

**Top Tips Series:**  
Considerations for FRTs  
delivering training outside  
their place of work

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# Consideration for FRTs delivering training outside their place of work

## 1. Supply of medication or device for non-prescribers

- a. Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber. You may only work within an organisation's PGD if you have been authorised to do so. If you are working within the PGD you are responsible for assessing that the patient fits the criteria set out in the PGD.
- b. The supply and/or administration of medicines under a PGD cannot be delegated – the whole episode of care must be undertaken by the health care practitioner operating under the PGD. This means that even if the person you are training can operate under a PGD, but you are not also employed by that organisation, you cannot use their PGD to administer medication. Please note, a person in training cannot operate under their PGD until already trained.
- c. If you are delivering training outside of your usual place of work, you should ensure that any medication (e.g. local anaesthetic/implant/IUS) is prescribed for the patient by a prescriber in that location, for example through a patient specific direction (PSD). With PSDs, the patients must be individually named and assessed by the prescriber who must have adequate knowledge of the patient's health.
- d. Copper IUDs do not require a prescription as they are not classed as devices and are not a drug; nevertheless there should be a protocol or standard operating procedure in place.

## 2. Indemnity

- a. It is important to check whether you are covered by your indemnity arrangements if you are:
  - i. working outside your usual place of work
  - ii. working under a different contract by a different employer (e.g. Pharma)
  - iii. fulfilling duties that are not part of the terms of your usual employment contract
  - iv. seeing private patients.
- a. Make sure you read through your contracts carefully.
- b. The FSRH cannot comment on individual circumstance or give further advice in this matter.
- c. We suggest you seek advice from your trust legal team or your usual indemnity provider and consider the information contained within the following schemes:
  - i. Clinical negligence scheme for trusts (CNST) – if you are employed by a trust
  - ii. Clinical negligence scheme for general practice (CNSGP) – if you are employed in primary care
  - iii. Royal college of nursing (RCN) indemnity scheme.

### 3. Practicalities – remember your usual standards of care should apply even if you are not in your usual place of work:

- a. Clinic appointments and workload– you may wish to recommend in advance the overall length of your training session, the number of patients that you are willing to see within one session and the length of each consultation.

Our [FSRH Service Standards for Workload in Sexual and Reproductive Health Services](#) recommend a minimum consultation time of 30 minutes in clinics designated for training and assessment purposes. You might suggest that patients are informed at time of booking that they are to be seen in a training clinic and obtain their consent for a trainee to be present.

- b. Clinical environment and room layout – consider the general set-up of where you will be delivering training.
  - a. Is there adequate lighting?
  - b. Is the couch appropriate?
  - c. Can you ensure patient confidentiality?
- c. Safety and risk management– How would you call for help in event of emergency? Do you have access to emergency drugs or resuscitation trolley in event of anaphylaxis / vaso-vagal reaction?
- d. Equipment – is the minimum required equipment available? Send through a list of what you require in advance to clarify what they do and don't have and whether any variation is acceptable; ensure all required PPE is available.
- e. Paperwork/ electronic record keeping – ensure you agree with the trainee who will be responsible for documentation of the consultation and the procedure as there must be accurate records in line with [FSRH Service Standards for Record Keeping - July 2019](#).
- f. Chaperones – although you may not require an additional chaperone when training, it is worth reminding IUT trainees that the FSRH recommend having a trained assistant present during IUC procedures.
- g. Governance and safeguarding – you must be aware of local reporting processes should an incident or adverse event arise. Determine who is available should you have any clinical queries and how you would report or escalate any concerns. If you are working for a peripatetic training programme but conducting training within a local GTP, it is courteous to inform a local GTPD that you are doing so.

<b>Checklist prior to providing training outside your usual place of work</b>	
<b>Before your first session</b>	
1. Be clear on who is employing you to deliver the training – check the terms of your contract	
2. Ensure you have indemnity cover	
3. Ensure there is a mechanism for legal supply of medication	
4. Send the place of training a list of equipment required for the procedures	
5. Find out how the lists will be booked – length of session, length of appointments and number of patients, nature of planned procedures	
6. Advise that patients are informed at time of booking that this is a training clinic	
7. Be aware who you can contact for clinical advice. If you are employed by a peripatetic programme you should have the details for the GTPD of that programme as well as the GTPD for the local area ( if there is one).	
<b>On the day of your session – check the following:</b>	
1. All meds have been prescribed in advance	
2. Emergency drugs and resuscitation trolley location	
3. How to summon for help if necessary	
4. Room layout	
5. Lighting satisfactory	

6. Couch – mechanics and load limits	
7. Trolley and equipment availability	
8. PPE: gloves/ apron / visor	
9. Record keeping– who will write in notes	
10. Availability of chaperone / interpreter if necessary	
11. Who is available locally for advice or support	
12. Verbal consent obtained from patients for training to take place	

## References

1. <https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>
2. <https://www.sps.nhs.uk/articles/patient-specific-directions-qa/>
3. <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/>
4. <https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice/>
5. <https://www.rcn.org.uk/get-help/indemnity-scheme>