



Independent Healthcare  
Providers Network

# In Train

A review of training in the  
independent healthcare sector



## Introduction

The Independent Healthcare Providers Network (IHPN) is the membership network for independent providers in the UK. We have over 100 member organisations covering a broad range of service types and delivery models – from acute care hospitals, to community-based services, to diagnostic testing and providers of insourced medical teams.

This short report presents the findings of data collection carried out by IHPN, looking at the clinical training taking place in independent sector healthcare.

This is the first time that such data has been compiled and published, but we intend to repeat this study annually from now on.

There are two key drivers for this work:

- The NHS Long Term Workforce Plan commitment to extending clinical placements within the independent sector
- The Prime Minister's Elective Recovery Taskforce commitment to establishing baseline data on training

and apprenticeships in the independent sector

Additionally, there is a common misconception that little or no clinical training takes place in the independent sector.

While further progress still needs to be made, the data presented here shows the extent and breadth of clinical training currently taking place in independent healthcare settings. Independent sector providers are committed to making a significant contribution to training the next generations of healthcare workers.



## A note on data

This report represents the first time that data on clinical training in the independent sector has been compiled on this scale.

Through its work with the Taskforce, IHPN has committed to repeating this data collection annually, iterating on these findings and beginning to track trends and identify areas for improvement.

While the absolute number of trainee nurses and junior doctors within NHS England is known, limited routine data on training within the NHS is published making comparisons with this dataset challenging.

Further, it should be noted that while independent providers employ most of their clinical staff, this is not the case for consultants – consultant doctors typically provide services for independent providers under Practising Privileges arrangements.

In terms of understanding workforce and training, this arrangement presents a challenge as some consultants work with more than one independent provider, and, in almost all cases, any training they undertake will be carried out through their Trust.

Finally, because of the type of services delivered by the IS, very few junior doctors routinely work with the sector – medical services within the independent sector are overwhelmingly consultant-led. The data in this report is specific to England only, unless otherwise noted. Overall, IHPN



This report has been driven by work from the Prime Minister's Elective Recovery Taskforce

received 29 validated responses from members, with the providers represented between them being responsible for approximately 90% of all NHS-funded independent sector activity by volume. The largest respondent employs more than 15,000 clinical staff across the UK, the smallest employs 80.

## The Independent Healthcare Sector

Across England, there are more than 4,500 registered sites where health and social care is delivered by independent providers.

IHPN members operate more than 2,400 of these sites – including 408 hospitals and acute care services, 310 diagnostic services and 441 primary and community services. Of the IHPN member sites that have been rated by the Clinical Quality Commission (CQC), some 94% are classed as either good or outstanding.

In 2022/23, the independent sector delivered around 4.5 million operations, diagnostic test and outpatient appointments for NHS patients.

Independent providers delivered 3.5 million diagnostic scans and tests, and, overall, more than 2.2 million acute patients were treated within the sector – some 1.4 million of those funded by the NHS, and another 820,000 either paying privately or being treated via private medical insurance.

**Workforce**

In total, the UK independent healthcare sector employs around 150,000 people, with approximately 80,000 of those being clinical staff.

Survey respondents between them employ some 19,047 nurses, 3,481 radiographers, 3,353 physiotherapists and 8,531 other allied health professionals.

The number of doctors working within the sector is harder to state completely accurately because, as noted above, many consultants work in the sector via Practising Privileges arrangements, and are

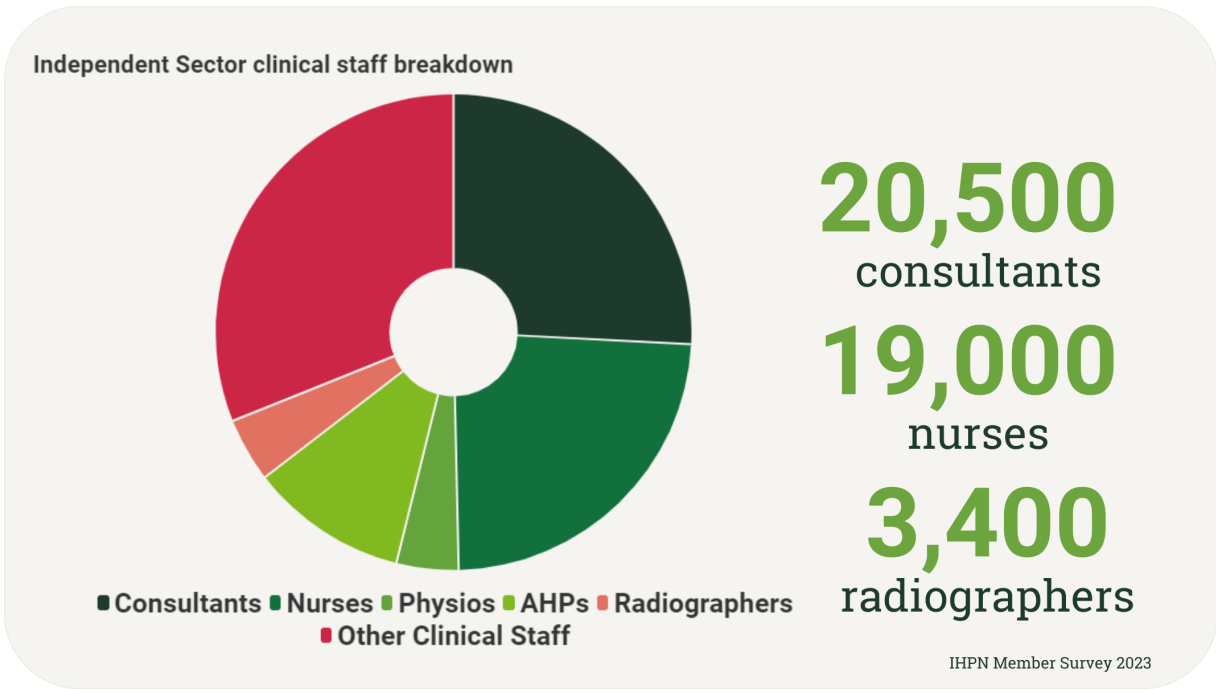
employed by an NHS Trust. Some consultants will have Practising Privileges arrangements with an independent provider, but carry out little, if any activity, while others may deliver activity for more than one provider.

We estimate that approximately 20,000 consultants work within the independent sector – alongside 698 Registrars, Clinical Fellows and Resident Medical Officers and 651 GPs (employed by providers, rather than those operating through the GP contract).

Survey respondents identified fewer than 100 junior doctors working primarily within the sector.

**Training**

In total, our members reported training a total of 15,036 learners in the 2022/23 financial year – a ratio of about one learner



for every five clinical professionals working in the sector. Included within the training numbers are a total of 11,246 placements - 109 doctors, 5,058 nurses, and 6,079 other clinical staff.

Two providers additionally reported that they have now started taking doctor placements in the 2023/24 financial year.

Placements are a critical measure for the sector in gauging its contribution to the overall training of the healthcare workforce,

## Case study

### Connect Health Group

Connect Health Group's Graduate Development Programme and Accelerated Development Programme is an immersive 15 month talent pathway for graduate to senior MSK clinicians.

The programme blends targeted study days, online and peer learning, supervision and clinical practice.

as they give medical students the practical experience that sits alongside their academic development.

The Workforce Plan has identified the need to deliver more placements within the independent sector, and, it is clear that within nursing, the sector already delivers significantly in this area.

**Last year more than 15,000 clinical nurses were trained by independent sector providers**

### Doctors in Training

A key challenge for the sector is increasing the amount of junior doctor placements that take place within independent healthcare settings. In 2022/23, members reported delivering training for 333 doctors, including 109 placements – of which 69 were made via the Doctors in Training scheme.

The sector additionally supported 21 learners through graduate training programmes, and 243 other clinical training opportunities (NB: here and elsewhere in this report total learners and individual training routes may not tally as some learners will be counted via multiple training routes)

The 69 placements via Doctors in Training represents a potentially significant reduction from the 2020-22 period, when approximately 4,000 trainees undertook training within the sector.

While a portion of this change is accounted for by a change in data collection methodology, a more telling contribution is the shift in training (and activity) post-covid.

Throughout 2020/21 and into 2021/22 significant volumes of junior doctors worked within the independent sector as a result of the shift in activity within NHS facilities due to covid.

The arrangements made through the national hospitals contract entailed a significant volume of training that would ordinarily have taken place at NHS Trusts fall to the independent sector instead. This shift has now been largely reversed as systems revert to business as usual.

While the volume of learners within the sector due to pandemic-era arrangements was artificially high, providers are concerned at the drop off in trainees accessing the sector over the past 12 months – particularly given the changing delivery patterns in certain specialties such as in ophthalmology and orthopaedics.

IHPN and providers are already working on addressing this – the Electoral Recovery

Taskforce recognised the ongoing work on Doctors in Training that IHPN is conducting with NHS England (Health Education England as was) and various Royal Colleges to smooth the pathway for training within the sector.

Training doctors within the sector does present a number of logistical challenges due to the differences in delivery of care within the sector compared with the NHS.

In ophthalmology for example, specialist providers do not necessarily offer the same range of procedures as would an NHS Trust, and so it may be necessary to explore offering split placements between multiple providers in order to give trainees exposure to the complete range of activity that they require to meet their needs.

**Nurses and other clinical staff**

For nurses, members reported supporting some 5,033 learners in 2022/23 – including



**1 nurse in training for every 4 working in the independent sector**

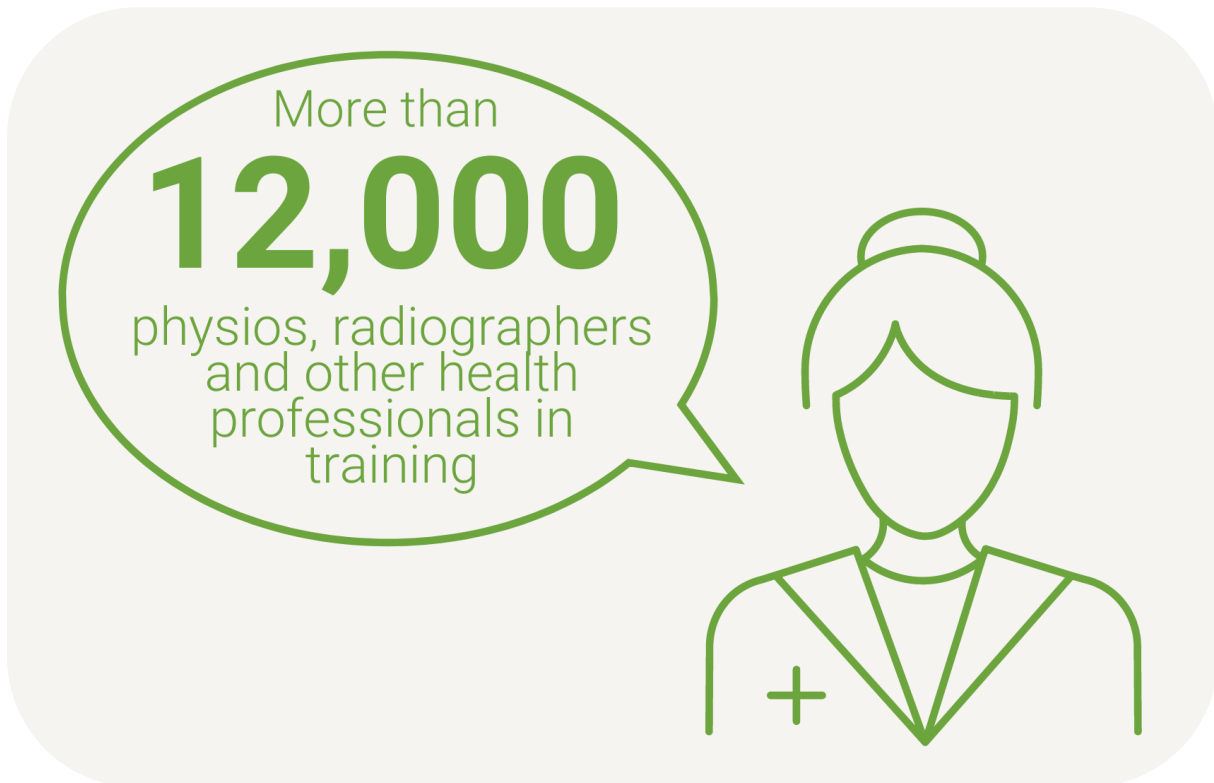
5,098 separate placements, and 302 graduate training programmes.

Overall, the sector has one nurse in training for every four nurses employed.

For England as a whole, around 30,000

## Apprenticeships

Apprenticeships are an increasingly important route to bring additional personnel into the health workforce. In contrast to traditional full-time higher education and training routes,



trainees enrol on a nursing course in the UK each year – compared with a total nursing workforce of more than 700,000.

For other clinical staff categories, in addition to more than 6,000 placements, members delivered 1,020 graduate training programmes, and 10,322 other clinical training programmes for a total of 12,185 learners supported.

Overall, for non-nurse, non-doctor clinical professionals, one person was in training in the sector in 2022/23 for every three people employed.

apprenticeships can be significantly more accessible to people from traditionally under-represented backgrounds, allowing learners to combine work – and an income – with study as they progress towards a clinical qualification.

Currently, a wide-range of NHS apprenticeships are already available – including for nursing associates, registered nurses (degree apprenticeships), and in podiatry, pharmacy and dental nursing. From 2024, NHS England will also be piloting a medical degree apprenticeship to add additional training routes for doctors.





# 1,045

clinical apprenticeships delivered by independent sector providers in 2022/23

Between them, the respondents to the survey delivered 1,045 clinical apprenticeships in the 2022/23 financial year. Of these, 202 apprenticeships were for nurses and nurse associates, with 843 for other clinical staff, including physiotherapists, health and care support workers and other allied health professionals.

In total, we estimate that the independent sector offers one apprenticeship for every 57 clinical staff employed. This proportion (1.7%) is in line with the last reported NHS apprenticeship statistics (1.6% of employees starting a new apprenticeship in 2020/21).

While this baseline is encouraging, it does mask significant inconsistencies across the sector – with the majority of apprenticeships being delivered by a small handful of providers.

The most prolific user of apprenticeships among respondents has one apprenticeship for every 15 clinical employees – largely through a significant offer of nurse apprenticeships. Overall,

fourteen respondents (48%) reported not employing any apprentices during 2022/23.

According to the NHS Long Term Workforce plan, currently 9% of registered nurses currently qualify through apprenticeship routes within NHS providers – with the exception of a small handful of providers, the independent sector falls significantly below this currently. The long-term ambition set out in the plan is for this to reach 28% of all new nurses qualifying via apprenticeships by 2031.

Overall in 2022/23, apprenticeships represented approximately 2% of all nurse

### Case study: InHealth

**InHealth is the first independent provider to have British Society of Echocardiography training accreditation for Echocardiographers and is the only IS provider accredited as an apprenticeship organisation delivering mammography training.**





training within the independent sector – although our data cannot distinguish between training for new entrants and further learning for already qualified nurses.

For other clinical professionals, apprenticeships represent approximately 5% of all training within the sector, albeit with the same caveat.

### Funding

One area identified by respondents as a factor in expanding the independent sector training offer is that of funding. Funding is

**Just 42% of respondents reported having received any funding to support training**

available to support training in some instances – for example the apprenticeship levy and NHS England Placement funding.

However awareness of these funding routes could be improved – just 42% of respondents reported having received any funding to support training, despite all 29 respondents having delivered some form of clinical training in the past year.

Any provider who delivers NHS care via the NHS Standard Contract has an obligation to support with training, and NHS Tariff prices contain an element supporting the delivery of training.

Given the challenges with accessing funding identified by members, and the dramatically increased need for training identified in the Workforce Plan, we would be keen to review the current funding model to ensure that it remains fit for purpose as delivery of training evolves over the coming years.

## Expanding the IS Training Offer

When asked whether they would be willing to offer more placements to NHS doctors, nurses and other clinical professionals in training, members overwhelmingly responded positively – providing the correct support is put in place. Largely, the support needs identified are practical rather than financial – administrative support for smaller providers, for example.

In general, independent providers encounter challenges in delivering training not otherwise facing NHS Trusts. One provider, for example, found that release time away from clinical practice to attend training for both learners, supervisors and mentors was much more difficult to coordinate with independent settings.

Differing care delivery models also represent a significant challenge in the delivery of training. Community care providers, for example, find that having opportunities for staff to be in attendance to access training, can be challenging. To overcome this, one provider has adopted a hybrid model of in person and virtual (synchronous and asynchronous) training

– but this requires additional resource to coordinate.

Conversely, single specialty providers may struggle to offer training places due to the nature of their business. One provider notes that they are unable offer exposure to the areas needed to satisfy the Knowledge and Skills Framework for degree level apprenticeships for nurses and operating department practitioners. They suggest that a network of providers offering reciprocal placements is one possible solution.

There are also challenges that are shared between independent and NHS providers – on apprenticeships, for example, minimum maths and English requirements have hindered uptake on a number of clinical apprenticeship programmes and disadvantaged applicants without these qualifications.

More focus on how employers can support and signpost learners to functional skill Level 2 courses could help address this, and support greater diversity of applicants. Similarly, a number of providers note that a lack of academic capacity or specialty-

### Case study: Alliance Medical

**Starting in 2020, and now on its 3rd enrolment cohort, Alliance Medical partner with the University of Cumbria on a Foundation degree Radiography route for Assistant Practitioners. All of the learners have been existing health care assistants from within the business – from the first cohort, who qualified in 2022, six have enrolled on the Radiography bridging course to enable them to complete their Radiography degree.**

## Case study: Specsavers

To address demand from colleagues for a more flexible approach to training and the need for a more flexible workforce, Specsavers has developed a "Modular" approach to in-service training for clinical technicians and assistants in optometry and audiology. What were previously single multi-year programmes for each specialty now comprise a mandatory core module with a number of role specific modules which allow colleagues to specialise and practice in a single clinical role more quickly, re-specialise in a different role at a later date and/or develop a portfolio of roles over a time.

specific apprenticeship programmes are a barrier to delivering more training – radiography and audiology being two specific specialties where demand outstrips academic capacity.

Finally, the need to be able to ‘passport’ training and clinical experience was widely identified as a key barrier to further development of the sector’s training offer— while also remaining a challenge for NHS providers.

## Case study: Newmedica

Newmedica’s innovative clinical programmes enables colleagues without any prior clinical experience to bring their knowledge from other sectors and develop a career in healthcare – including roles such as Ophthalmic Technicians, Scrub Technicians, and Clinic and Theatre Assistants. Their ambition is to support the training and development of the workforce across all the staff groups required to run services and contribute to the development of the healthcare workforce.

### Innovation

As well as supporting the health system with placements for learners, many independent providers also offer their own unique training and development programmes.

These are often highly additive – bringing people into the healthcare workforce who might otherwise not have pursued a career in the sector, and delivering a mix of skills and experience that are not offered through other, more traditional training routes.

As well as enhancing the independent sector workforce, many people who enter healthcare through these routes go on to work for NHS providers as well.



## Next Steps

This report represents a significant step forward in the conversation about clinical training in the independent sector, presenting for the first time a comprehensive picture of what learning is taking place in independent healthcare settings.

As noted above, IHPN will be updating and developing this dataset annually, providing a high-level overview of the training offer in the independent sector, and using it to help shape targeted improvements and support for accessing and delivering training.

The sector can be proud of the training offer already in place for nurses and allied health professionals, and over the coming year IHPN will explore ways of sharing best practice on some of the innovative, non-traditional training routes being pioneered in the independent sector for critical roles within the multidisciplinary team.

Members are committed to developing their offer for nurses and AHPs further still

and are working with NHS England to identify gaps in provision and find ways to enable more vital placements in the sector.

IHPN and its members will also continue to engage with NHS England, Royal Colleges and training deaneries to seek ways to increase the number of doctors who are able to access placements in the sector, building, wherever possible, on the best practice examples already being put in place by providers.

Lastly, there are a number of practical steps that can be taken to address specific technical barriers to expanding training.

Examples given above – exploring reciprocal placement arrangements, developing a training and development passport, and expanding academic capacity and increasing support for maths and English functional skills could open the door for even greater training volumes to take place within the independent sector, and IHPN is committed to working with NHS England and DHSC to identify and resolve these barriers wherever they exist.