proportion. When that is the case, the training opportunities that these cases represent need to be considered. At present, these opportunities can be poorly utilised. This guidance is intended to assist trainers and trainees to maximise training opportunities under such circumstances.

This guidance applies to trainees working in the private sector as part of their routine training within contracted hours and refers to the delivery of operative training when private sector providers or private patients are involved.

It does not apply to trainees acting as operative assistants to consultants in their own time. Neither does it apply to trainees undertaking independent private practice on their own; trainees are discouraged from undertaking such activity but, if they choose to do so:

- They must not compromise their responsibilities within their NHS posts
- They remain subject to all the requirements of the GMC on medical practitioners
- They must be clear to patients about their training status
- They are reminded that all regulatory, administrative, indemnity, revalidation (which must include fully declaring this activity in their Form R or equivalent), training and working time rules must be adhered to
- They are also reminded that they should reflect on the impact of this practice on their capacity for project work, exam preparation and personal / rest time.

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### **Circumstances**

The circumstances under which trainees may come into contact with private patients or practise in private facilities include:

- 1) NHS patients in a private facility
  - a) Where the facility is a separately commissioned provider
  - b) Linked to NHS services e.g. waiting list initiative
- 2) Private patients in an NHS facility
  - a) Integrated care alongside NHS patients
  - b) Care is geographically or organisationally separate from NHS patients
- 3) Private patients in a private facility
  - a) Undergoing care available in NHS
  - b) Undergoing care no longer commissioned by the NHS

## General Principles

Regardless of the circumstances some principles apply if trainees are to be trained:

- Indemnity<sup>1</sup> must be in place
- [GMC training standards](#) must apply
- The training programme must include the private facility and the facility itself must be [GMC approved for training](#)
- [Trainers must be recognised by the GMC](#)
- Training to be delivered should be agreed in advance
- Requests for emergency care must be responded to until the relevant staff can attend
- The trainee must work in accordance with their curriculum and stage of training, participating in Workplace Based Assessment, logbook completion and all other relevant practices
- Training in private sector facilities should be planned such that it does not increase stresses within NHS provision.

If trainees practise in private facilities there are other principles which also apply:

- The trainee should have any relevant non-admitting practising privileges
- All Occupational Health and other organisational requirements must be met (including codes of conduct)

## NHS patients in a private facility

- a) Where the facility is a separately commissioned provider
- b) Directly linked to an NHS service e.g. waiting list initiative:
  - A pre-existing agreement will be in place between the NHS commissioner and the private facility
  - This should include a contractual agreement that training will be provided for a specified proportion of operative cases. As an example, 50% of cases will be performed by the trainee with the consultant either as the scrubbed assistant or present in the operating theatre but unscrubbed
  - The formal agreement with the private facility should include a training component to the tariff to ensure this training commitment is met.

## Private patients in an NHS facility

- a) Integrated care alongside NHS patients:
  - Routine and emergency care equivalent to that of NHS patients is appropriate
  - Operative training may take place with the specific agreement of the patient under the direct supervision of the scrubbed supervising consultant.

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<sup>1</sup> HEE guidance on indemnity is available [here](#). Further advice will also be available via Medical Defence Organisations such as: the [Medical Defence Union](#) (MDU); the [Medical Protection Society](#); the [British Medical Association Support Service](#) (BMA); and the [Medical and Dental Defence Union of Scotland](#) (MDDUS).

- b) Care is geographically or organisationally separate from NHS patients
  - Arrangements for private patients in a private facility should apply

### **Private patients in a private facility**

- a) Undergoing care available in NHS
- b) Undergoing care no longer commissioned by NHS:
  - Trainees may be involved if there is benefit to their training and they are working under the direct on site supervision of the consultant
  - The level of involvement must be explicit and agreed in advance with the private facility and the patient
  - This involvement could include being the primary operator under the direct supervision of the scrubbed supervising consultant.

### **References**

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

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