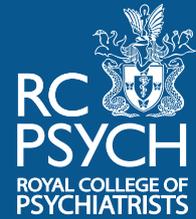


# Training Governance in the Independent Sector

## (Lead Employer Model)



## Foreword

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Workforce shortages in Psychiatry and mental health are sadly, the norm across the world. It is estimated that there is a shortage of 100,000 psychiatrists in the world and in the UK, senior level vacancies of 10-15% remain persistent.

One silver lining has been the strong recruitment figures in Psychiatry on the back of the successful Choose Psychiatry campaign run by the Royal College of Psychiatrists. While 100% fill rates and a significant increase in the number of core training places are welcome, they have placed great stress on educators and educational capacity within local education provider organisations; namely Trusts, Health Boards, and similar institutions across the four nations of the UK.

There is an urgent need to increase training capacity, particularly in areas of clinical need such as addictions, eating disorders and neurodevelopmental disorders. However, significant proportion of clinical services are now provided in the private or independent sector especially in intellectual disability, rehabilitation psychiatry, forensic psychiatry, addictions and in-patient CAMHS services.

There are structural barriers, both policy-related and operational that come in the way of providing resident doctors the best training opportunities, individualised to their learning needs. This document has been developed as a support tool, to aid in the structured and safe integration of resident doctors into training placements within the Independent Sector under the Lead Employer Model.

While the flowchart and accompanying governance framework serve as a useful guide for establishing clear educational and clinical responsibilities, implementation must remain driven by the training needs of the resident doctor and the service demands of the local population.

It is essential that any Independent Sector placement is embedded within an approved training programme and rotation, ensuring that it complements, not replaces, training opportunities within the NHS. This alignment safeguards educational continuity, equitable experience, and progression toward curriculum competencies.

The Royal College of Psychiatrists recommends that all on-call duties remain within the NHS, to ensure parity of experience, clinical safety, and consistency of supervision across services.

The aim is to promote a consistent, quality-assured approach to training governance that ensures compliance with GMC standards and Health Education England (HEE) [guidance](#), while recognising the diversity of Independent Sector settings and the need for context sensitive flexibility.

References to national guidance reflect materials published by Health Education England prior to organisational transition. The principles remain relevant and are applied in alignment with current and emerging postgraduate medical education structures.

This tool should therefore be read as an enabler of collaboration, not a fixed template, but as a framework that supports equitable, safe, and effective training experiences wherever Independent Sector placements occur.

**Professor Subodh Dave**  
Dean of the Royal College of Psychiatrists

## We would like to thank contributions from the following colleagues;

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# Process Overview



“This model aligns with HEE (2025) ‘Guidance for placement of resident doctors in non-NHS settings’ and Independent Sector Framework. Ensures equitable supervision, GMC compliance, and joint governance under the Lead Employer Model.”

# Governance Relationship



“Governance model ensures that Independent Sector placements operate under NHS-led educational governance with shared responsibility for quality, supervision, and resident doctor wellbeing.”