

# Doctors in Training in the Independent Sector

How independent healthcare providers have supported  
NHS junior doctors through the pandemic and beyond



# Introduction

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The COVID-19 pandemic has put unprecedented pressure on healthcare services and has led to a greater degree of collaboration between the NHS and independent sector. Indeed, the sector has played an integral role in supporting the NHS to deliver care throughout covid, particularly through the national hospitals contract announced at the end of March 2020, with independent providers carrying out over 3.3 million NHS procedures in the year to April 2021.

Since this contract ended, the sector continues to provide significant support to the NHS, particularly through helping to work through the backlog of care resulting from the pandemic.

In addition to patient care, the independent providers have also played an important role by formalising and increasing the training of junior doctors within the sector. With the suspension of elective care in the NHS at the beginning of the pandemic, junior doctors who would normally have completed all their training in the NHS were no longer able to access the cases they needed.

While some training has always taken place in the independent sector, COVID-19 accelerated the work by the Independent Healthcare Providers Network (IHPN) prior to the pandemic to embed training within the sector. In September 2020 an announcement was made between IHPN, NHS England, Health Education England (HEE), and the Confederation of

Postgraduate Schools of Surgery (CoPSS) to significantly increase the number of trainees coming to the independent sector, allowing them access to the cases needed to meet their training requirements.

Since then, over 4,000 NHS junior doctors have undertaken their training in independent healthcare facilities and this report looks at what has been achieved in the last 18

months; what the challenges were and what was done to overcome them; and what still needs to be done going forward to improve training in the independent sector.

**“Over 4,000 NHS junior doctors have undertaken their training in independent healthcare facilities.”**

Taking into account the perspectives of many independent providers, Health Education England (HEE), Royal Colleges, trainees, and other stakeholders, this report also highlights the benefits to the sector of hosting trainees, as well as the unique benefits trainees receive from training in independent facilities.

# Successes of the independent sector Doctors in Training programme

## Access to training and clinical experience

Following the agreement<sup>1</sup> reached by IHPN, NHS England, Health Education England (HEE), and the Confederation of Postgraduate Schools of Surgery (CoPSS) in September 2020, there has been a significant increase in NHS junior doctors' access to training in independent providers with over 4,000 trainees working in the sector from 2020-2022. This access to independent sector facilities has played a critical role in enabling many trainees to continue to develop their skills and build their experience, and avoid falling behind in their training as a result of the pandemic.

Indeed, with the cancellation of significant amounts of planned care in the NHS due to the pandemic, the sector was able to offer valuable training opportunities for NHS junior doctors - particularly through its delivery of routine, non-emergency treatment which provides an ideal foundation for trainees.

This can be illustrated most clearly in orthopaedics, where a significant number of procedures that trainees need to become competent on - such as knee and hip replacements – are delivered by the sector (in a typical year independent providers carry out over ¼ of all NHS hip and knee operations). Ophthalmology is another speciality that trainees have benefitted from having access to the independent sector (almost half of NHS cataract surgeries now performed in the independent sector) with further opportunities for training in specialities such as radiology, anaesthetics, and endoscopy.

**“Despite the uncertainty and constantly changing advice in relation to Covid, my training (in the independent sector) was well organised and flexible for me to gain the greatest exposure and benefit. I was made welcome by every member of theatre personnel through the personal and friendly atmosphere I was surrounded by.”**

Therefore, while one of the many impacts of COVID-19 on the healthcare system is that many trainees were not able to gain the amount of experience they normally would, access to independent sector facilities has played a key role in ensuring trainees could continue with their training and development as much as possible.



<sup>1</sup> <https://www.hee.nhs.uk/our-work/doctors-training/guidance-placement-doctors-training-independent-sector>

## Strengthening of relationships between stakeholders

**Although trainees were able to access the independent sector in some areas prior to COVID-19, the pandemic created an urgent need for more widespread access.**

Facilitating this access required a broad range of stakeholders to come together, providing an opportunity to build and further develop relationships across the whole of the healthcare system to help improve training. A committee on training in the independent sector was formed by HEE and includes all three Surgical Royal Colleges, the Royal College of Anaesthetists, the Royal College of Ophthalmology and the Royal College of Obstetrics and Gynaecology.

A number of trainee groups, such as the Association of Surgeons in Training (ASiT), attended, and there is also a trainee representative. IHPN have also been a key partner and advice has also been sought from the Care Quality Commission (CQC) and NHS Resolution. This committee has worked through a variety of issues, such as potential regulatory issues and indemnity for trainees and tariffs, to enable training to go ahead in the independent sector, and it continues to work towards expanding training in the independent sector. These relationships have undoubtedly established strong foundations for further long term collaboration to both increase training in the sector and improve medical education overall.



## Safe, quality care provided to patients

**Studies indicate that having trainees improves, rather than hinders, patient safety.<sup>1</sup>**

Reasons for this include trainees providing an additional set of eyes to pick up on any potential safety issues, that they have recent training on safe care and are up-to-date with best practices, and are typically diligent, hardworking additions to the care team.

Recent evidence has shown that care provided to NHS patients in the independent sector is at least as safe as care provided in the NHS<sup>2</sup>, indicating that the introduction of trainees into independent providers should have no detrimental impact on patient safety, and will contribute to the continued delivery of high-quality, safe care.

**“Under the supervision of Consultants, I operated daily on a range of orthopaedic conditions from daycase hand and foot surgery to joint replacement procedures. Not only was it great practical experience but I learnt a lot about teamwork, management and the broader culture of healthcare.”**

<sup>1</sup> Mid Staffordshire NHS Foundation Trust Public Inquiry. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary. Retrieved from <http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>

<sup>2</sup> Bottle A, Browne J. Outsourcing care to the private sector: some reassuring evidence on patient outcomes. *BMJ Quality & Safety* Published Online First: 22 October 2021. doi: 10.1136/bmjqs-2021-014349

# Challenges in rolling out the independent sector **Doctors in Training** programme



## Administration

**One of the most significant barriers for trainees to access the independent sector is the administrative burden when moving between sites.**

Providers need to be able to demonstrate that they are compliant with CQC schedule 3, which requires that providers check trainees' information including identification<sup>3</sup>. CQC was able to streamline this process so that providers only needed to see training-related information, but trainees and administrators continued to report having to process large volumes of paperwork to be able to go to independent sites which often delayed or prevented access to training opportunities.

Although it is crucial that providers ensure that appropriate governance processes have been followed for trainees at their sites, a significant proportion of the paperwork and checks required are duplications of what has already been done for other training placements, and the process could likely be considerably streamlined without any consequences for quality and safety. More coordination and information sharing is needed to enable trainees to move more easily between sites and access training opportunities in the independent sector, and work to put this into practice is already underway



## Timetabling

**Timetabling can be another barrier for accessing training in the independent sector.**

Requests to have trainees come to independent providers were sometimes done with short notice, making it more challenging to fit them into existing schedules and ensure that employment checks were undertaken.

Arrangements were sometimes on an ad-hoc basis, and including the independent sector as part of the Doctors in Training rota would make bringing trainees into the sector much easier. Having a more comprehensive system that provided more advanced notice of when trainees were attending independent providers would also make it easier to ensure paperwork was processed in time.

<sup>3</sup> UK Parliament SIs 2010-Present/2014/2901-2950/Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936).



## Indemnity

**Ensuring that trainees were indemnified for their work in the independent sector was a significant issue that needed to be resolved to allow trainees to access training opportunities in the sector.**

Thanks to the collaborative work of stakeholders, it has been confirmed that NHS trainees who work in the independent sector as part of their NHS training are covered by NHS indemnity when working with NHS-funded patients. Privately funded patients are not within the scope of Doctors in Training so trainees' indemnity does not extend to these patients; they can only participate in these cases as a surgical first assistant, a different role for which providers are required to do separate checks.

For providers whose workload contains a high proportion of NHS patients this is less of an issue, as they will likely have lists that are solely comprised of NHS work that trainees can access. But other providers with a larger proportion of private work will likely have mixed lists, creating a situation where Doctors in Training might only be able to work as a trainee on some cases and must switch to acting as a surgical first assistant for others. For these providers, a different process, including separate admin checks, is needed, and which requires additional planning.



## Communication

**Better communication between providers and trainees about the availability of placements in the independent sector would ensure more trainees were able to access this training.**

Some organisations working with trainees reported that trainees were very keen to access training in the sector but could not find any opportunities, while at the same time some independent providers said that they were very eager to accept trainees but could not find anyone who was able to take up available training opportunities. More coordination and communication between providers and training organisations, therefore, could likely result in much more access to the sector, benefitting both trainees and independent providers.



## Data and feedback

**Both providers and training organisations recognised that not enough data and feedback is being currently collected on trainees' experiences in the independent sector.**

Better and consistent feedback mechanisms would help provide assurance that they are meeting the needs of trainees and that training is meeting required quality standards. Regular data collection about how many trainees are accessing the sector and where they are accessing training would also make it easier to coordinate training in independent providers and identify areas where access could be expanded.

There are examples where feedback has been collected from trainees and this has helped identify some of the issues around access to the sector, but it would be beneficial if feedback was organised comprehensively across the system and was consistent with the way data is collected in NHS placements.



## Perceptions about the impact of trainees in the independent sector

**Some of the perceptions about the impact of hosting trainees could be potential barriers for trainees to access the independent sector.**

Concerns about the impact of trainees on productivity, particularly when providers are trying to efficiently process large volumes of NHS work to address the backlog of care caused by the pandemic, was suggested as a possible reason why some providers may not want to host trainees. The complex reimbursement framework embedded within the tariff, and how this works differently in the independent sector compared to the NHS, were also seen as a possible deterrent for independent providers to take on trainees.

While trainees being onsite can increase costs for providers, both through the additional administrative burden and lengthening the time a procedure takes and decreasing productivity, many providers expressed a view that the potential impact of trainees on productivity would not deter them from hosting trainees and that the benefits of having trainees outweighed any impact on productivity.

As with some of the challenges previously mentioned, open communication between independent providers and training organisations and a strategy that took account of these issues would ensure clarity between parties and limit the impact that preconceptions about trainees have on access to opportunities in the sector.



## Cultural differences

**Cultural differences between the NHS and independent sector were seen as a potential difficulty for trainees and providers.**

Independent providers who are introducing training in their facilities have had to work to adjust and accommodate having trainees, while trainees who had previously only worked in the NHS were required to adapt to different ways of doing things in the independent sector. For example, accommodating more people in a theatre space than usual was one challenge that providers had to work through, while some trainees reported that it was challenging to work with staff who were not used to working alongside trainees.

Despite these challenges, trainees have reported having very positive experiences with independent providers and appreciated the opportunity to have first-hand experience of a different part of the healthcare system. As trainees continue to work in the sector, it is likely that many of these initial difficulties will be resolved through experience.

# Benefits to trainees and the sector

It is evident that there are many ways that Doctors in Training in independent providers is mutually beneficial to trainees and the sector. Trainees are typically highly adaptable with strong work ethic and are very eager to learn, making them valuable members of the care team.

Having trainees move between the NHS and independent sector is also one way to help share cutting-edge knowledge and innovation around the healthcare system. Building relationships between trainees and the sector is beneficial for future recruitment and career development, which is an asset to both trainees and providers.

Trainees can look to the independent sector to access great learning opportunities, particularly as the sector plays a significant role in processing the backlog of care caused by COVID-19. These are some of the ways that training in independent providers is a win-win situation, for trainees, providers, and the healthcare system as a whole. Trainees are the consultants of the future that will be working in both the NHS and independent sector, and it is right that independent providers contribute to their training.

## Benefits to trainees:

- Access to cases in high-flow, efficient practices
- Able to continue their training even when elective care is suspended in the NHS
- Developing a better understanding of the independent sector
- Gaining experience that is broader than just the NHS and encompasses the entire healthcare system
- Learning about skills and good practice that are specific to independent providers
- Building relationships with the independent sector that will aid in career development
- Alternative career paths
- Seeing first-hand how the NHS and independent sector work together

## Benefits to the Independent Sector:

- Trainees are eager to learn and work hard and bring lots of energy
- Trainees are very adaptable and open to new ways of doing things
- They can bring new ideas and share good practice they have learned in other placements
- Helps to drive a 'one health system' approach
- Demonstrates the sector's commitment to training
- Having trainees supports high quality, safe care
- Ensuring that junior doctors have sufficient training opportunities will help support the workforce of the future



# Looking forward

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Although a great deal of progress has been made over the past year in providing trainees the opportunity to work in the independent sector, a number of areas were identified that would address some of the barriers to accessing training in the sector and improve the experience for both trainees and providers.

## Information sharing

**A national Clinical Information Sharing System (CISS) solution is currently in development which will offer a “single point of truth” for trainees and allow credentials and other information required to facilitate their placement at an independent provider to be shared - helping avoid having to duplicate paperwork.**

This system will increase the mobility of trainees while ensuring governance requirements are adhered to. The CISS – which HEE have agreed to part fund - will also allow for better data collection concerning where trainees are accessing opportunities in the independent sector, which will help to optimise quality and utilisation of independent provider placements.

In addition to the CISS, both the NHS and Department of Health and Social Care (DHSC) have begun work to develop a digital staff passport. The aim of the passport is to increase staff mobility in the NHS and between the NHS and independent sector. Although this work is in early stages, both the teams from NHSE and DHSC have stated that they plan for the passport to be applicable to trainees.



## Data collection

**Collecting more comprehensive data and feedback from trainees on their experiences will be crucial to ensuring training in the independent sector is of a high-quality.**

The independent sector can use established standards from the NHS to measure training quality. The sector could also participate in existing training surveys to collect information, such as the National Training Survey (NTS) conducted annually by the GMC and the National Education and Training Survey (NETS) conducted by HEE twice per year. IHPN has begun work with HEE to include questions about accessing training in the independent sector in the next NETS survey, and will continue to explore this avenue of collecting data about training in independent providers.

## Planning and communication

**A lack of advanced notice and pre-planning of rotas has caused some difficulties in bringing trainees into the independent sector.**

Work to identify the existing capacity of the independent sector to host trainees and where that can be expanded would be helpful in order to maximise trainee access to the sector. Once it is understood where the learning opportunities are, these need to be better communicated so that trainees can take up these opportunities.

Strengthening training partnerships with NHS Trusts would also allow for more advanced planning and, therefore, increased ability to accommodate training in the independent sector. However, organising trainees in the sector from system-wide level rather than relying only on local partnerships would also be welcome to minimise regional variation in the ability to access training in the independent sector.

Communicating the benefits of training in the independent sector and that providers are happy to welcome trainees would also help to encourage more trainees to consider and look for opportunities in the sector. Information about the benefits of training in independent providers for both the sector and trainees should be widely disseminated widely across the healthcare system.



# Conclusion

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Given the workforce challenges across the whole healthcare system, it is more important than ever to ensure enough doctors are being trained to meet the needs of patients both now and in the longer term. A failure to train an adequate number of doctors today will have significant consequences for the healthcare system of tomorrow and ensuring that junior doctors have sufficient access to training in a variety of settings will help ensure that care is safe for patients, regardless of where they are treated.

As demonstrated during COVID-19, the independent sector can and should play an important role in delivering training opportunities to NHS junior doctors, and indeed the sector, were critical in ensuring many thousands of Doctors in Training could continue their learning and development throughout the pandemic and support the delivery of high quality care to patients. This followed significant work from a wide range of healthcare stakeholders including independent providers, NHS England and HEE - establishing strong foundations for further long term collaboration to both increase training in the sector and improve medical education overall.

This report has detailed the successes, as well as the challenges and opportunities, around increasing training in the independent sector over the past 18 months.

While there is still much to do – particularly around taking a more system-wide approach to communication and data sharing around trainees – it is clear there has been a welcome cultural shift with training seen as the responsibility of the whole healthcare system, with a recognition of the widespread benefits of having the independent sector as a training provider.

Looking forward, we need to continue building on the achievements of the past year with all parts of the healthcare system playing their part in continuing to improve medical training for the long term.



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- Spire Healthcare
- Nuffield Health
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