FREE PRINTABLE PACK · SECTOR WORKING PRACTICES

Working practices in healthcare

How control, substitution and pay usually look in healthcare, what undermines a self-employed arrangement, and the routes that come up.

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How the work usually looks

- Clinical work is supervised and governed by the trust's or provider's own protocols.
- Shifts are set by the rota; there is rarely any real right to send someone else.
- Equipment and premises belong to the client.
- Frameworks usually set the pay route, and most require PAYE.

What tends to undermine self-employment

- Control is built into clinical governance, so arguments for self-employment are hard to sustain.
- Named-person bookings through a framework with no substitution in practice.
- Working within the ward team, on the same terms as employed staff.

Compliance points particular to the sector

- Check the framework's payroll terms before placing: many name approved routes.
- Public sector clients decide status themselves and must give a status determination statement.
- Hold professional registration and right-to-work checks with the payroll record.

Routes that come up

Healthcare routes, Direct PAYE for your own staff, PAYE umbrella.

General patterns, not a decision about any one placement. Test the engagement itself against HMRC's Check Employment Status for Tax tool.