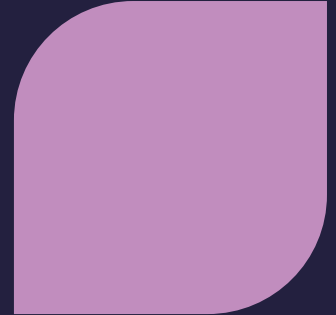




NHS Online

Clinician Research Findings: Informing the future NHS Online workforce model

September 2026



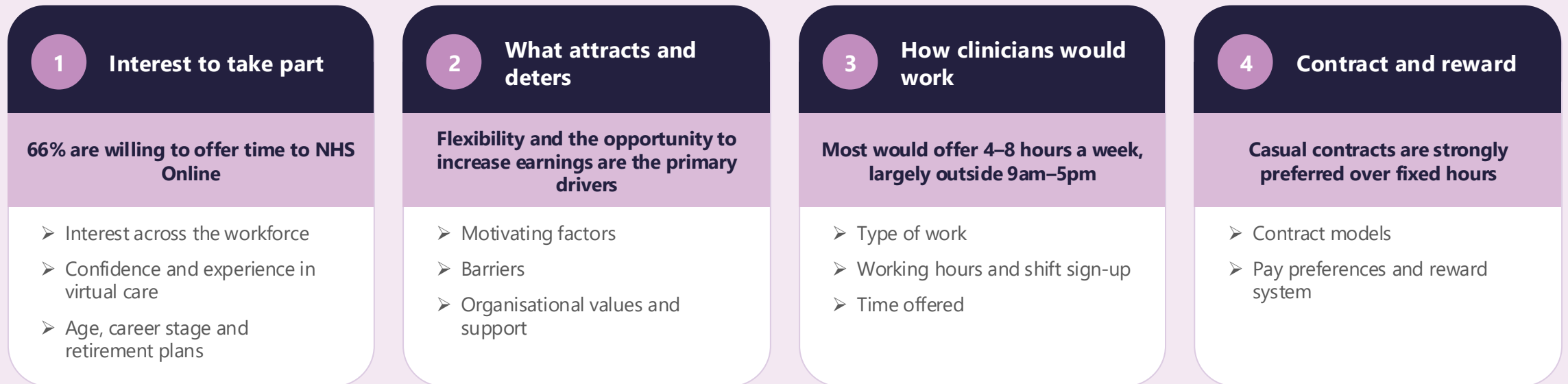
Executive Summary: Overview

Edge Health were commissioned by the Online NHS Trust to undertake research into clinician's views to help shape the **future workforce model**. The research sought insights from wider workforce groups, following an initial research targeting consultants and SAS doctors.

This report summarises the findings from the clinician survey, which ran between 22 June and 31 July 2026, and the **eight focus groups** held between 14 and 29 July. The survey gathered **2,085 responses** across the wider clinical workforce, giving a 2.14% margin of error. Nursing staff (1,114) and AHPs (644) make up over 80% of survey respondents, and **57 clinicians took part** in the focus groups. A further 69 consultants and SAS doctors responded, giving answers closely matching the original 295 surveyed in late 2025; these are excluded from the analysis except where stated.

Four themes explored through the survey and focus groups

Findings and recommendations are summarised on the next page



Executive Summary: Key Findings

Interest in offering time to NHS Online is high across the wider clinical workforce, with 66% willing to contribute, slightly above the 60% recorded among consultants and SAS doctors. Interest is consistent across professional groups, with only six percentage points between the highest and lowest.

Confidence in delivering virtual care matters more than experience. The wider workforce is less experienced (26% with regular or extensive experience, against 46%) and slightly less confident (60% against just over 70%) than consultants and SAS doctors, but confident clinicians report high interest regardless of their experience level. Interest is strong among those with little or no experience, a group that has likely had fewer opportunities rather than less interest in delivering virtual care.

The primary drivers for participation are flexibility and the opportunity to increase earnings, consistent with the consultant and SAS doctor research. When asked to rank factors, however, competitive pay comes out clearly ahead of flexibility (56% against 35%): flexibility draws clinicians in, but competitive pay is what converts interest into commitment. The main barriers among interested clinicians are lack of time (37%), concerns around medico-legal responsibility (36%) and tax or pension implications (35%), the same three identified previously.

Focus groups sharpened the medico-legal concern into a specific, addressable ask: a fast, named, contactable person to escalate to, alongside access to primary and secondary care records. Commitment to patient safety was ranked the most important organisational value (72%), followed by strong clinical leadership (65%), with participants clear that clinical leads should be substantive staff. Inclusion and belonging featured far more prominently in discussion than its survey ranking suggests, pointing to a likely retention risk in a remote, flexible workforce.

Clinicians envisage offering an average of 5.65 hours a week, with 4–8 hours the most common commitment (57%). Preferred slots sit largely outside standard working hours of 9am–5pm, with daytime availability coming mainly from those working less than full time.

This suggests clinicians would undertake NHS Online activity around their substantive roles rather than reducing their time commitment at existing providers, a concern raised repeatedly in focus groups. Two thirds (67%) would prefer to sign up to shifts on an ad hoc basis, against 14% preferring a regular scheduled shift, with around two weeks' notice most preferred.

Casual contracts are strongly preferred over fixed hour arrangements, with 79% of interested clinicians willing to work on a casual contract, similar to bank arrangements, compared with 39% willing to work fixed hours, a wider margin than in the consultant and SAS doctor research. Fixed hours were seen as adding a second layer of leave and sickness administration on top of a substantive role. AHPs in particular felt a casual model would fill a genuine structural gap, as they generally have less opportunity to access NHS bank work. Clinicians who commit time in advance expect some recognition where that time is cancelled at short notice.

Around two thirds prefer a balanced mix of patient-facing and non-patient-facing work, matching the consultant and SAS doctor finding, 78% would like to choose the type of work they undertake. There is no sign of a capacity mismatch across either type of activity.

Pay linked to activity or patient feedback attracts scepticism. Around half of respondents would be comfortable or are undecided regarding being paid by activity completed. Concerns centre on the potential to rush care and the reliability of patient feedback as a quality measure rather than on income. Should NHS Online pursue activity-based payment, safeguards against these concerns should be put in place and be clearly communicated.

Overall, the wider clinical workforce is aligned in their views. Differences are of degree rather than direction. The workforce model can be extended beyond consultants and SAS doctors with reasonable confidence. The main gap to close is training and confidence rather than interest in committing time.

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1. Background

Background

Between the 22nd of June and the 31st of July 2026, the Online NHS Trust ran a short survey aimed at collecting data on the wider clinical workforce's willingness to offer time to NHS Online. This followed a similar survey of consultants and SAS doctors conducted in late 2025¹, expanding the research to nurses, allied health professionals (AHPs) and other clinical staff. Edge Health was commissioned to design the survey, analyse results and conduct focus groups to explore the emerging topics in more detail. Specific themes covered within the questionnaire were:

- Previous experience, confidence and desire to work for an online elective care service
- Preferred approach to remuneration, reward and working patterns
- Participants' backgrounds and demographic questions.

The survey was open to all clinical workforce groups but was primarily aimed at nurses, AHPs and resident doctors. It was promoted via newsletters, LinkedIn, social media, and clinical networks. The survey collected a total of **2,085 responses**, including 1,114 from nursing staff and 644 from AHPs (see Table A in the Appendix for a full breakdown), a substantially larger sample than the consultant and SAS doctor survey (2.14% margin of error vs 5.6%).

A total of **69 consultants and SAS doctors** also responded to this survey. Their answers were very similar to those of the original 295 consultants and SAS doctors surveyed in late 2025, which adds confidence to the reliability of both datasets. As this round is focused on the wider clinical workforce, these responses have been **removed from the analysis throughout this report, except where stated.**

Through the survey, individuals were able to express their interest in participating in a focus group and indicate their availability. A random and representative selection of those who registered interest were contacted to take part. **Eight focus groups**, with a total of **57 participants**, were held between the 14th and the 29th of July 2026. Each focus group was 90 minutes long and held virtually, with pre-reading material shared in advance to provide participants with more information about NHS Online and the objectives of the session.

The focus groups were used to delve deeper into the key themes emerging from the survey, such as:

- Enablers and barriers to clinicians wanting to offer time to NHS Online
- Preferences for different types of work
- Working patterns, scheduling and contracting models
- Remuneration and reward approaches
- Organisational values, clinical leadership and support structures.

This report sets out the findings of the survey and the eight focus groups and compares them with the earlier consultant and SAS doctor research where questions were retained between the two rounds.

1. Source: <https://www.edgehealth.co.uk/news-insights/nhs-online-understanding-workforce-motivations-and-preferences/>

2. Response breakdown and demographic summary (Survey)

A large and diverse survey sample, broadly in line with the national workforce profile, provides a robust basis for the findings

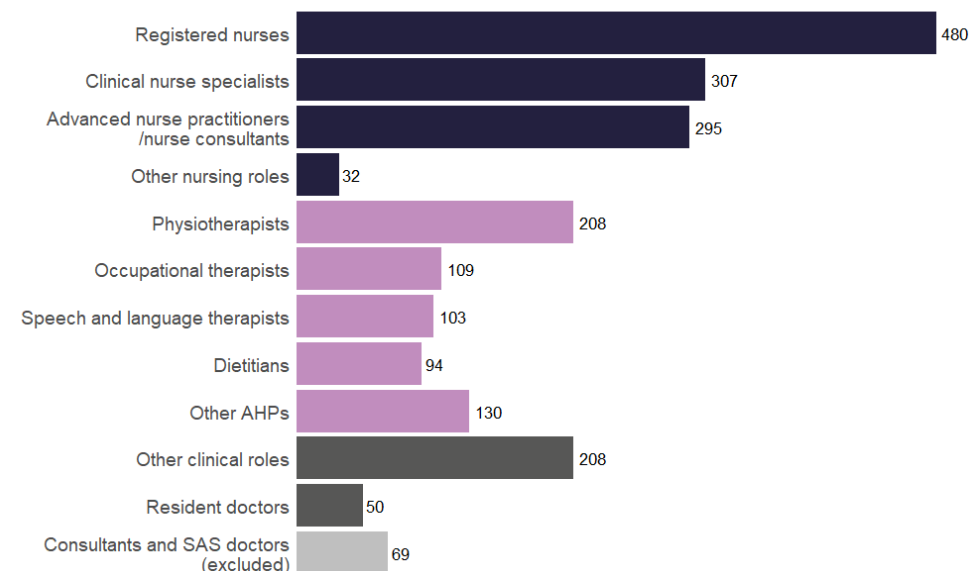
Key takeaways:

- **2,085 clinicians responded**, giving a **2.14% margin of error (MOE)** overall. The nursing (1,114; MOE 2.93%) and AHP (644; MOE 3.85%) samples are each well below the 5% industry standard and tighter than the consultant and SAS doctor survey (5.6%).
- Representativeness is assessed on profile rather than size. The sample is close to the national picture on sex and age.
- Respondents span a wide range of roles, working patterns and levels of virtual care experience, so findings can be tested by group and are not driven by clinicians already familiar with or enthusiastic about virtual care.

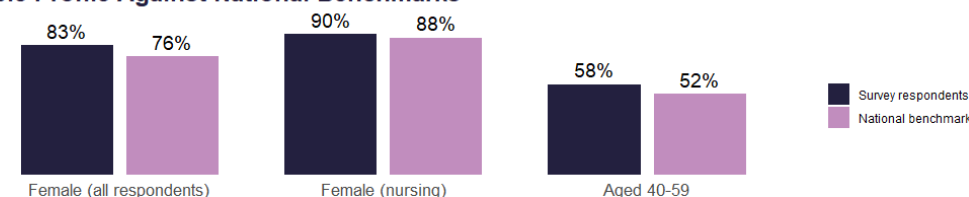
Respondents' demographics:

- **83% of respondents are female** (Figure 2) (NHS England workforce = 76% female⁴, 2025)
- **Nursing respondents are 90% female** (National nursing workforce = 87.9% female⁵, 2026)
- **AHP respondents are 84% female** (no published national AHP gender figure since AHP spans professions with different gender splits)
- **58% of respondents are aged between 40 and 59** (Figure 1) (age band 40-59 is reported to make up **51.6% of the NHS workforce**⁶ (2023))
- The number of years clinicians have been qualified for is quite spread, with the **mode being 11-15 years (16%)** (Figure 3)
- **26% of respondents** have either extensive or regular experience in delivering virtual care, while 56% have minimal or none (Figure 11)
- Over **60% of respondents are confident** in delivering virtual care, around 20% are not.

Survey Responses by Professional Group (n = 2,085)



Sample Profile Against National Benchmarks



1. Source: <https://www.nurses.co.uk/blog/opinion/stats-and-facts-uks-nursing-workforce>
2. Source: <https://www.kingsfund.org.uk/insight-and-analysis/reports/tackling-health-inequalities-framework-allied-health-professionals>
3. Source: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2026>
4. Source: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-workforce-nutshell#who-makes-up-the-nhs-workforce?>
5. Source: <https://www.rcn.org.uk/news-and-events/Press-Releases/new-analysis-more-evidence-nursing-is-undervalued-for-being-female-dominated-rcn-leader-says>
6. Source: <https://www.nhsgoldenjubilee.co.uk/publications/reports/workforce-monitoring/workforce-monitoring-report/diversity-and-inclusion/age>

2. Response breakdown and demographic summary (Focus Groups)

The focus groups bring first-hand clinical perspective to sit alongside the scale of the survey, reinforcing and adding depth to findings

57

clinicians took part

8

sessions held
between 14 and 29
July

42%

already deliver
virtual or remote
care

10%

semi-retired or
approaching
retirement

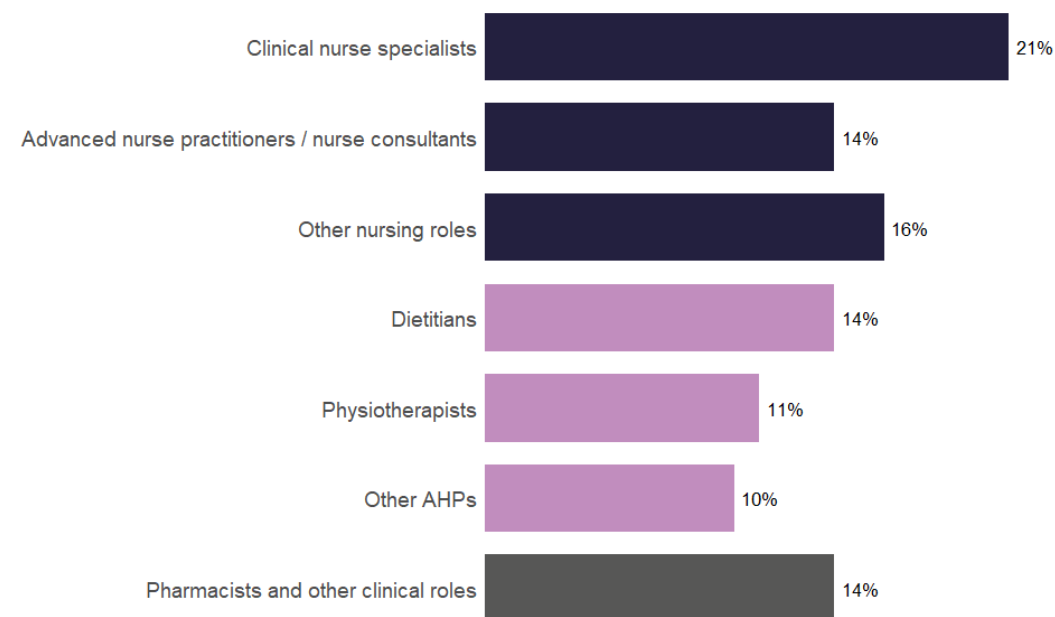
Key takeaways:

- Attendees were largely **senior and experienced: specialist, lead**, and advanced practitioner roles were well represented, with several holding **20 to 47 years of NHS service**
- A good proportion **already deliver virtual or remote care** in their current roles (42%), so the discussions reflect practical, first-hand experience rather than speculation
- Across 8 separate sessions the same core themes (escalation, continuity, contract flexibility) recurred consistently, suggesting the **findings reflect shared views**.

Respondents' demographics:

- Nursing** made up over half of attendees (51%), led by **Clinical Nurse Specialists** (21%) and **Advanced Nurse Practitioners/Nurse Consultants** (14%)
- AHPs** made up over a third of attendees (35%), with **Dietitians** (14%) and **Physiotherapists** (11%) the largest groups
- Remaining attendees were **Pharmacists** and **other clinical roles**
- Nearly a third of attendees (30%) **did not identify with a specific specialty**; the largest single specialty groups were **respiratory medicine, diabetes, and mental health** (7-9% each)
- Several attendees were **semi-retired or approaching retirement** (10%), offering perspectives on flexible re-engagement directly from those **closest to that life stage**
- Attendees were drawn from a **wide geographic spread**, including London, Sheffield, Southampton, the Lake District, Frimley, Bradford, and Lincolnshire, reducing the risk that findings reflect one region's service model

Focus Group Attendees by Professional Group (n = 57)

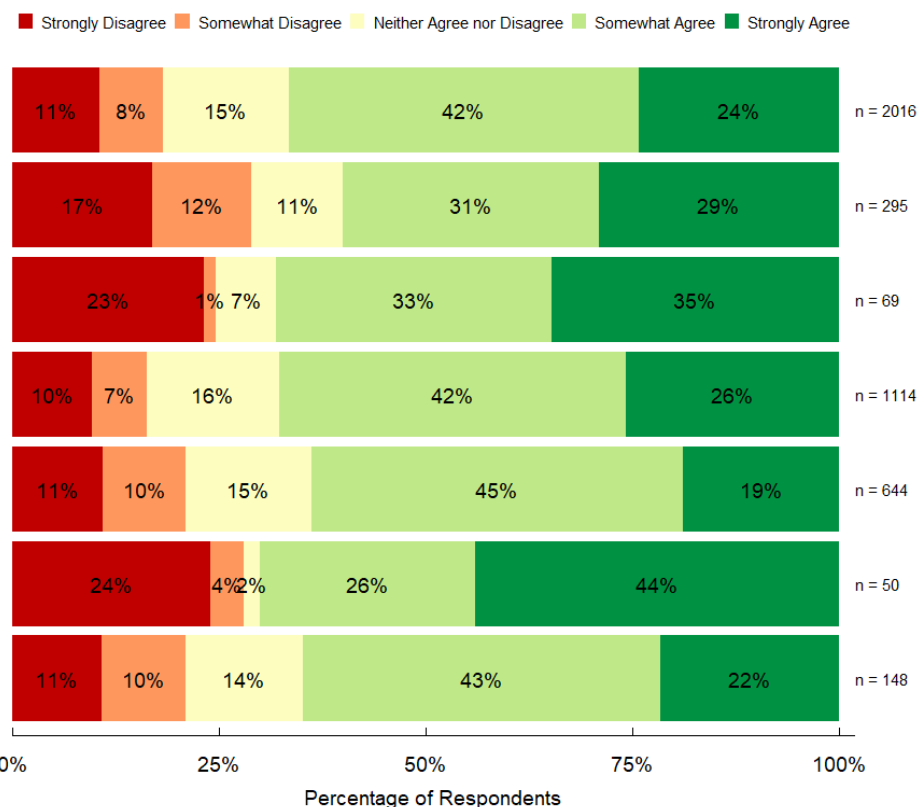


3. Interest in delivering care for NHS Online

66% of clinicians are interested in delivering care for NHS Online

Percentage of Respondents Interested in NHS Online

Overall clinician survey vs. overall consultant survey, consultant/SAS clinician survey respondents, and by professional group



66% of clinicians said they would be interested in delivering care for NHS Online alongside their substantive role, compared with 60% of consultants and SAS doctors in the previous survey. Interest holds up, and is if anything slightly stronger, once the research expands to the wider clinical workforce.

Interest is broadly consistent across professional groups with resident doctors (70%) and nursing staff (68%) above the overall figure, other clinical roles at 65% and AHPs slightly below at 64%. The spread across groups is narrow, just six percentage points between highest and lowest, suggesting interest is not concentrated in any one part of the workforce. A full breakdown by job role is provided in Table A in the appendix.

The 69 consultants and SAS doctors who responded to this survey reported 68% interest, in line with the 60% recorded in the original survey of 295. Given the small sample, the difference is not meaningful, and the consistency across two samples fielded roughly eight months apart adds confidence to the reliability of both datasets. (These respondents are otherwise excluded from the analysis in this report.)

Key takeaways:

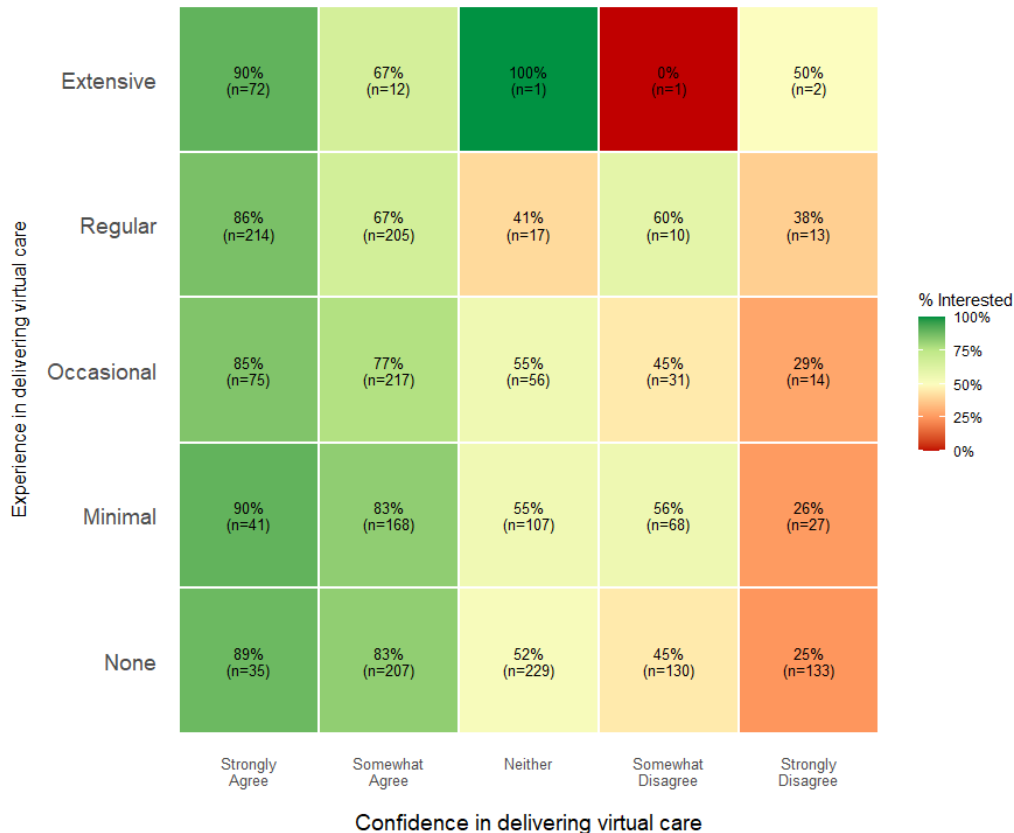
- Interest in offering time to NHS Online is high across the wider clinical workforce (66%) and marginally higher than among consultants and SAS doctors (60%).
- Interest is consistent across professional groups, with only six percentage points separating the highest and lowest, so recruitment need not be targeted at a single staff group to reach sufficient volume.
- As with the consultant and SAS doctor research, the level of interest provides a strong foundation for building the NHS Online workforce, even if only a proportion of those interested go on to offer time.

4. Confidence versus experience as a driver of interest

Confidence in delivering virtual care matters more than experience in driving willingness to offer time

Interest in NHS Online, by experience and confidence

Percentage interested in delivering care for NHS Online, split by experience of delivering virtual care and confidence in ability to deliver it



The wider clinical workforce has less exposure to virtual care than consultants and SAS doctors. 26% report regular or extensive experience, compared to 46% in the consultant and SAS doctor survey, and 60% feel confident in their ability to deliver virtual care, against over 70% previously. Confidence is notably higher than experience across the board - clinicians feel able to deliver virtual care even where they have not done much of it. (See Figures 11-13)

Confidence, rather than experience, is the stronger predictor of willingness to offer time. Respondents who are very confident in delivering virtual care report interest of 85-90% regardless of how much experience they have, while those with substantial experience but low confidence are less interested. This mirrors the consultant and SAS doctor finding where high confidence (82% interested) outweighed experience (77%) as a driver.

Notably, interest is high among clinicians with little or no experience of delivering virtual care. This group has likely had fewer opportunities to do so. Their enthusiasm therefore reflects an untapped interest rather than informed rejection and represents a pool NHS Online is uniquely placed to draw on. This is reinforced by the motivating factors: learning and development is cited by 56% of those with no virtual care experience, compared to 36% of those with extensive experience, a 20-percentage point gap (see Figure 14).

The practical implication is that limited prior exposure to virtual care is not a barrier to recruitment, but is instead an opportunity, provided onboarding and training are in place to build confidence.

Recommendations:

- Prioritise structured onboarding, training and confidence-building alongside previous virtual care experience when selecting and recruiting clinicians. Unnecessarily strict experience requirements would exclude a large, interested and capable pool.
- Position NHS Online as a route into virtual care for clinicians who want the experience but have not had the opportunity locally. Learning and development should feature in recruitment messaging aimed at less experienced groups.
- Reassurance about how the model works - technology, escalation routes, clinical governance - should be a core message in recruitment communications, as this is what underpins confidence.

5. Interest by age, experience and retirement plans

Interest holds up across age, years qualified and retirement plans, staying above 50% throughout

Interest in offering time to NHS Online declines gradually with years qualified, from 68% among those qualified 0–5 years to 58% among those qualified 30 or more years. The decline is steady rather than sharp, and interest remains above 50% at every stage of career. Interest by age band follows a similar gradual pattern with the highest interest from 30–39 (74%) and the lowest from 60–69 (50%) age groups. Neither finding points to a group that should be deprioritised as the interest is spread across the career span. Full breakdown by years qualified and age are provided in Figures 8 and 9.

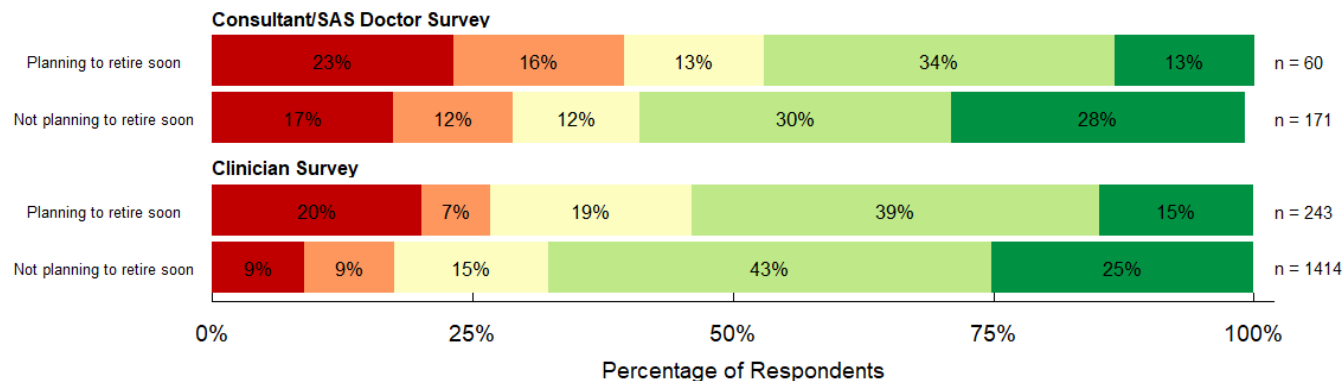
Retirement plans show a clearer split. 67% of those not planning to retire in the next four years are interested, compared with 55% of those who are. This mirrors the consultant and SAS doctor finding, where those unlikely to retire showed greater interest, and supports the same conclusion: initial recruitment effort is best focused on mid-career clinicians, while continuing to recognise the potential contribution of peri-retired and retired clinicians as an important secondary cohort.

Insight from the focus groups suggests the near-retirement group remains an important cohort to consider. Several participants described NHS Online as a way of staying clinically active while reducing hours at their substantive role. This is a distinct value proposition from the flexibility and earnings message that appeals to mid-career clinicians.

Percentage Interested in Working for NHS Online

Consultant/SAS Doctor Survey vs. Clinician Survey, by likelihood of retiring in the next 4 years

Strongly Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Strongly Agree



"I will be sort of working down my hours as I approach retirement, so I just thought this would fit in nicely." – Focus group participant

Key takeaways:

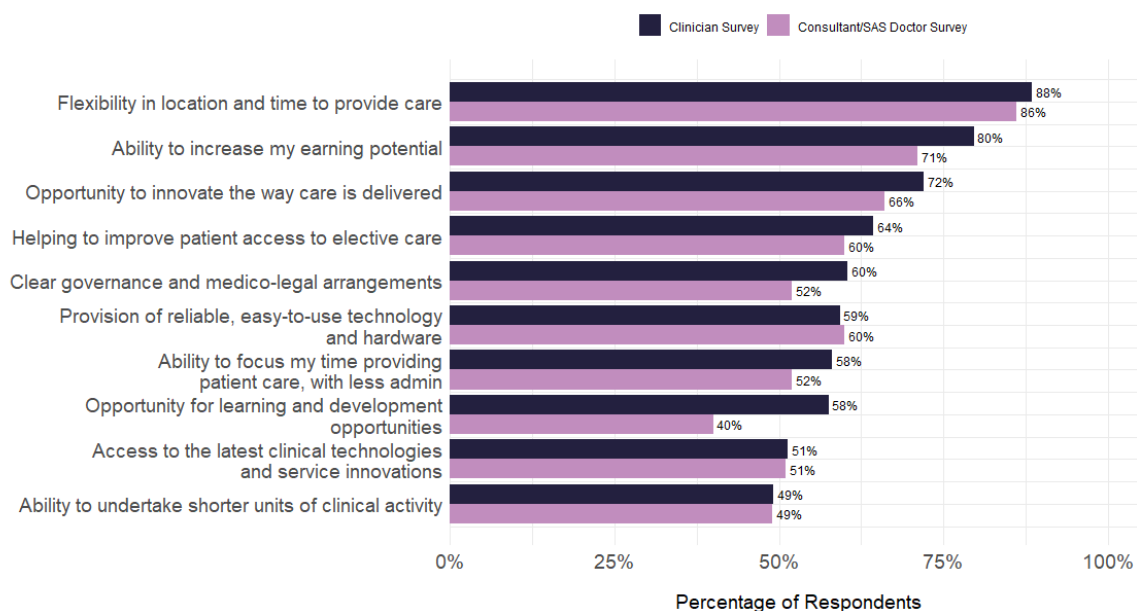
- Interest is broadly consistent across age and years qualified, declining gradually but staying above 50% at every level.
- Those not planning to retire within four years are more interested (67% vs 55%), suggesting mid-career clinicians are the strongest initial recruitment target.
- The near-retirement cohort remains a meaningful pool, but is motivated differently and needs a tailored message.

6. Motivating factors for offering time to NHS Online

Flexibility and earning potential are the top motivators, but competitive pay is the single most important factor

Motivating factors for offering time to NHS Online

Which of the following factors would be important in motivating you to offer your time to NHS Online, in addition to your substantive work / current role? (Select all that apply)
Among those interested in NHS Online.



Key takeaways:

- Flexibility and earning potential are the top motivators, consistent with the consultant and SAS doctor findings.
- When ranked against each other, competitive pay comes out clearly ahead of flexibility: pay is the foundation while flexibility is the differentiator.
- CPD ranks low overall as the single most important factor, though it matters more to clinicians with little virtual care experience (see Section 4 and Figure 14).

Among clinicians interested in delivering care for NHS Online, the top motivating factors were flexibility in location and time (88%), the ability to increase earning potential (80%) and the opportunity to innovate care delivery (72%), closely matching the consultant and SAS doctor survey (86%, 71% and 66%).

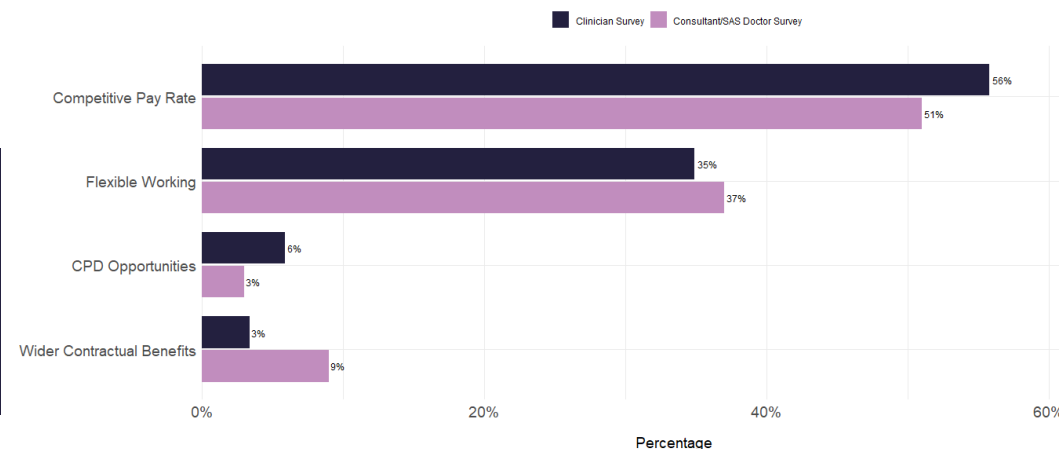
When the same group ranks these factors, the picture shifts. Competitive pay is ranked most important by 56%, ahead of flexible working (35%), with CPD (6%) and wider contractual benefits (3%) far behind. The consultant/SAS doctor survey showed the same pattern (57% and 37%), though with wider contractual benefits given more importance than CPD.

"When people are looking at doing extra hours on top of the hours they already work, the reason they do it is because they're looking for extra income." – Focus group participant

Flexibility is therefore the primary differentiator that draws clinicians to NHS Online, but competitive pay is the essential foundation. An offer that is flexible but not competitively paid is unlikely to convert interest into commitment.

Most important factor when providing care for NHS Online

Consultant/SAS Doctor Survey vs. Clinician Survey
Among those interested in NHS Online

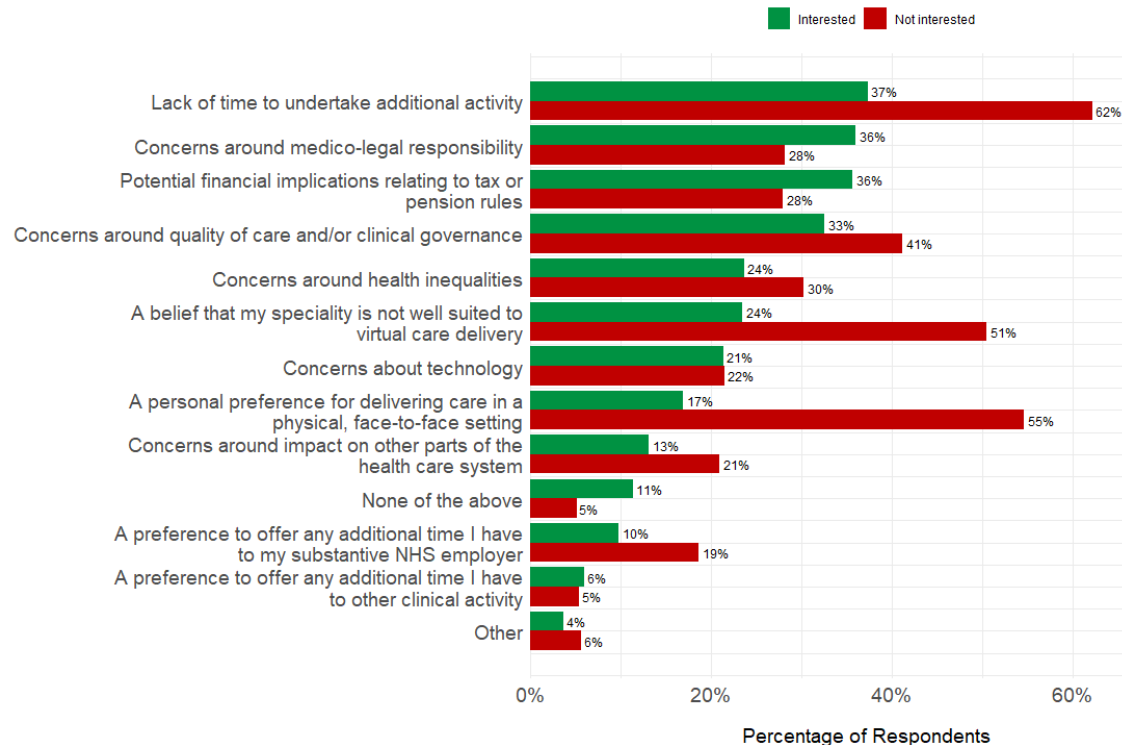


7. Barriers to offering time for NHS Online

Lack of time, medico-legal concerns and tax or pension implications are the main barriers for interested clinicians

Reluctance factors for offering time to NHS Online

Among those interested vs. not interested in NHS Online



Among clinicians interested in delivering care for NHS Online, the leading reluctance factors were lack of time (37%), concerns around medico-legal responsibility (36%) and potential financial implications relating to tax or pension rules (35%). These are the same three barriers identified in the consultant and SAS **doctor** survey (35%, 49% and 47% respectively) (see Figure 15).

Among those not interested, the pattern is different: lack of time (64%), a personal preference for face-to-face care (55%) and a belief that their specialty is not well suited to virtual delivery (50%). The last of these is not a blanket objection, it concentrates in particular specialties, notably Intensive Care (62%), Geriatric Medicine (48%) and Emergency Medicine (41%) and is more common among clinicians with lower confidence and less experience in virtual care (see Figures 16 and 17).

Focus groups emphasised the medico-legal theme considerably. The consistent ask was not for more governance documentation but for a fast, named, contactable person to escalate to. Participants wanted reassurance that they would not be making remote decisions alone. Access to primary and secondary care records was raised in the same context, with clinicians describing remote assessment as unsafe without full patient history.

"It would be nice to have some sort of backup governance... if you're stuck on something, you've got that advice that you can call on... some way of knowing that you're not alone." – Focus group participant

Recommendations:

- Provide clear, early information on medico-legal responsibility and tax and pension considerations during recruitment.
- Establish and communicate a named, rapid escalation route for clinical questions, staffed by substantive rather than bank clinicians.
- Prioritise access to primary and secondary care records, which clinicians identified as a precondition for safe remote decision-making.

8. Organisational values that matter most to clinicians

Commitment to patient safety is the most important organisational value, followed by strong clinical leadership

When asked to select up to three organisational values that would matter most when delivering care for NHS Online, clinicians ranked commitment to patient safety highest (72%), followed by strong clinical leadership (65%). This echoes the consultant and SAS doctor finding that what clinicians care about most is that the model works and that clinical safety and quality of care are underpinned by seamless technology, onboarding and operational processes.

During the focus groups, participants noted that clinicians value consistent clinical leadership and were clear that clinical leads should be substantive staff.

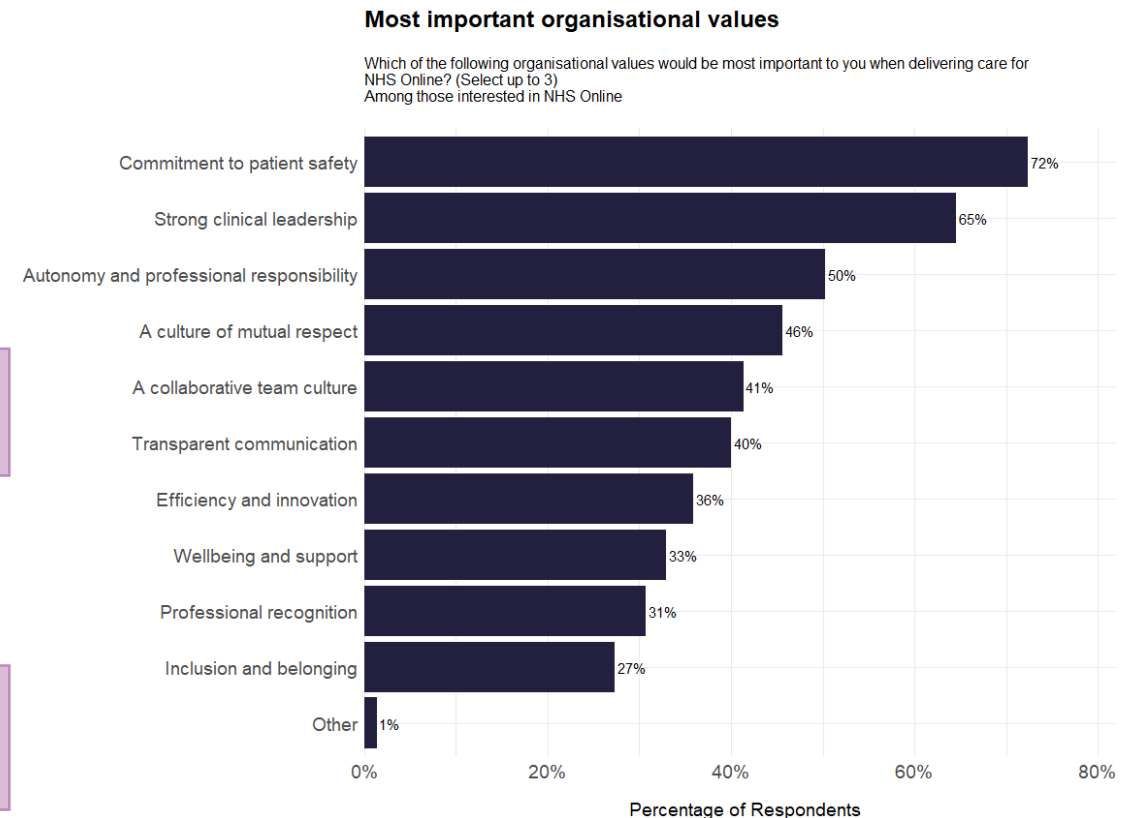
"... if there isn't that consistent leadership or we're unclear on the pathways, that would be a big hesitation." – Focus group participant

Inclusion and belonging featured far more prominently in discussion than its survey ranking suggests, with participants describing the difficulty of feeling part of an organisation when working remotely and ad hoc. This points to belonging being primarily a retention factor rather than a recruitment one.

"I think that people stay in trusts because they feel that they belong there. And if you don't feel that you belong there, you will move... you know, I really feel respected, I feel that I belong here, I feel included. They're really important things." – Focus group participant

Recommendations:

- Highlight commitment to patient safety, the value clinicians rank highest, in recruitment and onboarding communications.
- Appoint substantive clinical leadership and make the leadership structure visible to clinicians before they commit time.
- Provide clinicians with two distinct support channels: a rapid route for urgent clinical queries and a separate forum for updates and shared learning.
- Plan deliberately for belonging and community from the outset, as this is likely to affect retention in a remote, flexible workforce.



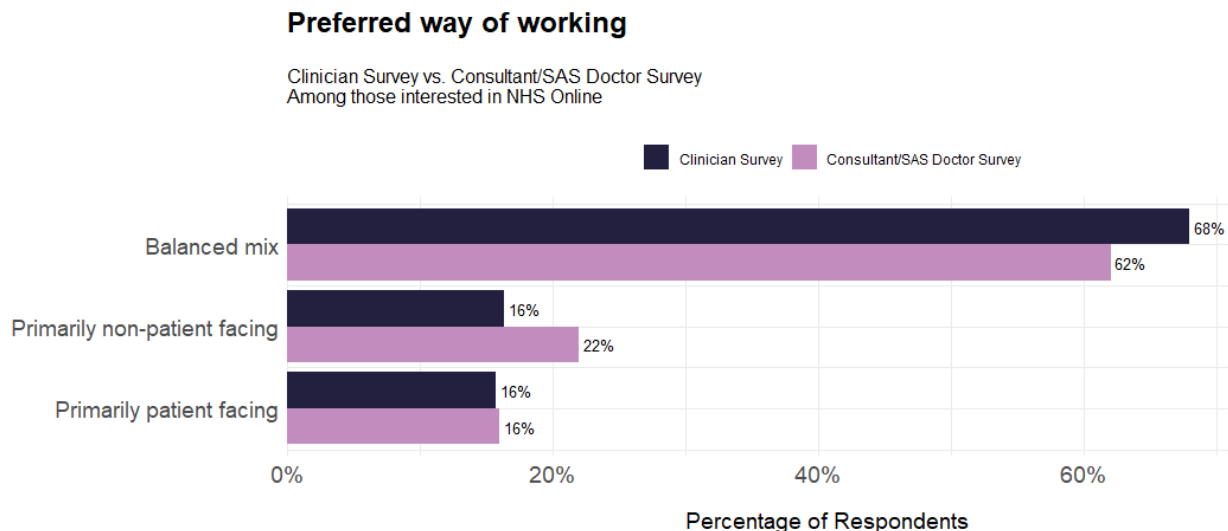
9. Type of work

A balanced mix of patient-facing and non-patient-facing work is the clear preference, consistent with consultant and SAS doctors

Around two thirds of clinicians would prefer a balanced mix of patient-facing and non-patient-facing work, with the remainder split evenly between a primarily patient-facing (16%) and primarily non-patient-facing (16%) preference. The consultant and SAS doctor survey found the same preferences, with a balanced mix the most common answer and a near-even split either side of it. 78% of clinicians would like to be able to choose whether they undertake patient-facing or non-patient-facing work rather than having it allocated to them, closely matching the consultant and SAS doctor finding of 83% (see Figure 18).

This consistency in preferences is useful for workforce design. There is no sign of a mismatch between what clinicians want to do and what NHS Online will need delivered. Interest exists across both types of activity, in similar proportions across two separate samples. Capacity risk is low whichever balance of clinical the service requires.

The consultant and SAS doctor research found preference was heavily shaped by specialty, and focus groups in this round pointed the same way, with clinicians describing their preference as following what they already do and enjoy in their substantive role rather than a fixed view about virtual care.



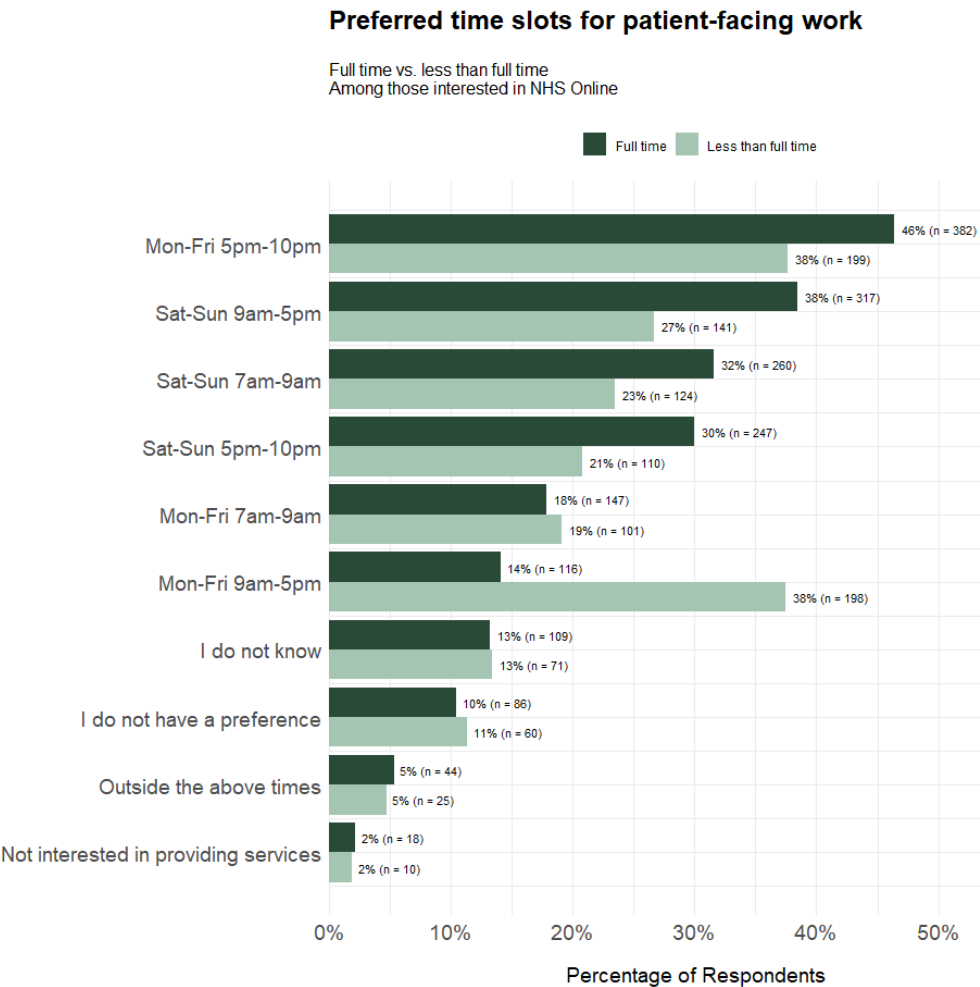
"I'm definitely interested in a balanced mix. I think, you know, that patient contact is very important, but also understand whatever the need might be." – Focus group participant

Recommendations:

- Provide a balanced mix of work, this suits the preferences of the large majority.
- Allow clinicians an element of choice over the type of activity they undertake, as recommended in the consultant and SAS doctor research.

10. Preferred working hours and shift sign-up model

Clinicians want out-of-hours working, with daytime capacity coming mainly from those working less than full time



Weekday evenings (5pm–10pm) are the most popular slot for patient-facing work, preferred by 46% of full-time and 38% of less-than-full-time clinicians, followed by weekend daytime. This reflects that most respondents would be offering their time to NHS Online alongside a substantive role.

The clearest difference by working status is weekday daytime: 38% of clinicians working less than full time would offer time between 9am and 5pm, against just 14% of those working full time. Full-time clinicians are otherwise more likely to select every out-of-hours slot. Daytime capacity is therefore likely to come disproportionately from those working less than full time, while the full-time majority will be available largely outside core working hours. Clinicians strongly prefer signing up to shifts on an ad hoc basis (67%) over a regular scheduled shift (14%), with around two weeks' notice most commonly preferred (49%). Focus groups clarified that "ad hoc" is generally understood as scheduled but variable, not same-day availability. Mobile app (72%), email (60%) and website (56%) were the preferred channels for finding out about available work (see Figures 22–24).

Focus groups were divided on whether enhanced rates for evenings and weekends should be awarded, with some expecting to garner additional pay and others content with a fair flat rate given they were choosing those hours voluntarily.

Recommendations:

- Ensure clinical activity is made available during evenings and weekends, offering both ad hoc and advance commitment options.
- For scheduled activity that requires advanced commitment, provide two weeks' notice as the default.
- Model daytime and out-of-hours capacity as separate pools, drawn from different parts of the workforce.
- Monitor capacity on an ongoing basis and consider using enhanced payments should capacity challenges arise.
- Build mobile-first, with app and email as the primary routes for advertising available activity.

11. Time offered to NHS Online

Clinicians envisage offering an average of 5.65 hours a week, with 4–8 hours the most common commitment

Clinicians interested in delivering care for NHS Online envisage offering an average of 5.65 hours a week alongside their substantive role. The most common answer selected is 4-8 hours (57%), followed by less than 4 hours (24%) and 9-15 hours (15%). Working status makes little difference to the amount of time offered: those working less than full time are slightly more concentrated in the 4-8 hour band (61% against 54%), but the two groups are otherwise similar, with the same share willing to offer 9–15 hours (see Figure 25).

The distribution sits slightly higher than in the consultant and SAS doctor survey, where 53% selected 4-8 hours and 10% selected 9-15 hours. Very few clinicians in either round would offer 16 hours or more.

The commitment envisaged remains modest in this cohort. Combined with the strong preference for evening and weekend slots, this supports the view that clinicians would undertake NHS Online activity in addition to their substantive roles. This mitigates a concern raised elsewhere around taking resource away from other parts of the system.

Key takeaways:

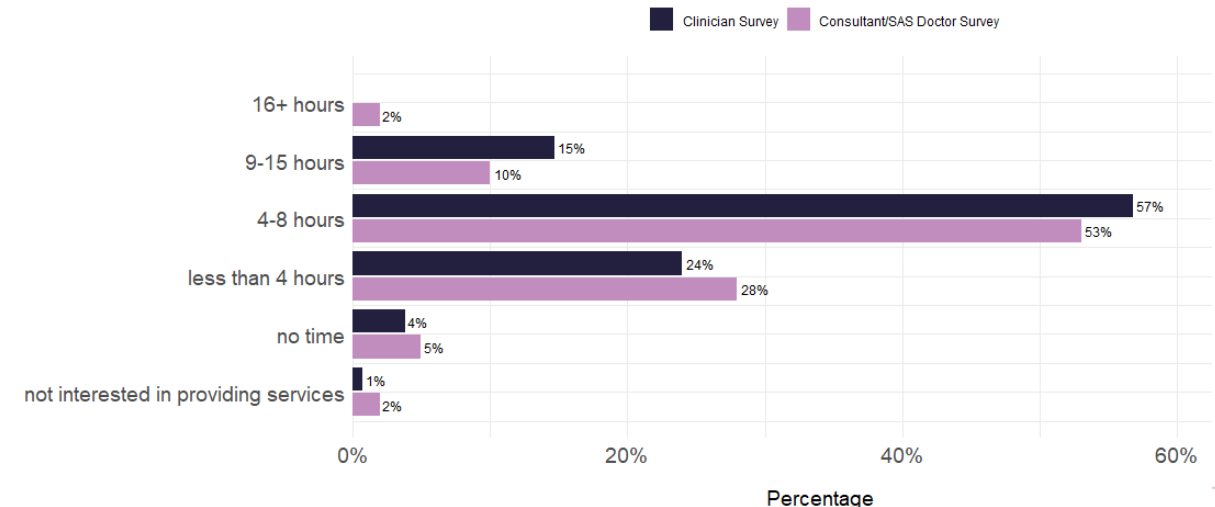
- Most clinicians would offer 4–8 hours a week, averaging 5.65 hours, a modest commitment manageable alongside a substantive role.
- The distribution sits slightly higher than in the consultant and SAS **doctor** survey, with more clinicians selecting 4–8 and 9–15 hours.
- Capacity will come from many clinicians offering small amounts of time rather than a smaller number offering a substantial number hours, this has implications for onboarding volume and scheduling which should be considered.

Recommendations:

- Plan on a large number of clinicians offering a modest number of hours each per week, rather than a smaller number offering a substantial amount of time. This has implications for onboarding volume, scheduling and support.
- Set clear expectations around anticipated time commitments to help address concerns about the impact on existing providers.

Time offering to NHS Online

Consultant/SAS Doctor Survey vs. Clinician Survey
Among those interested in NHS Online



12. Contract models

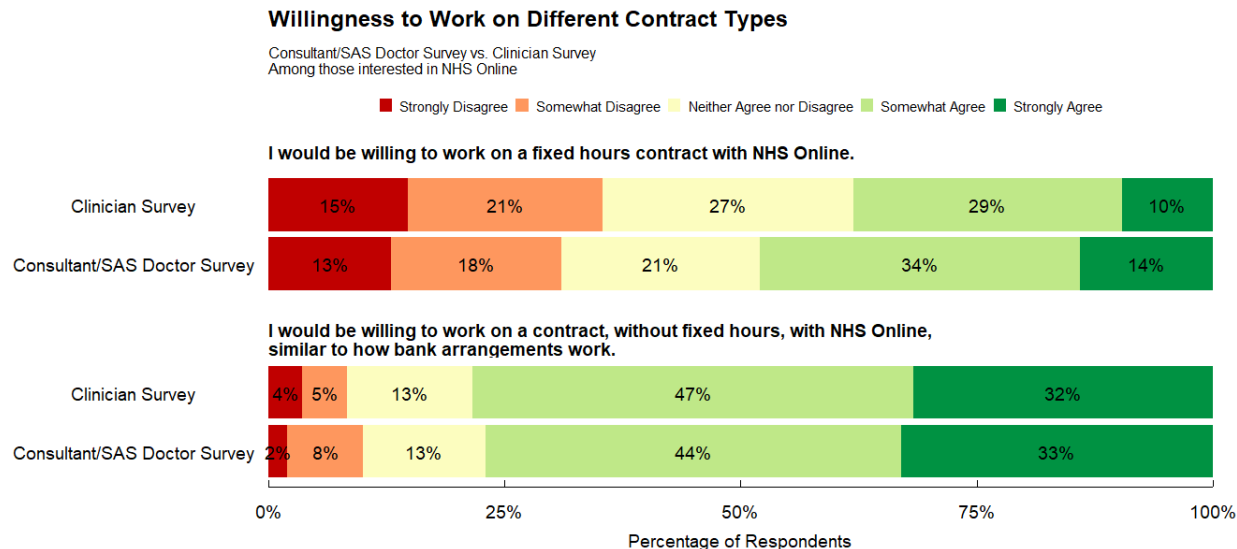
Casual contracts are strongly preferred over fixed-hour arrangements

79% of clinicians interested in delivering care for NHS Online would be willing to work on a contract without fixed hours, similar to bank arrangements, against 39% willing to work on a fixed-hour contract. Only 9% actively reject the casual model, compared with 36% who reject fixed hours.

The preference is directionally the same as in the consultant and SAS doctor survey (77% casual against 48% fixed) but more pronounced, driven by lower willingness to accept fixed hours rather than greater enthusiasm for casual working.

Focus groups explained why. Fixed hours were seen as adding a second administrative layer on top of a substantive role, with annual leave, study leave and sickness all needing to be managed twice. Participants also noted that allied health professionals have fewer opportunities for casual work in the NHS, so a casual model would help fill a genuine structural gap for that group, the largest single profession in the sample after nursing.

As in the consultant research, flexibility comes with an expectation of fair treatment: clinicians who commit time in advance expect some recognition if that time is not used, particularly where cancellation comes at short notice, since it has been made unavailable for other work.



"Within the NHS, there's not the bank work opportunities that you get with nursing staff or with medical staff. So AHP certainly don't have anything else to do apart from go private." – Focus group participant

Recommendations:

- Offer a casual, worker style agreement as the primary model, in line with the clear preference across both rounds of research.
- Consider offering some form of compensation for committed time that is subsequently not filled, where insufficient advance notice is given to ensure clinicians are not deterred from pre-committing their time for activities that require it.

13. Pay preferences and reward system

Pay linked to activity or patient feedback is met with scepticism

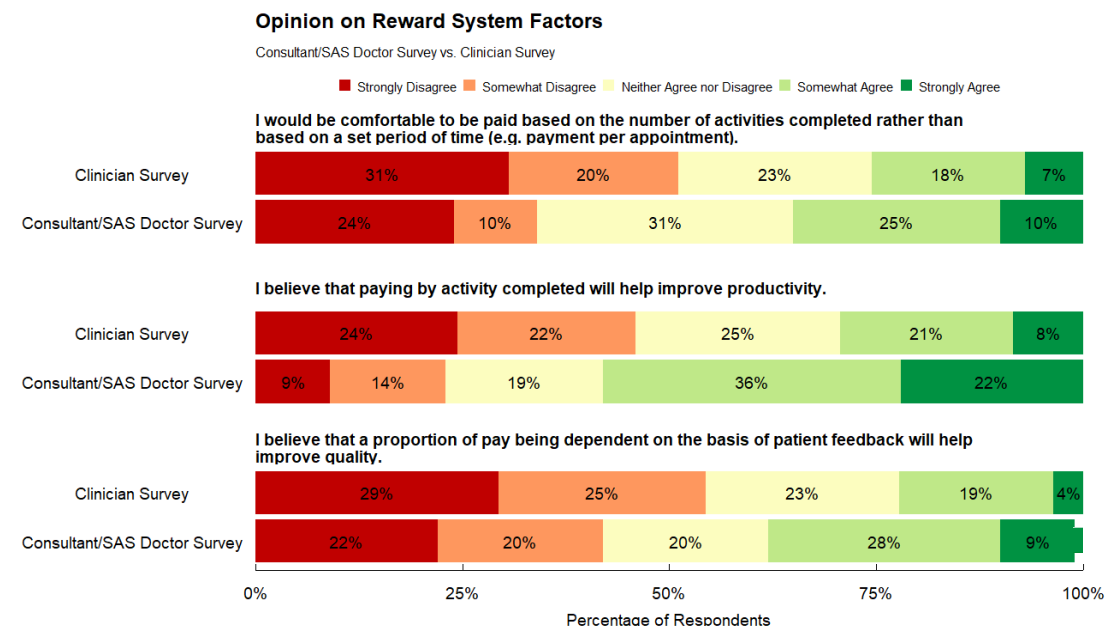
Activity-based payment is an unfamiliar model for much of the wider clinical workforce, and views on it are not yet settled. 25% would be comfortable being paid by number of activities completed rather than by time, and a further 24% are undecided, meaning around half of clinicians are open to or have not ruled out the approach, while 51% would currently not be comfortable with it. Views on productivity follow the same pattern, with 29% believing paying by activity would improve productivity, 25% undecided and 46% disagreeing. Pay linked to patient feedback attracts the least support of the reward systems asked about, with 54% disagreeing this approach would improve quality.

Scepticism is stronger than in the consultant and SAS doctor survey, where activity-based pay ran close behind hourly payment. The wider clinical workforce is more resistant to moving away from payment for time, the model that they are most familiar with. Any move away from this traditional approach will need careful design and clear communication to help ensure it is attractive and accepted by this cohort. Focus groups explained the concern. Participants worried that per-patient payment would create pressure to rush care, and that patient feedback reflects the nature of the news delivered rather than the quality of the clinician's work. The objection was to a flat per-appointment rate that takes no account for patient complexity, rather than to payments by output as such. A base rate for time offered, with an optional top-up for completed activity, was suggested as a way of recognising output without making income contingent on it.

There is no strong preference on payment frequency, with 36% preferring weekly, 30% monthly and 34% expressing no preference (see Figure 26).

Recommendations:

- Should an activity-based payment structure be pursued, put explicit safeguards in place against rushing care and communicate them clearly. The concern is about clinical standards rather than income, so mitigations should be framed that way.
- Should pay be linked to patient feedback, measures would need careful consideration and should be codesigned with clinicians to ensure complexity of this is fully understood. Payment frequency can be set operationally, as clinicians expressed no strong collective preference.
- Regardless of approach, clear communication will be important to ensure clinicians understand the payment model.





Appendix

Appendix

Table A. Number of survey responses, willingness to offer time to NHS Online, and confidence in delivering virtual care by job role

Job Role	#	% Interested in NHS Online	% Confident in delivering virtual care
Nursing: Registered Nurse	480	61%	45%
Nursing: Clinical Nurse Specialist	307	66%	64%
Nursing: Advanced Nurse Practitioner/Nurse Consultant	295	78%	72%
AHP: Physiotherapist	208	62%	64%
Other - Clinical Role Not Listed Above	113	64%	51%
AHP: Occupational Therapist	109	63%	55%
AHP: Speech And Language Therapist	103	55%	62%
AHP: Dietitian	94	79%	85%
Consultant	57	68%	68%
AHP: Radiographer	42	52%	36%
General Practitioner	38	68%	79%
AHP: Podiatrist	26	77%	77%
Resident Doctor: Specialty Registrar/Specialty Trainee	25	80%	52%
Nursing: Practice Nurse	24	96%	50%
Pharmacist	21	90%	86%
AHP: Other	19	58%	32%
AHP: Paramedic	12	75%	75%
Psychology And Talking Therapies: Applied Psychologist	12	50%	83%
Specialty, Associate Specialist And Specialist (SAS) Doctor	12	67%	75%

Job Role	#	% Interested in NHS Online	% Confident in delivering virtual care
Psychology And Talking Therapies: Psychological Therapist/Psychotherapist	11	73%	91%
AHP: Operating Department Practitioner	10	40%	10%
AHP: Orthoptists	8	88%	62%
Nursing: Nursing Associate	8	62%	25%
Resident Doctor: Core Trainee/Senior House Officer	8	50%	38%
AHP: Music Therapist	5	80%	60%
Resident Doctor: Foundation Year 2	5	80%	60%
AHP: (Allied Health Professional): Art Therapist	4	50%	75%
AHP: Prosthetists And Orthotists	4	75%	75%
Medical Associates: Physician Associate	4	100%	25%
Resident Doctor: Foundation Year 1	4	25%	25%
Resident Doctor: Trust Grade Doctor/Clinical Fellow	4	75%	50%
Clinical Scientist	3	100%	67%
Healthcare Science Practitioner	2	0%	0%
Medical Associates: Anaesthesia Associate	2	100%	50%
Resident Doctor: Associate Specialist	2	50%	50%
Resident Doctor: Specialty Doctor	2	100%	100%
Biomedical Scientist	1	100%	100%
Optometrist	1	100%	100%
Total	2,085	67%	60%

Appendix

Table B. Number of survey responses, willingness to offer time to NHS Online, and confidence in delivering virtual care by specialty

Specialty	#	% Interested in NHS Online	% Confident in delivering virtual care	Specialty (continued)	#	% Interested in NHS Online	% Confident in delivering virtual care
Not answered	465	72%	62%	Old age psychiatry	18	56%	39%
Other - specialty not listed above	439	69%	62%	Cardiothoracic surgery	14	50%	29%
Paediatrics	135	57%	67%	Pain management	14	57%	64%
Adult mental illness	83	78%	65%	Palliative medicine	13	62%	54%
Medical oncology/clinical oncology	73	73%	71%	Dermatology	12	50%	83%
Respiratory medicine	53	60%	70%	Paediatric neurology	11	64%	64%
Cardiology	45	62%	42%	Neonatal medicine	11	82%	73%
Gynaecology	45	76%	71%	Neurosurgery	10	60%	20%
Intensive care medicine	44	48%	68%	Vascular surgery	10	60%	50%
Emergency medicine	43	56%	28%	Ear, nose and throat (ent)	10	60%	30%
Neurology	43	63%	63%	Genitourinary medicine	9	78%	67%
Trauma and orthopaedics	42	69%	55%	Paediatric surgery	9	67%	89%
Geriatric medicine	39	59%	44%	Rheumatology	8	38%	12%
General surgery	34	65%	38%	Plastic surgery	7	71%	86%
Endocrinology and diabetes	33	67%	73%	Renal medicine	7	43%	71%
Ophthalmology	33	73%	64%	Forensic psychiatry	5	40%	20%
General internal medicine/acute internal medicine	32	72%	53%	Clinical immunology/allergy	4	75%	100%
Learning disability	30	57%	40%	Oral and maxillofacial surgery/oral surgery	3	67%	67%
Rehabilitation medicine	29	62%	62%	Clinical genetics	2	50%	100%
Radiology	28	50%	29%	Histopathology	2	0%	0%
Gastroenterology	26	88%	73%	Medical psychotherapy	2	50%	50%
Haematology/clinical haematology	24	50%	58%	Paediatric cardiology	2	100%	100%
Urology	23	74%	70%	Medical microbiology/chemical pathology	1	100%	100%
Child and adolescent psychiatry	21	57%	71%	Nuclear medicine	1	100%	0%
Anaesthetics	19	53%	21%	Total	2,085	67%	60%
Obstetrics	19	79%	79%				

Figure 1. Age distribution

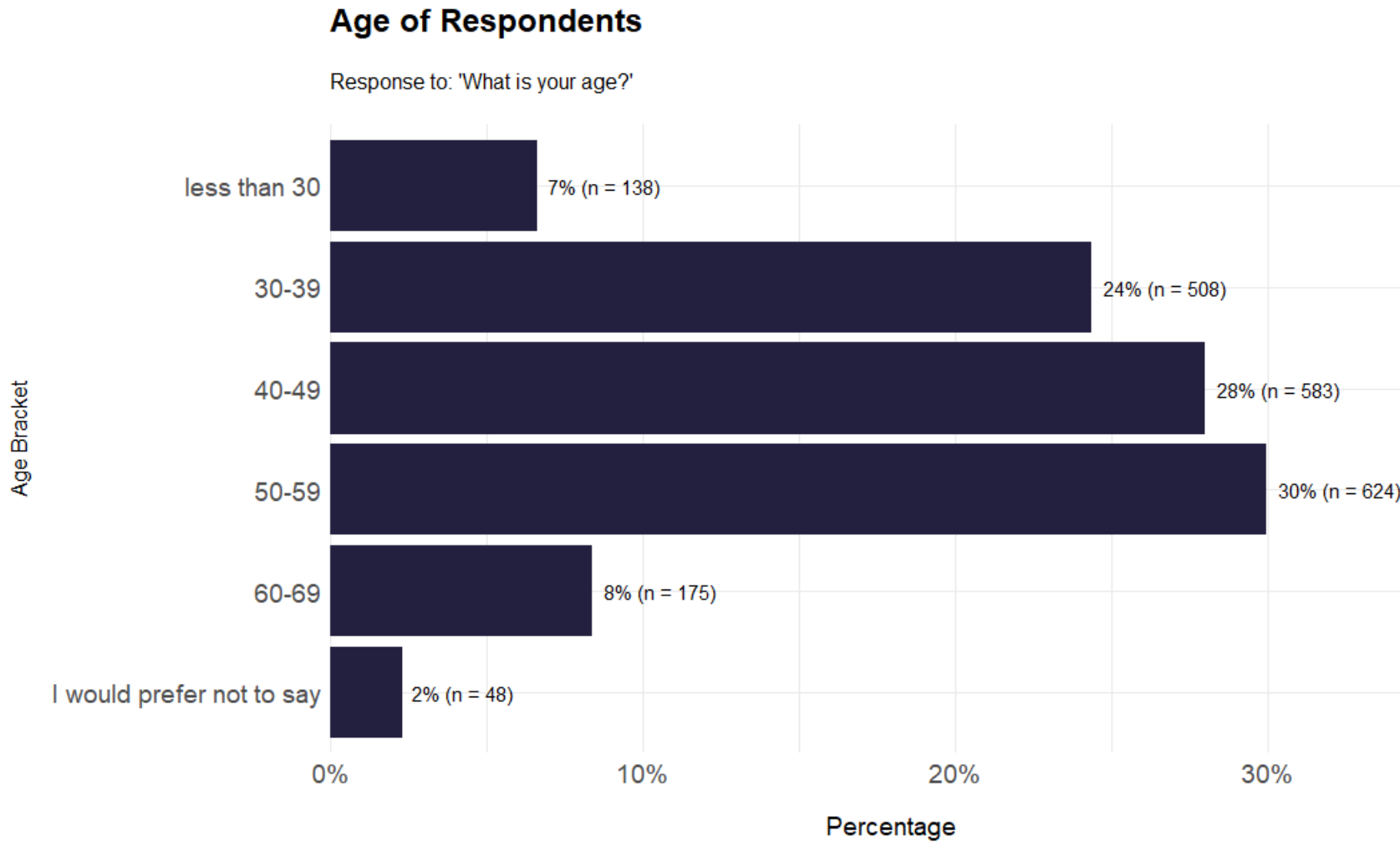


Figure 2. Sex distribution

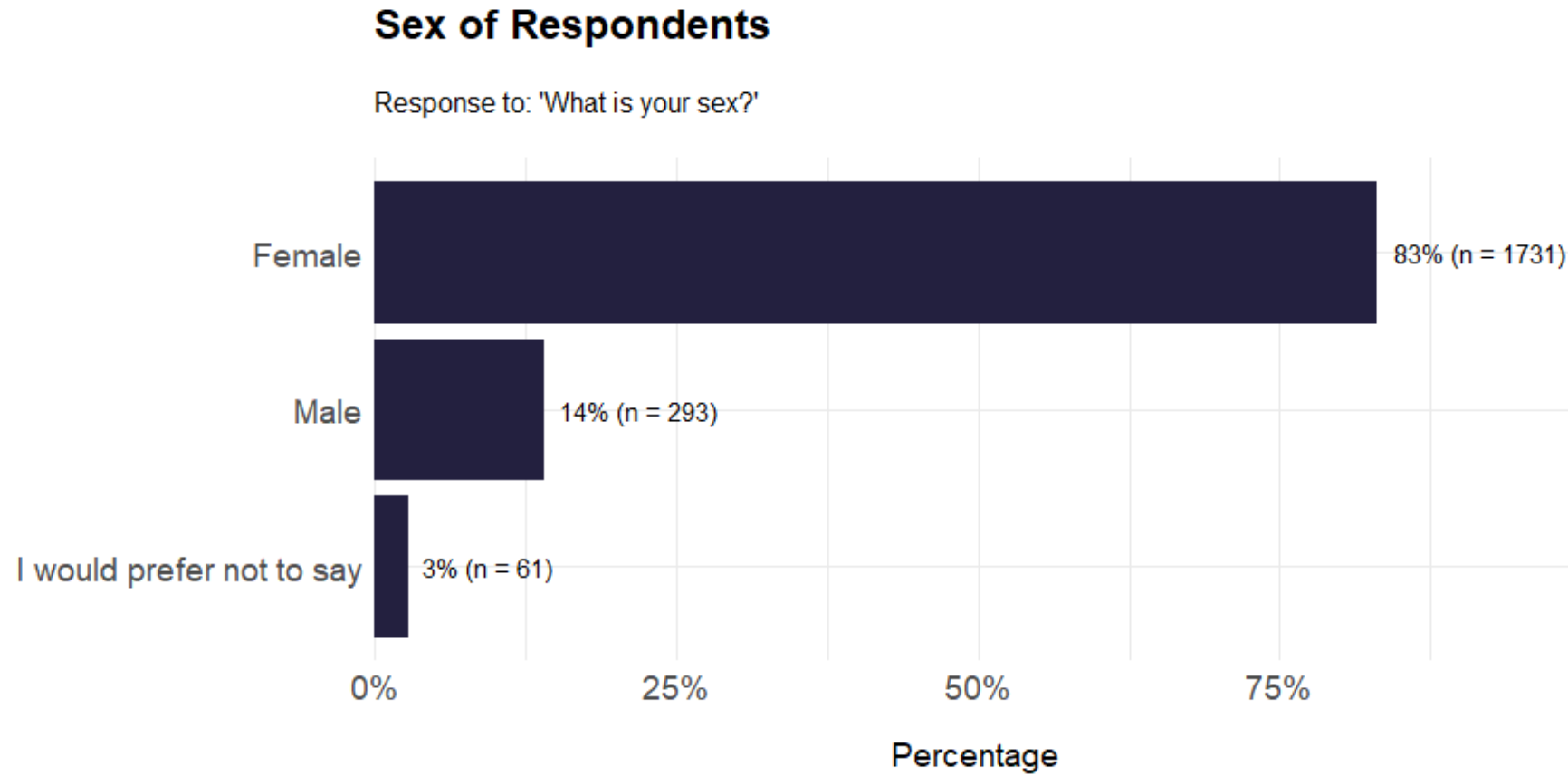


Figure 3. Years qualified

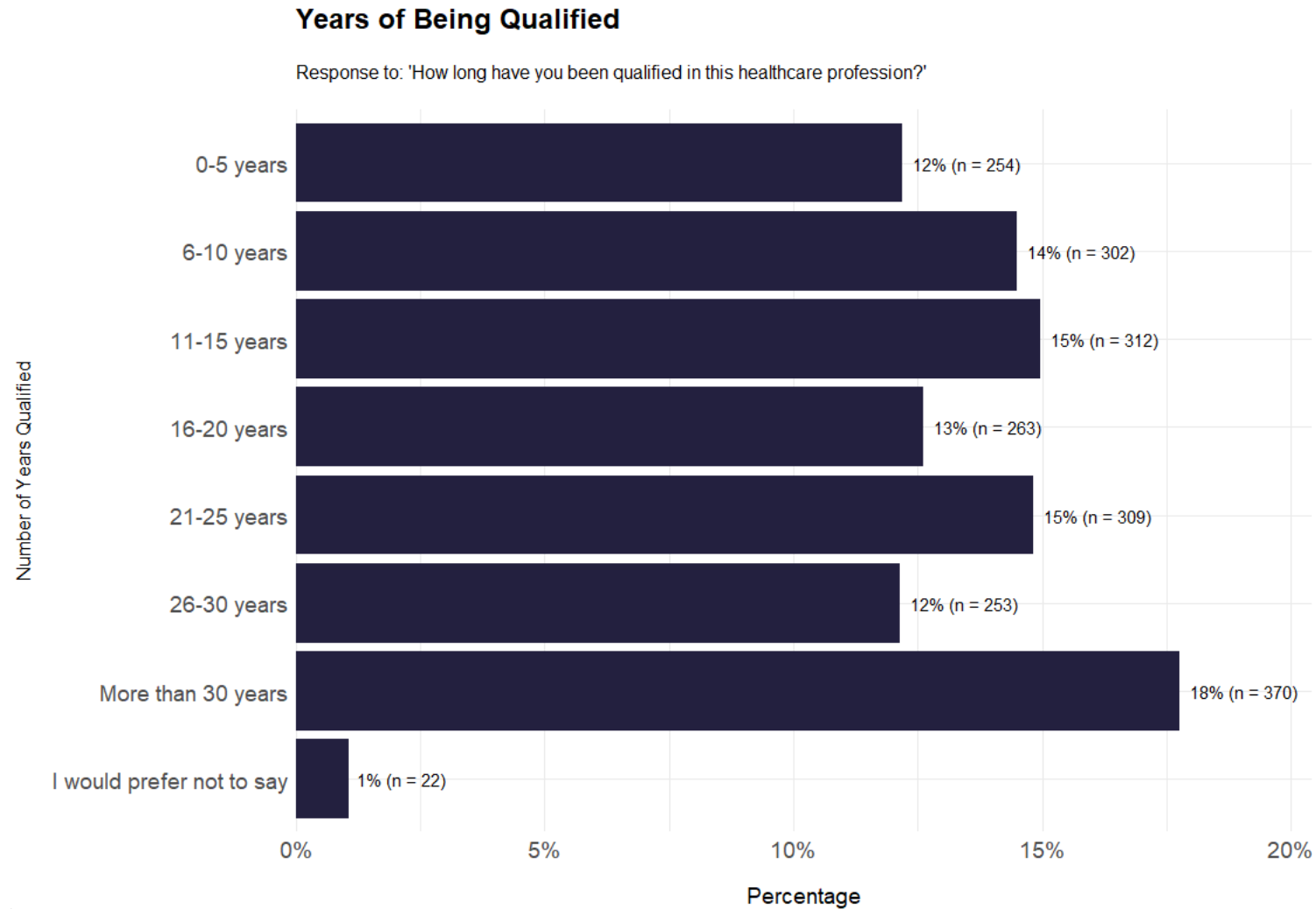


Figure 4. Working status

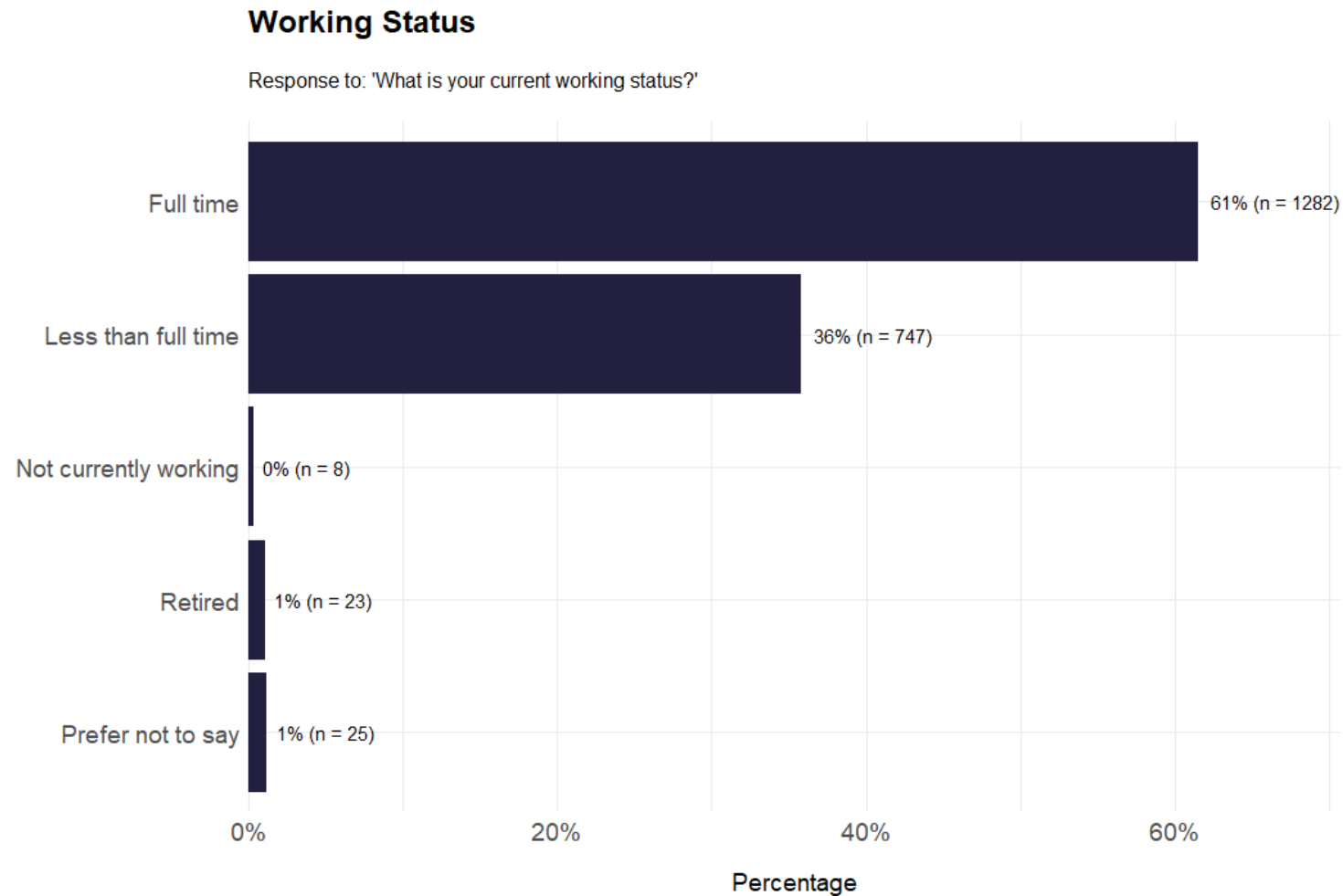


Figure 5. Likelihood of retiring

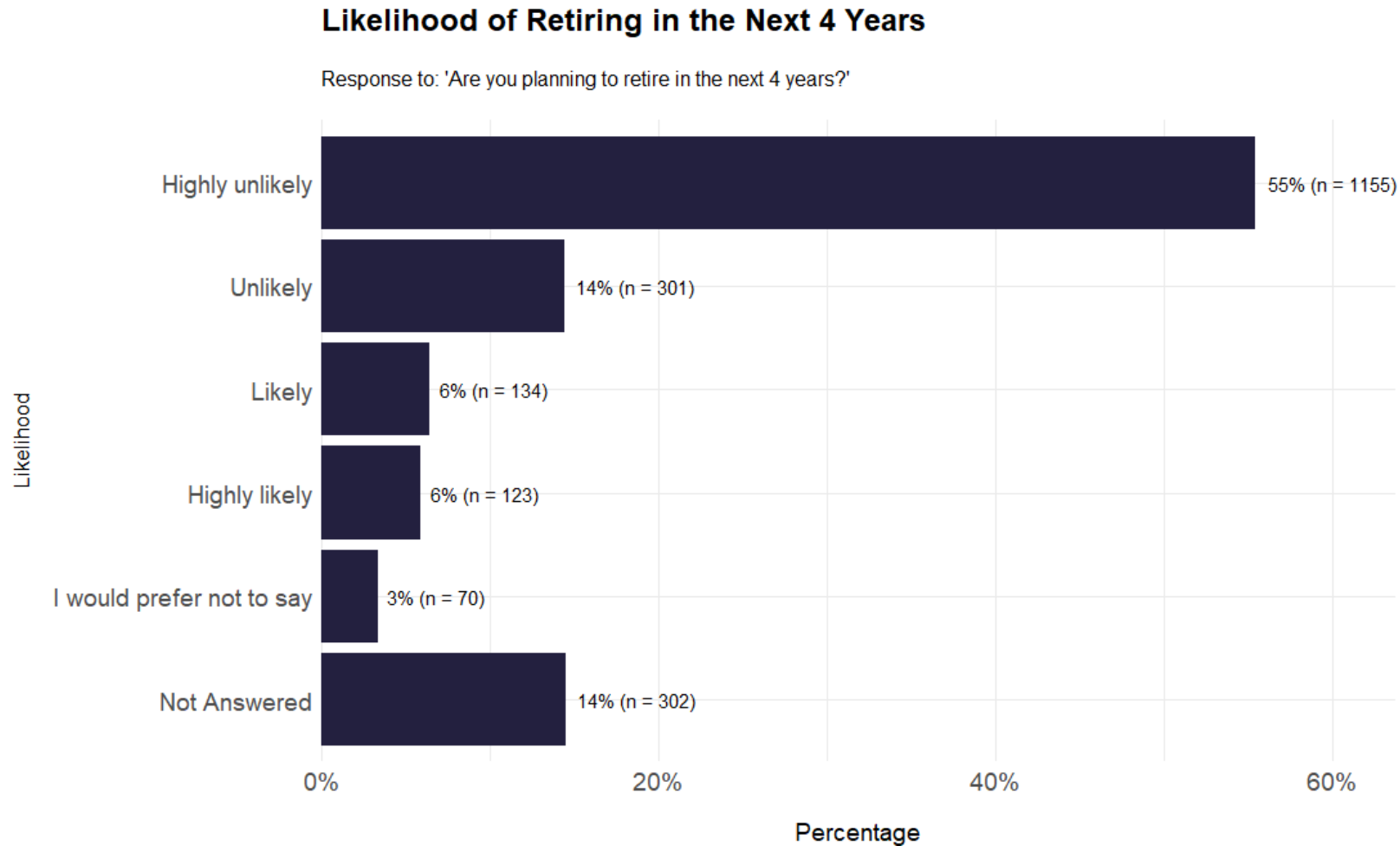


Figure 6. Caring responsibilities

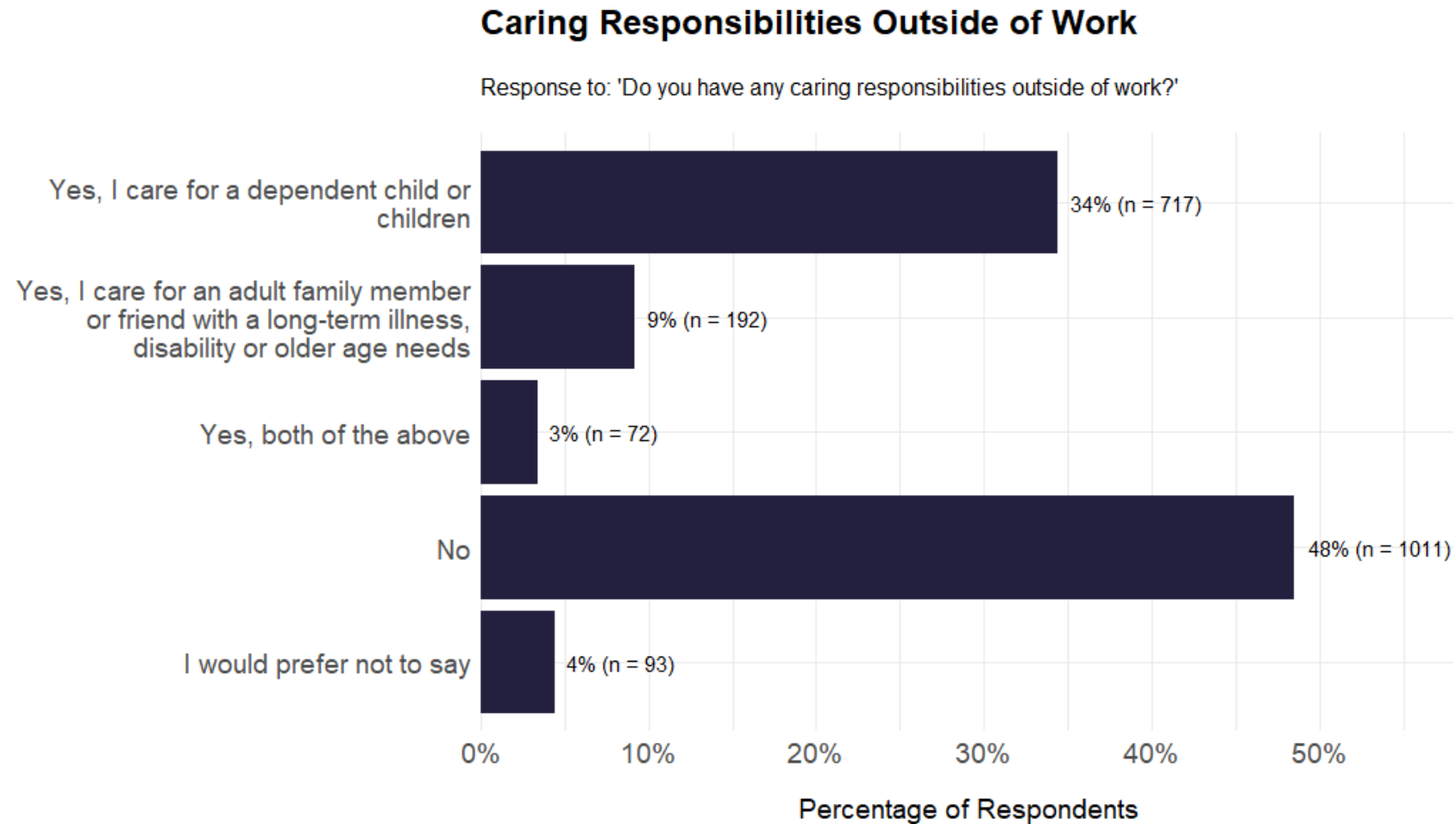


Figure 7. Interest in delivering care for NHS Online by Agenda for Change Band

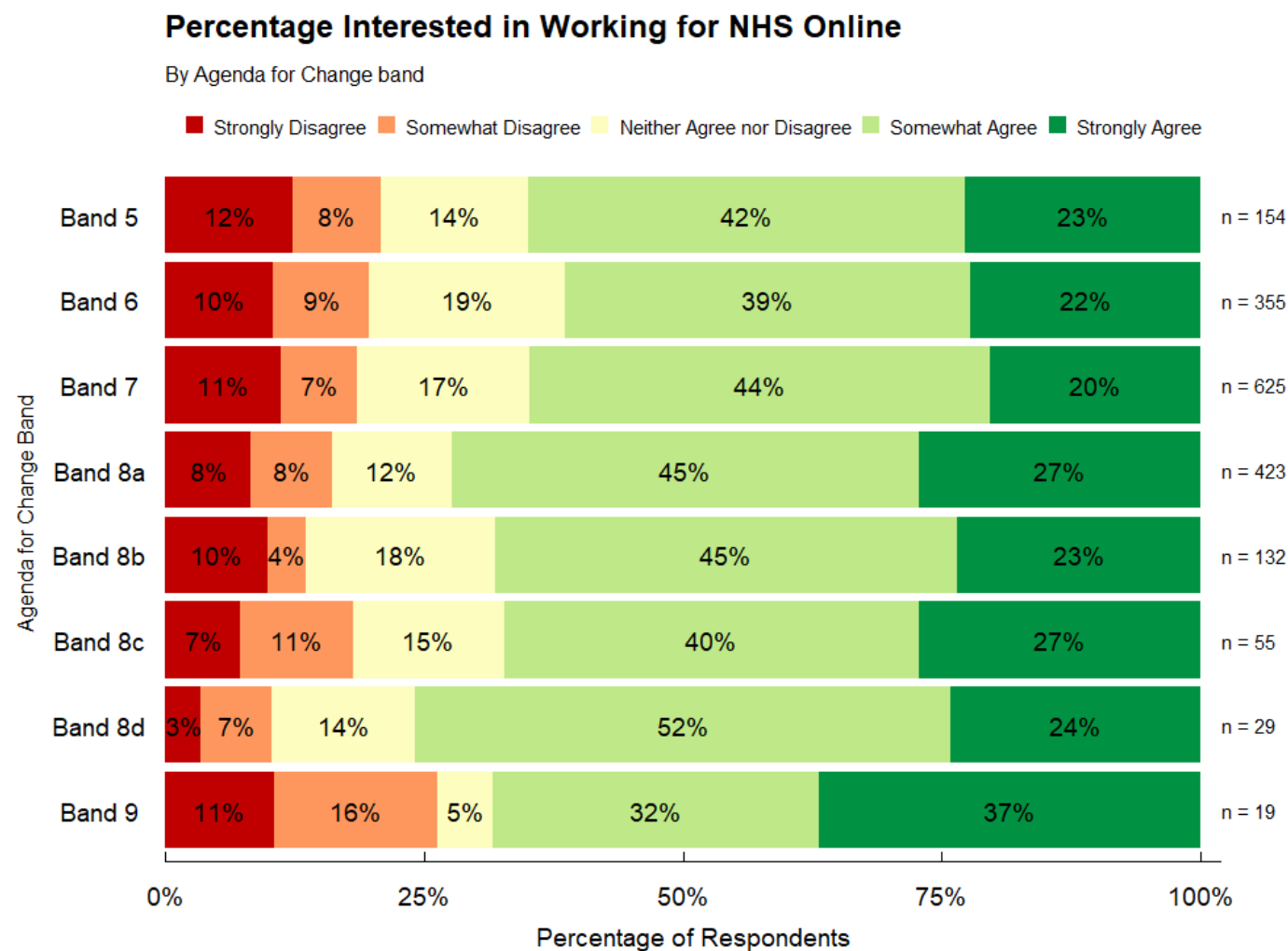


Figure 8. Interest in delivering care for NHS Online by years qualified

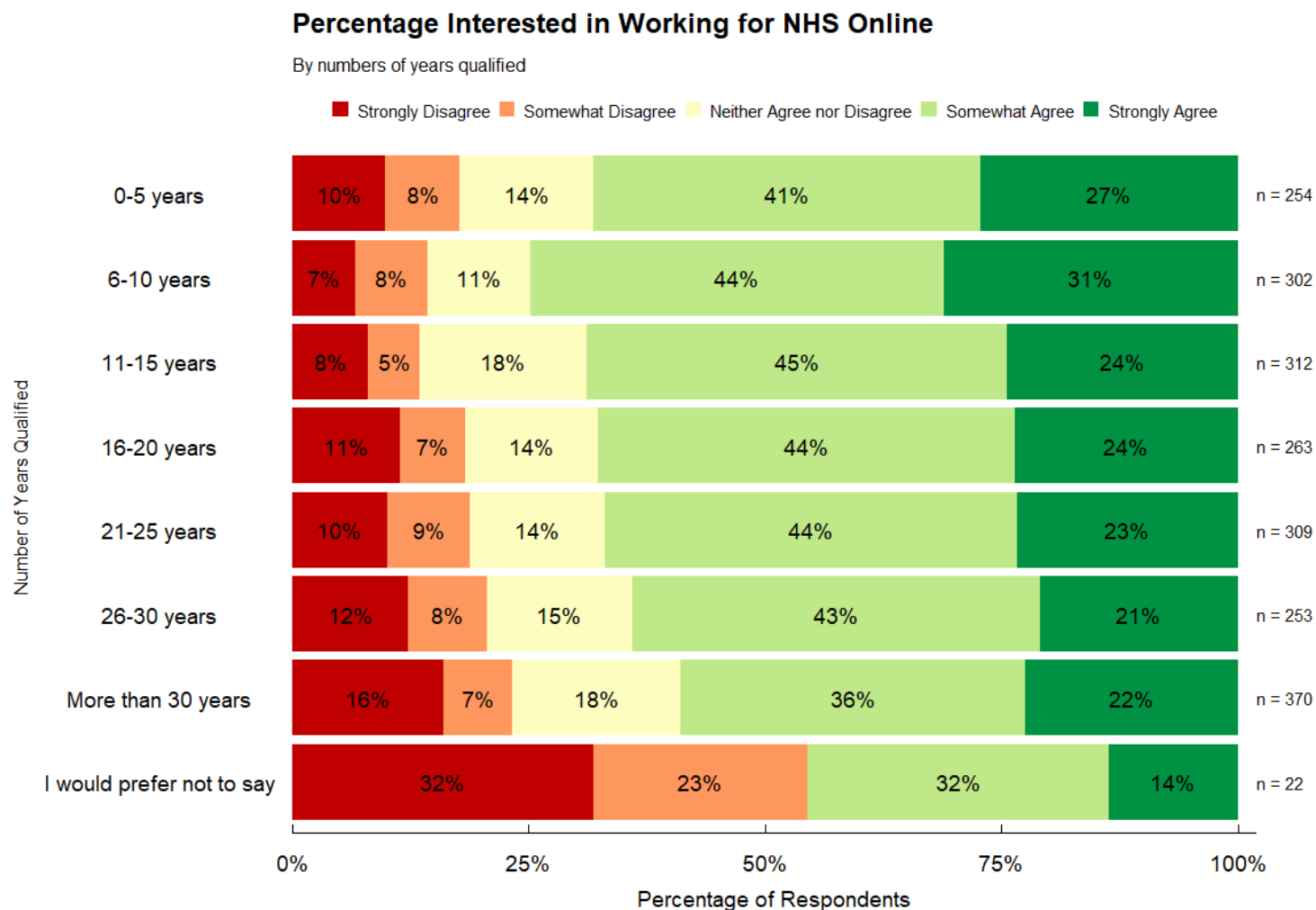


Figure 9. Interest in delivering care for NHS Online by age

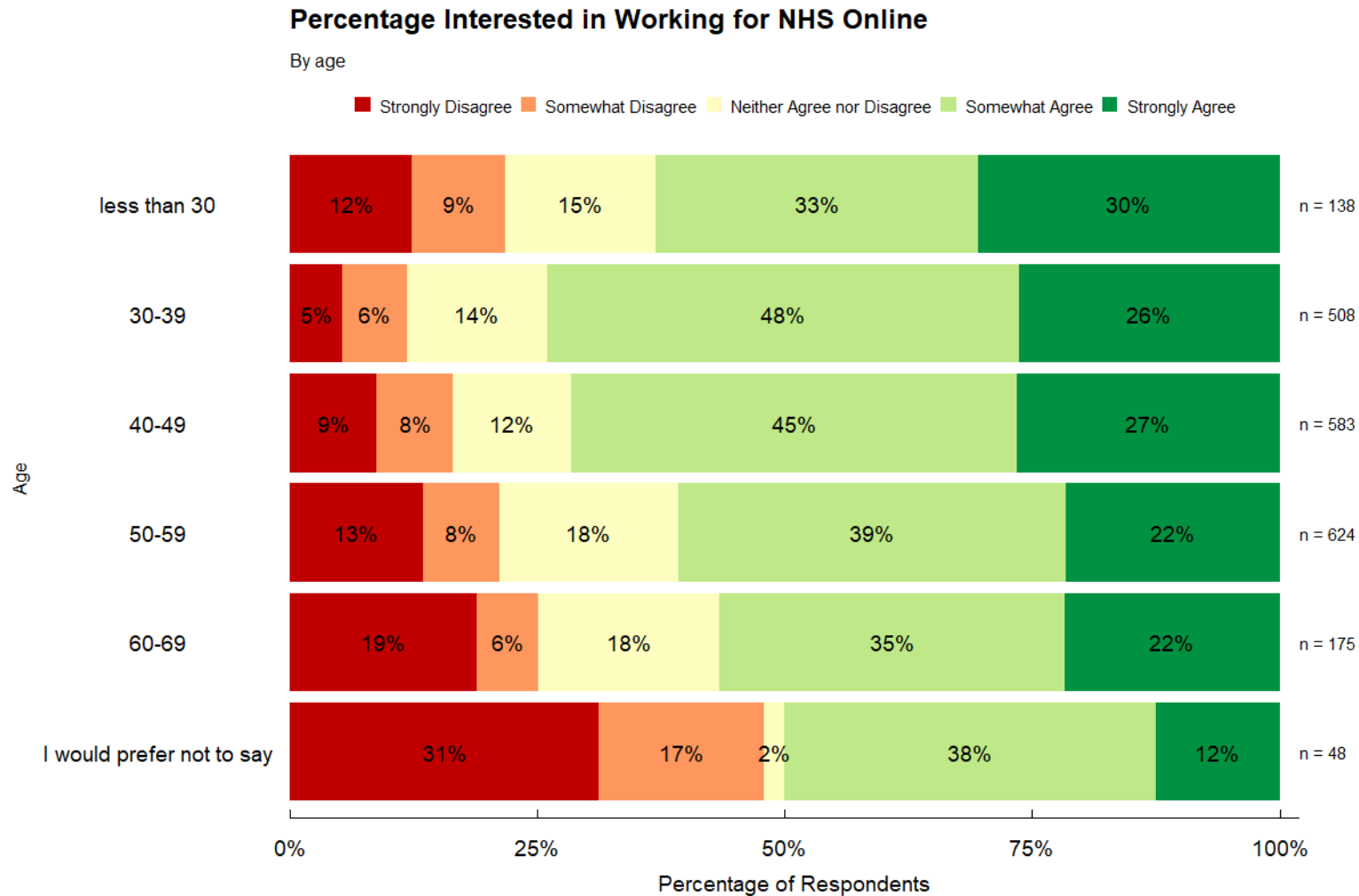


Figure 10. Interest in delivering care for NHS Online by caring responsibility

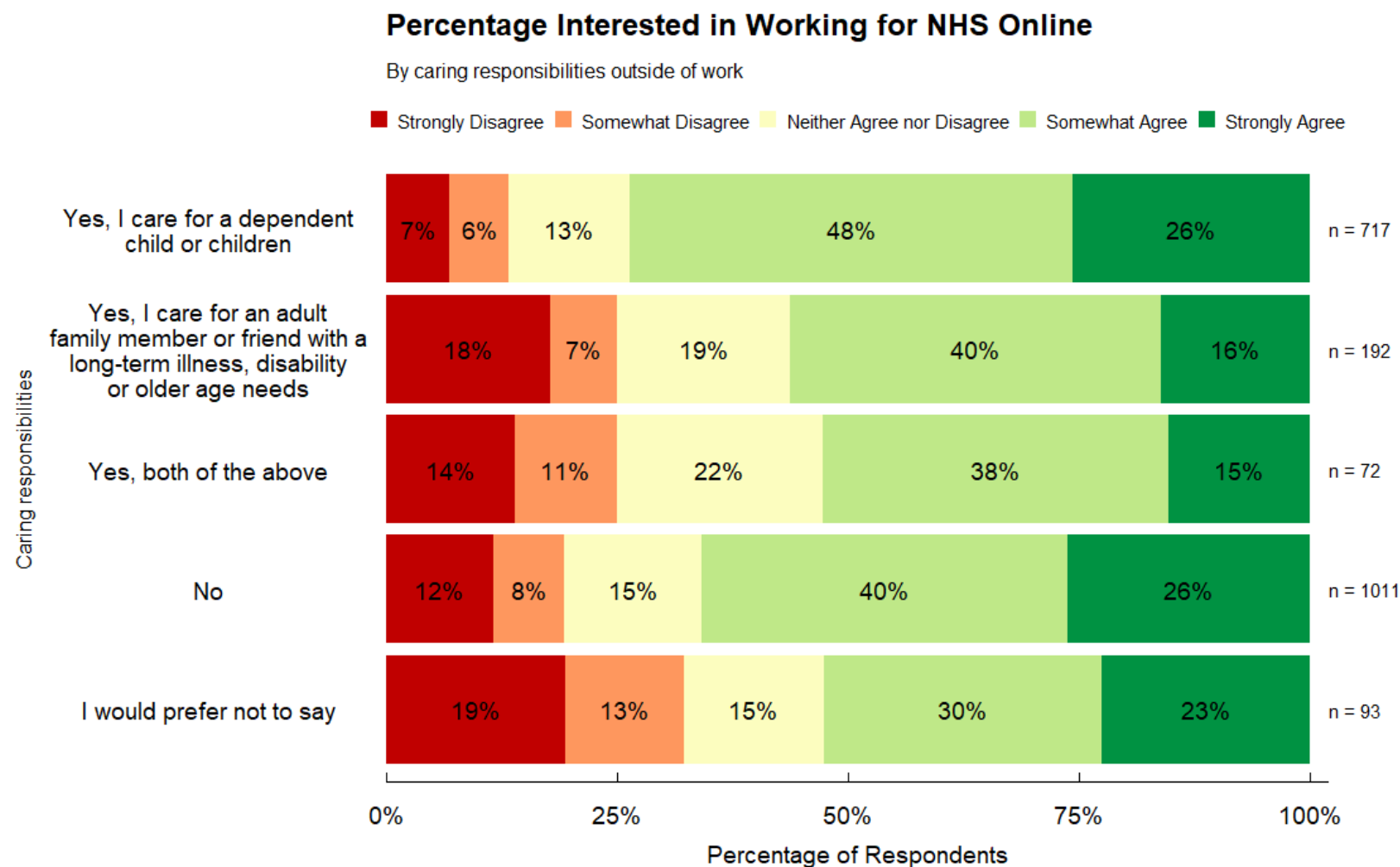


Figure 11. Experience in delivering virtual care

Experience in Delivering Virtual Care

Response to: 'Have you had any experience of delivering virtual care e.g. delivering video appointments or working in virtual clinics?'
Clinician Survey vs. Consultant/SAS Doctor Survey

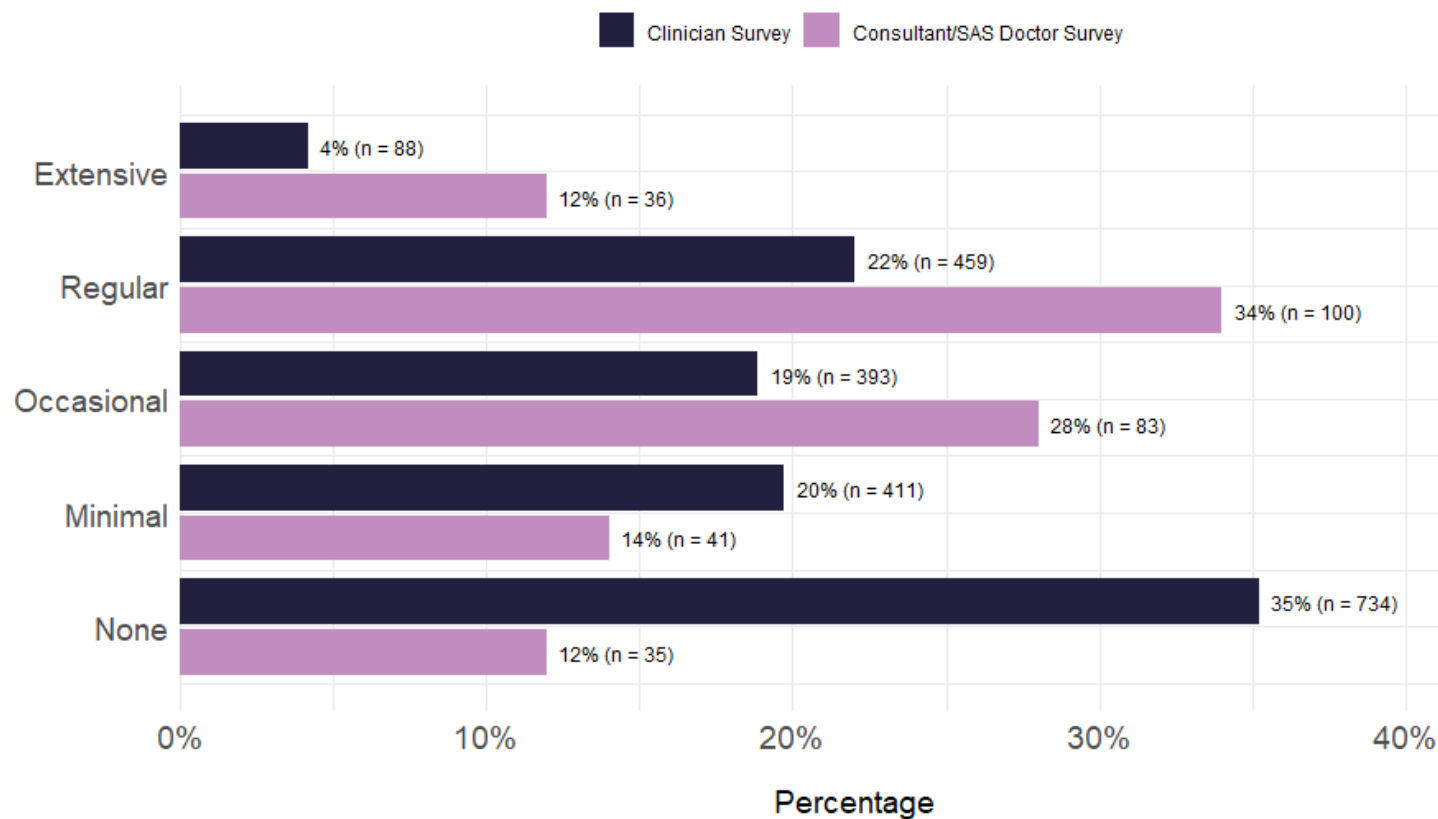


Figure 12. Confidence in delivering virtual care

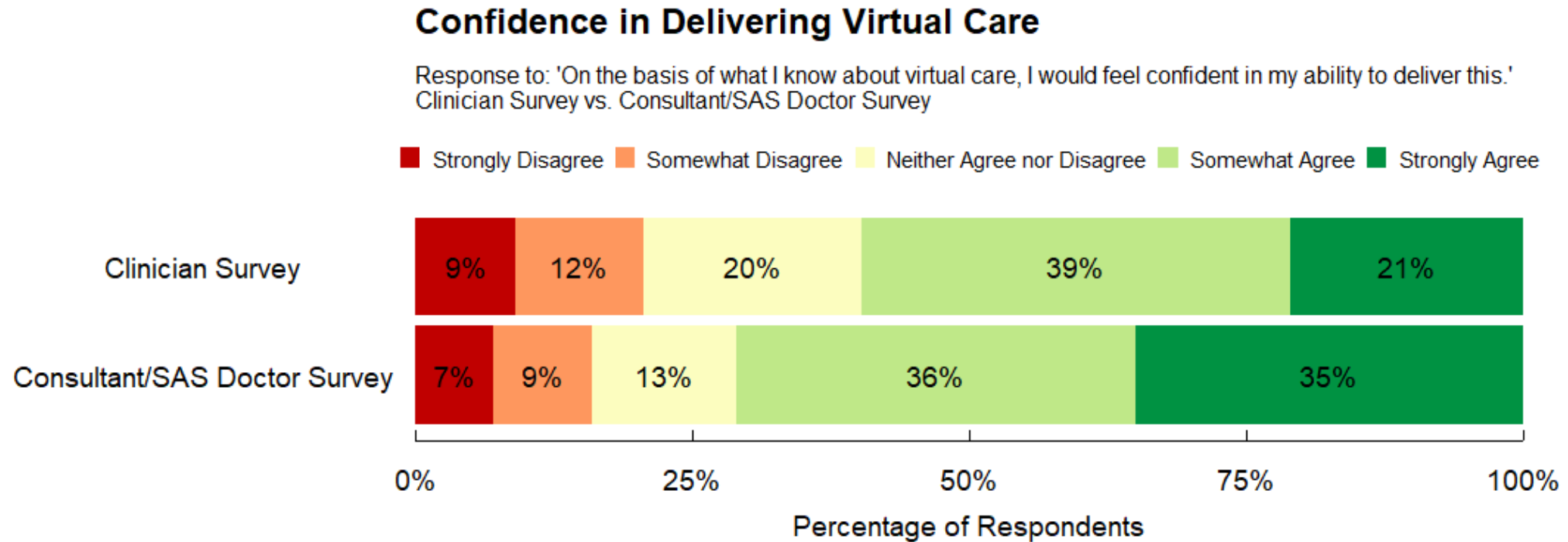


Figure 13. Confidence in delivering virtual care by Agenda for Change Band

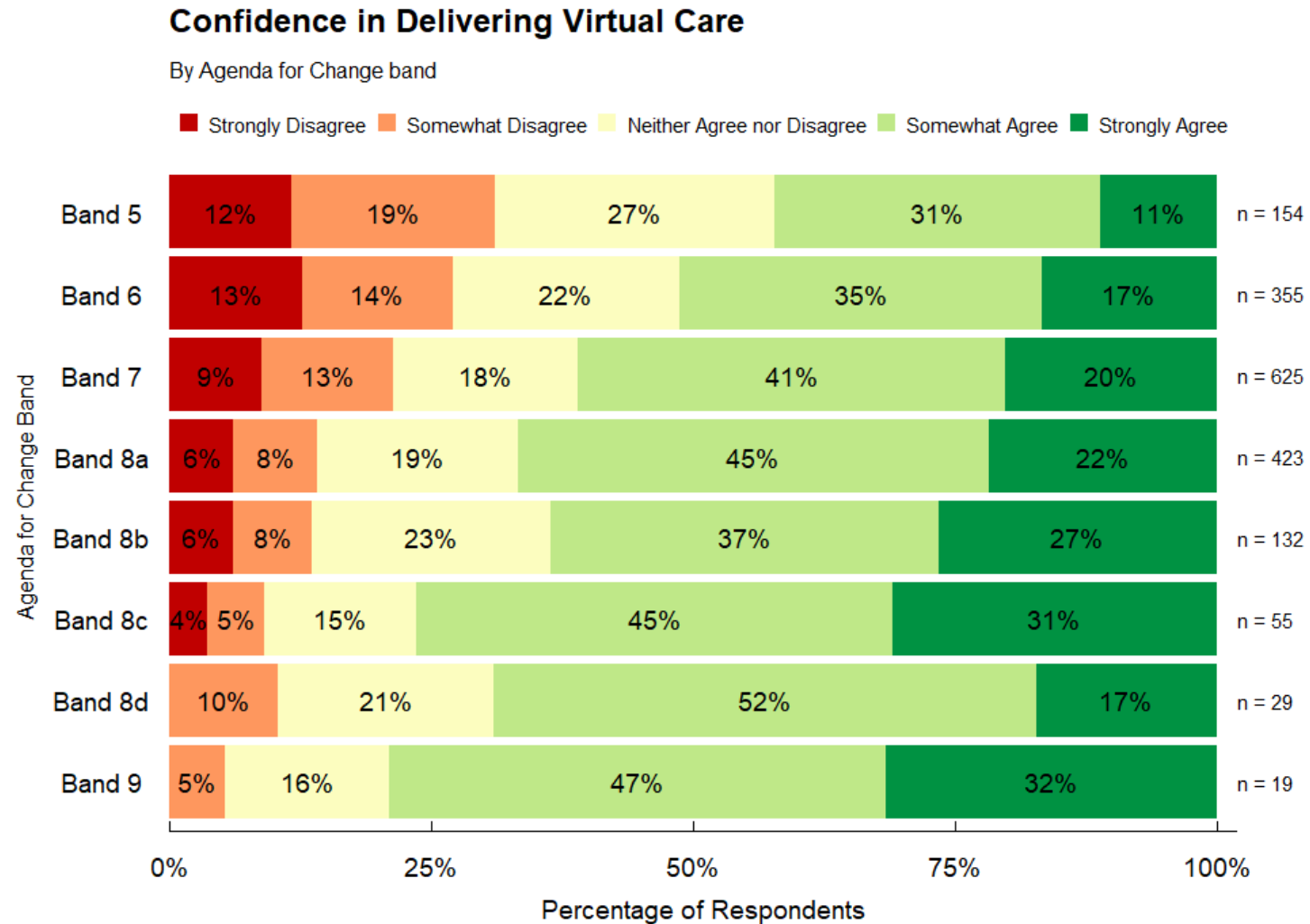
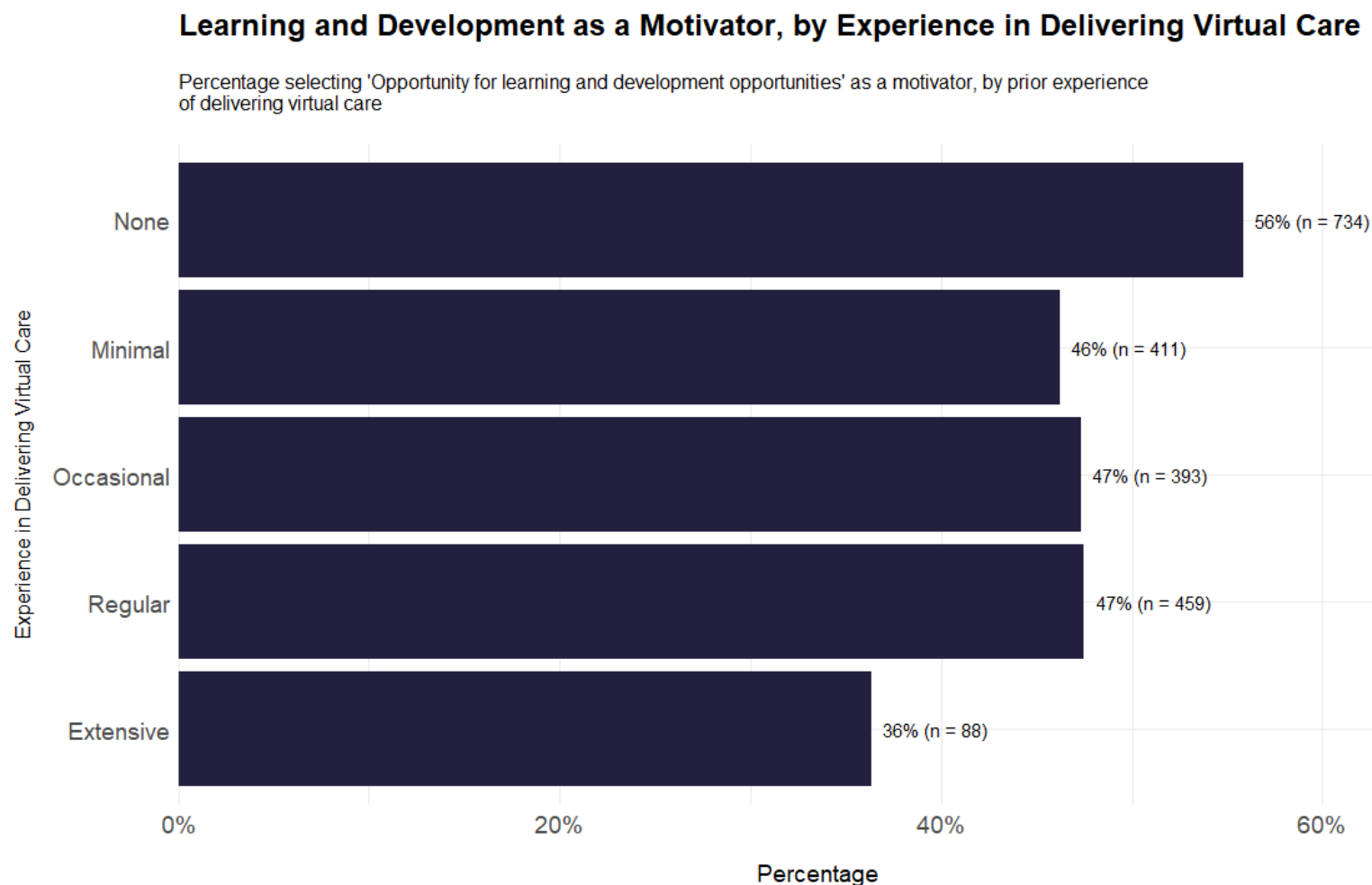


Figure 14. Learning and development as a motivating factor by experience in delivering virtual care

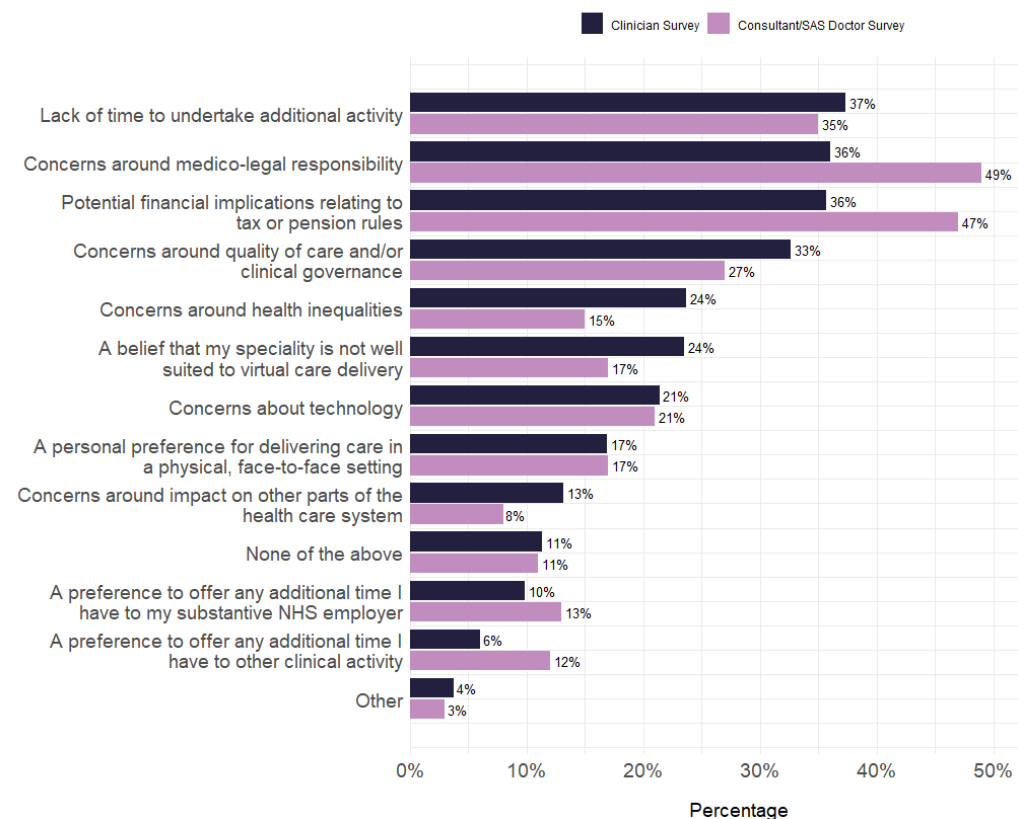


Appendix

Figure 15. Reluctance factors (interested and not interested in NHS Online)

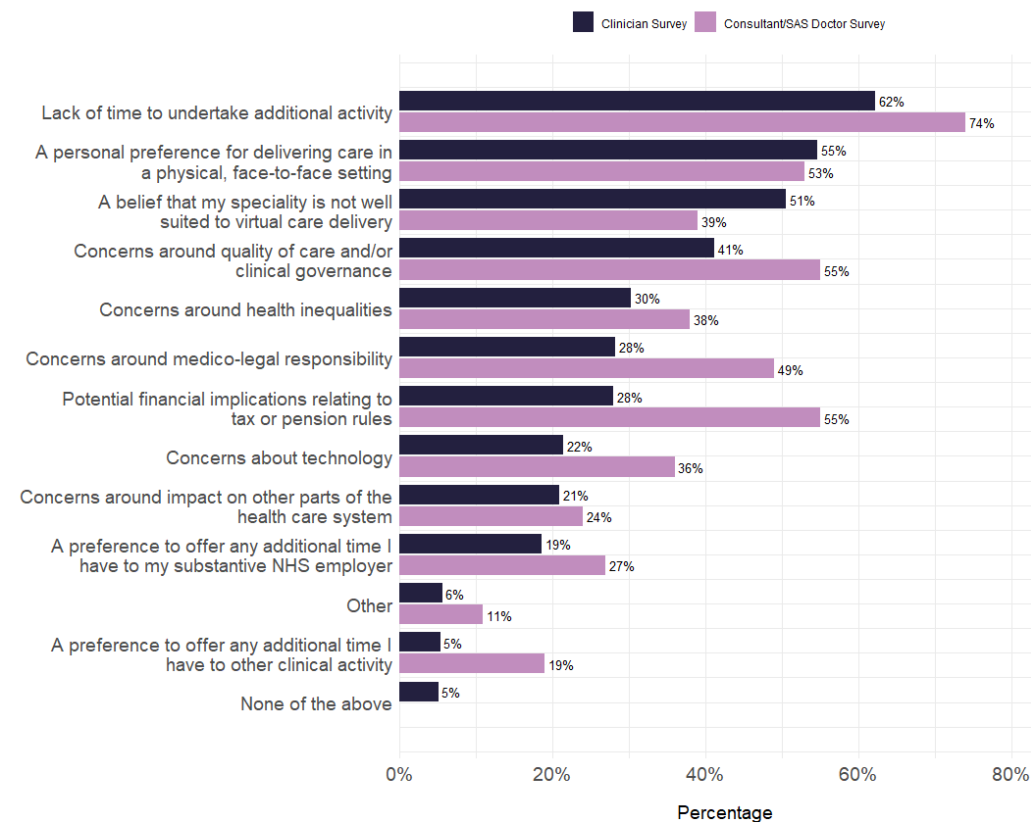
Reluctance Factors for Offering Time to NHS Online

Clinician Survey vs. Consultant/SAS Doctor Survey
Among those interested in NHS Online



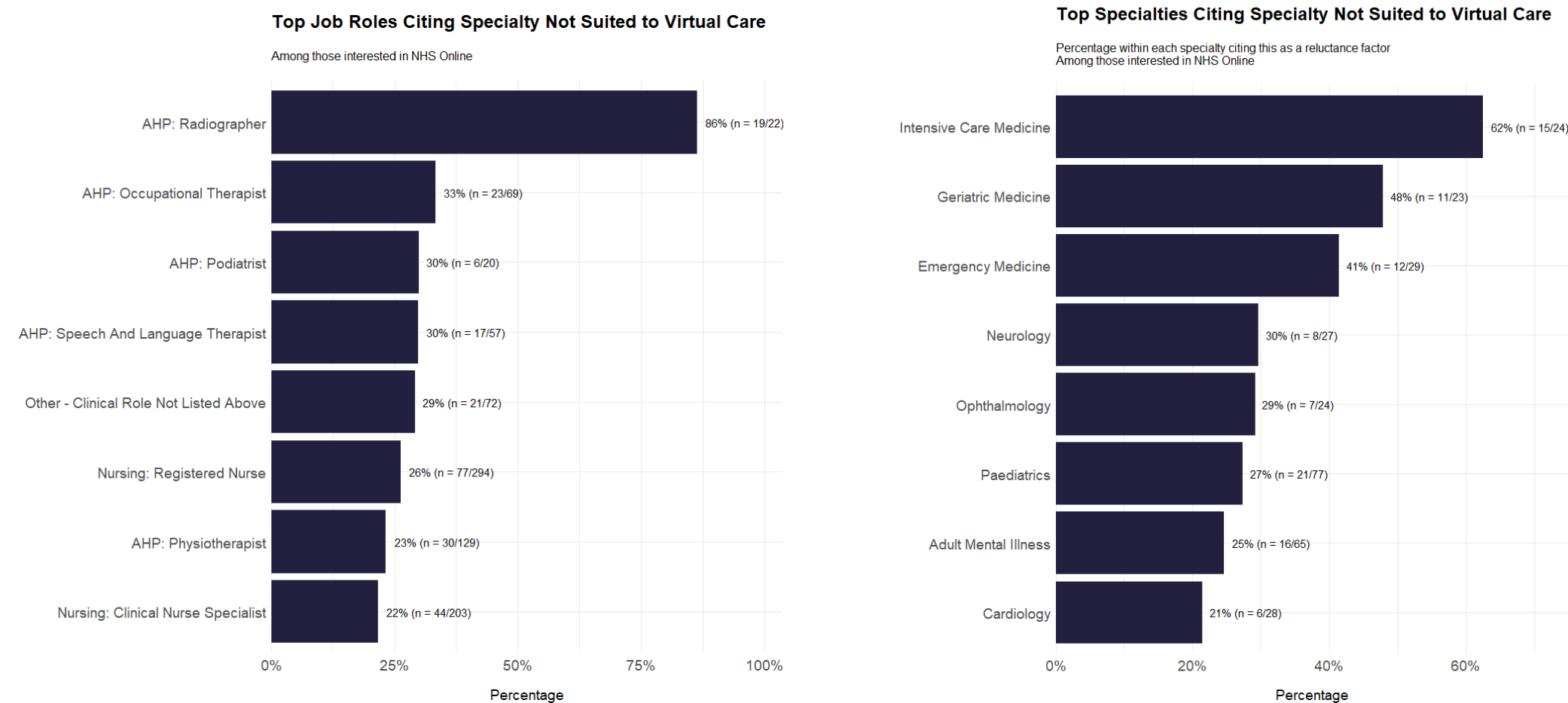
Reluctance Factors for Offering Time to NHS Online

Clinician Survey vs. Consultant/SAS Doctor Survey
Among those not interested in NHS Online



Appendix

Figure 16. Specialty not suited as a reluctance factor by job role and specialty (top 8)



Appendix

Figure 17. Specialty not suited as a reluctance factor by experience and confidence in delivering virtual care

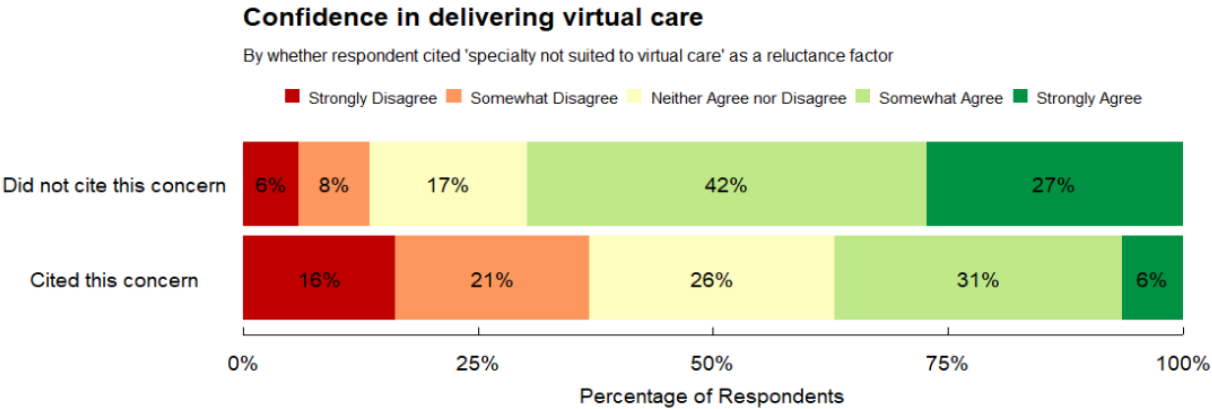
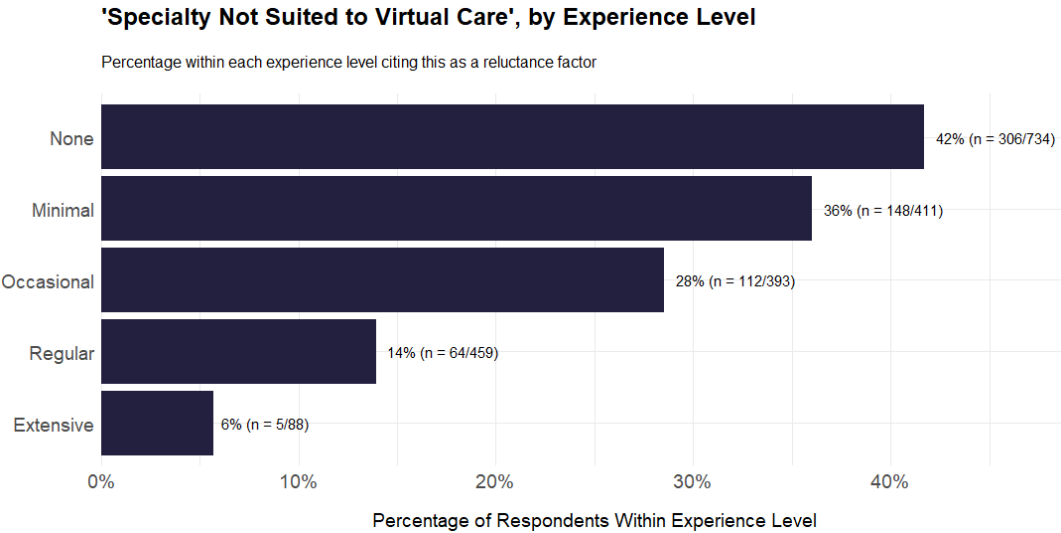


Figure 18. Preference for choosing own work allocation

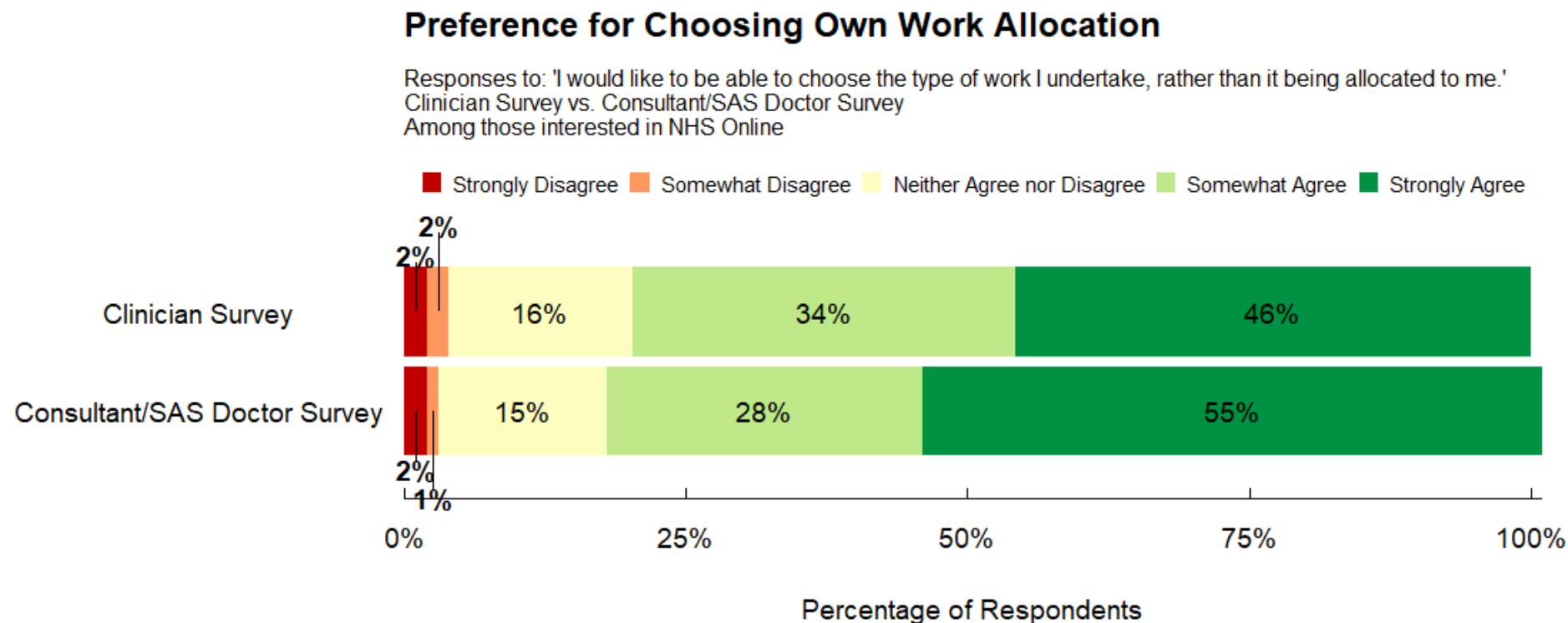


Figure 19. Preferred way of working by caring responsibility

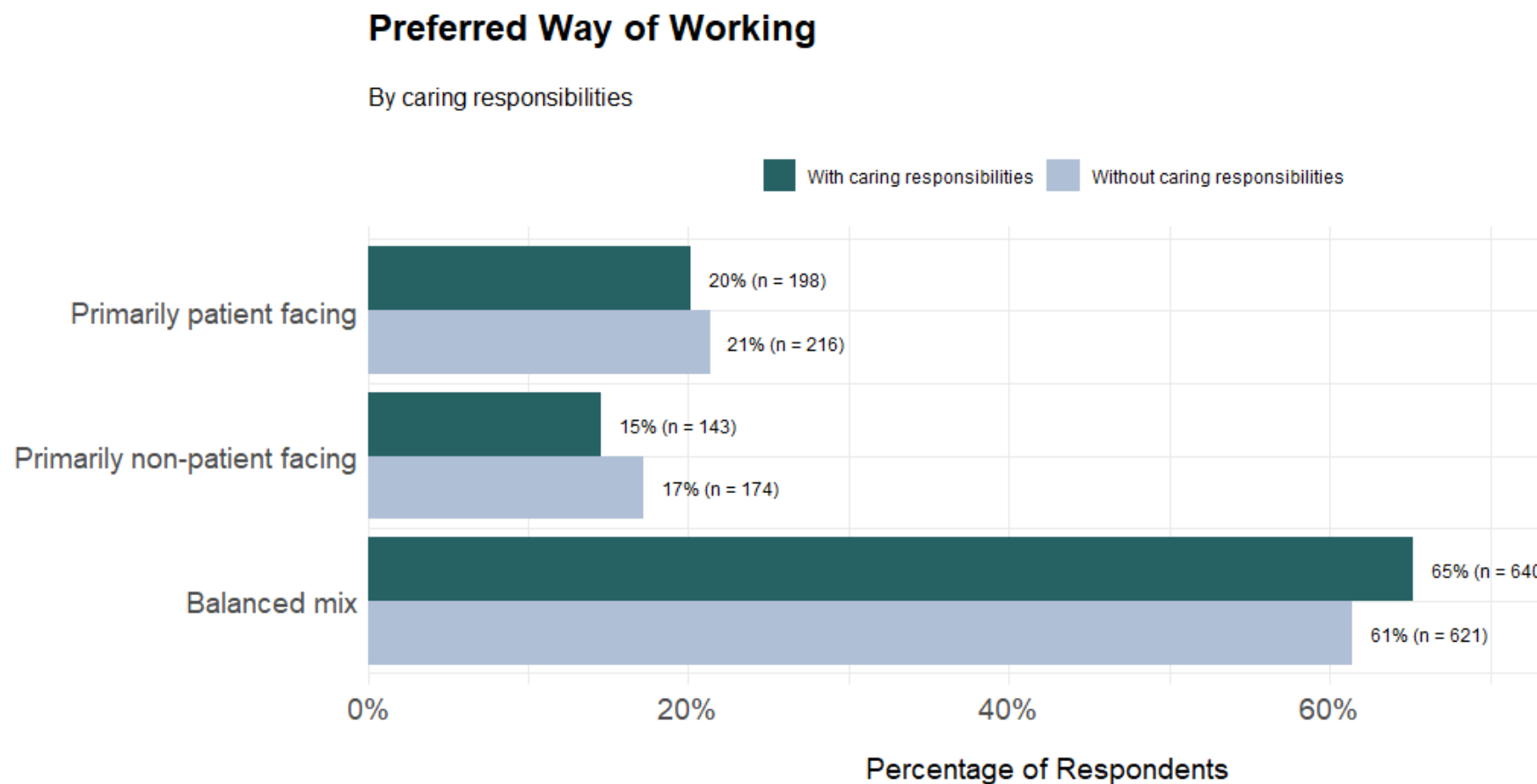


Figure 20. Preferred time slot for patient facing work

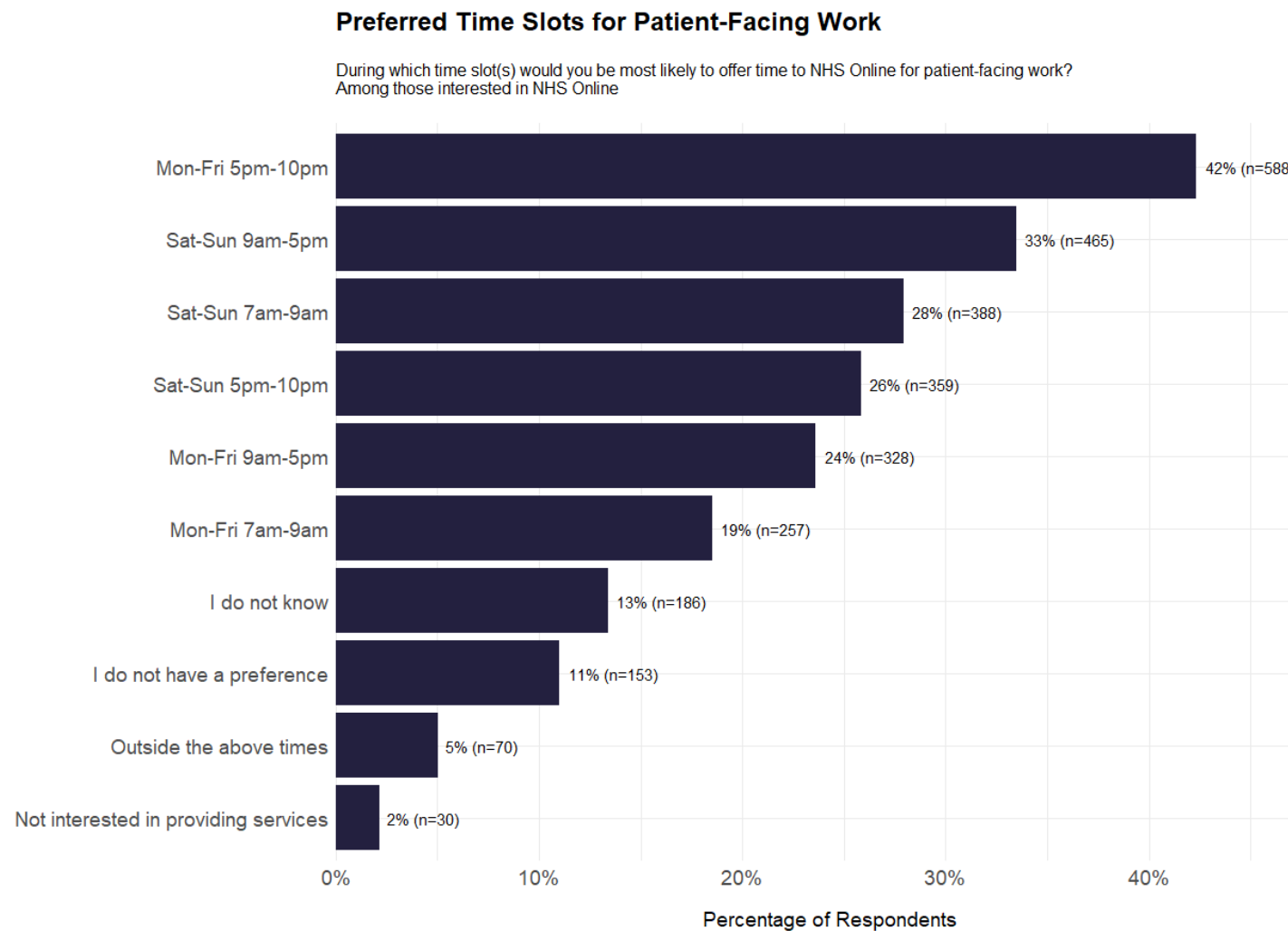


Figure 21. Preferred time slot for patient facing work by caring responsibility

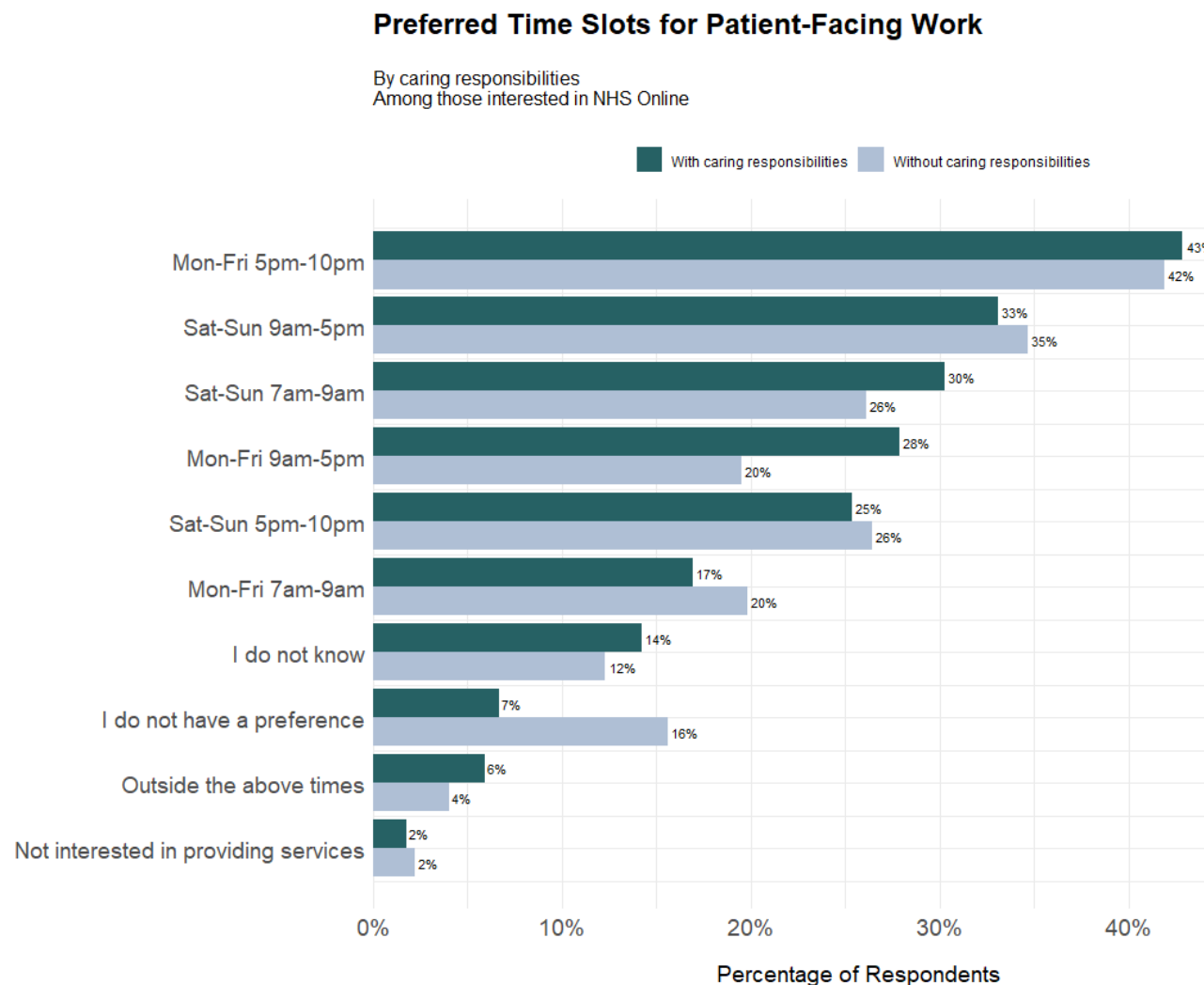


Figure 22. Preference for scheduled vs ad hoc shifts

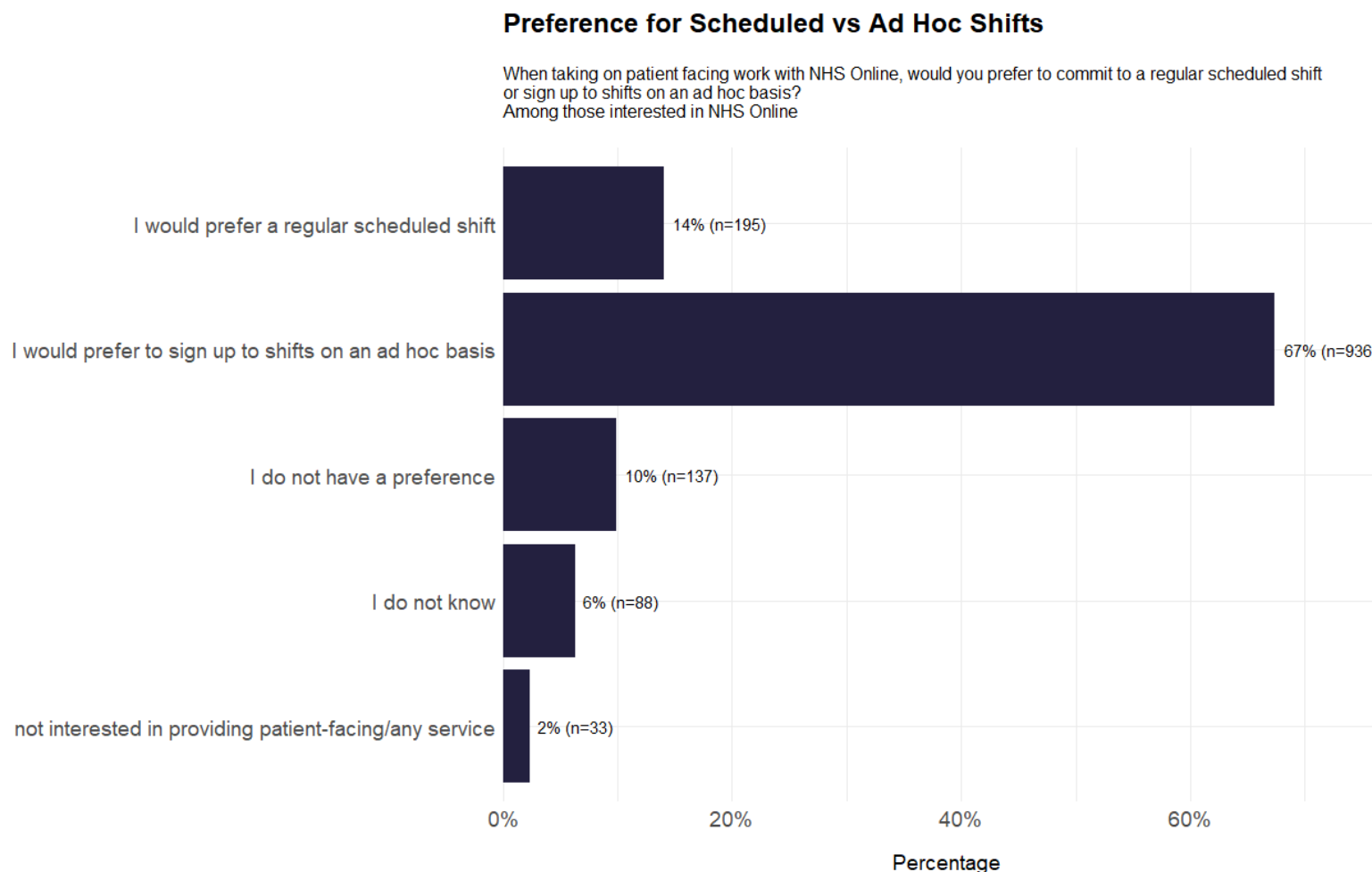


Figure 23. Preference for advance notice for patient facing work

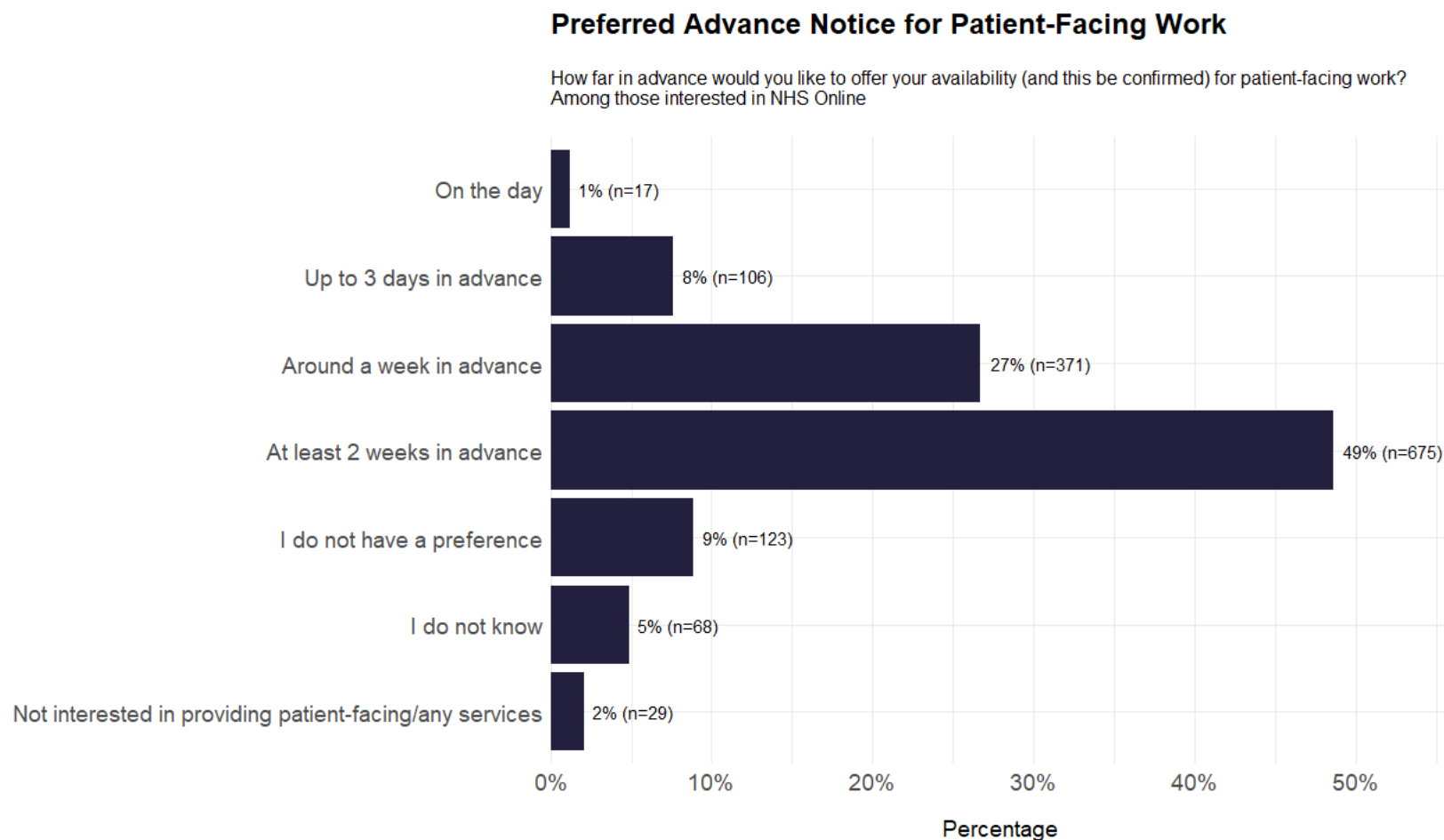


Figure 24. Communication method for available work

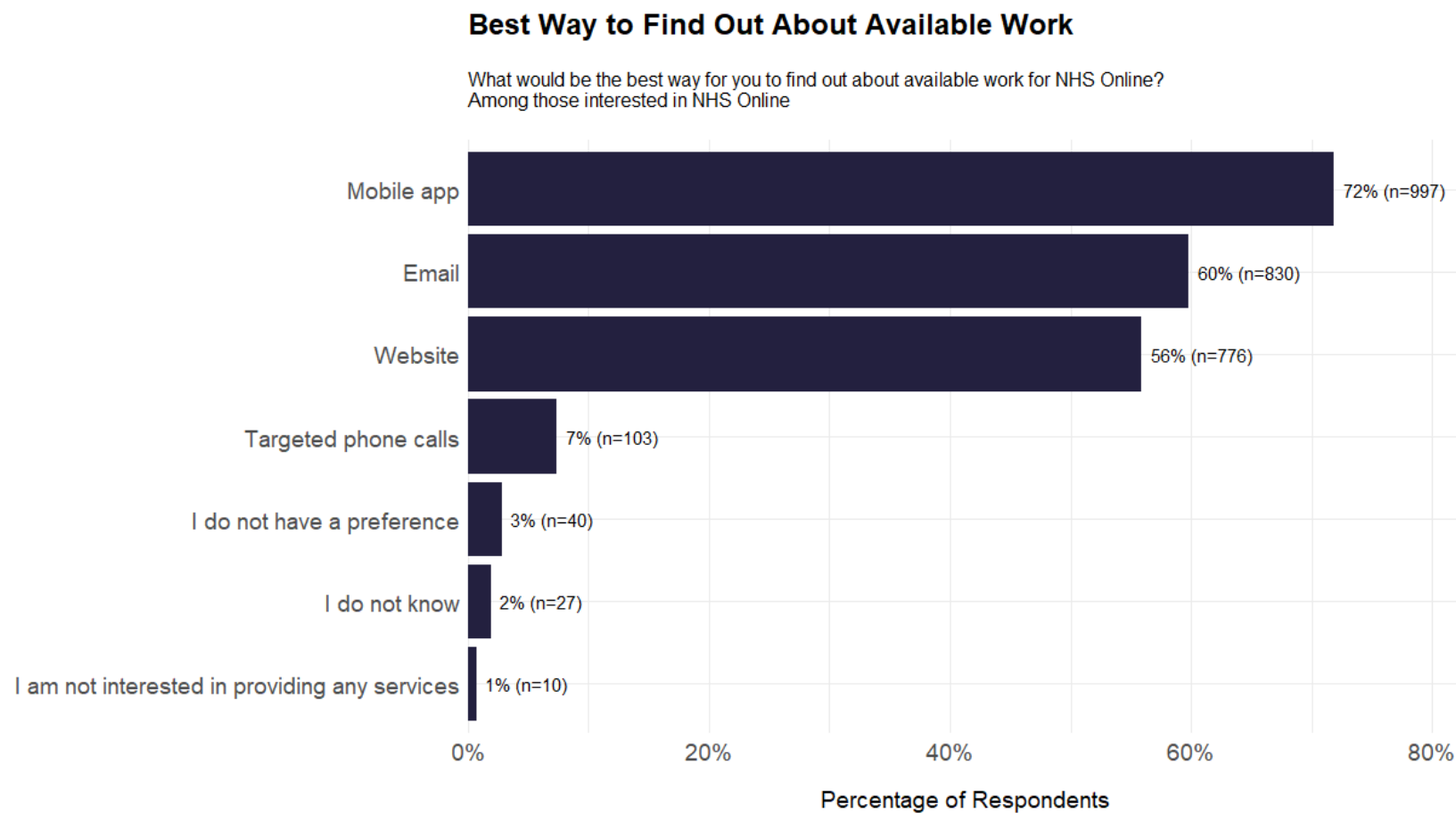


Figure 25. Time offered to NHS Online by working pattern

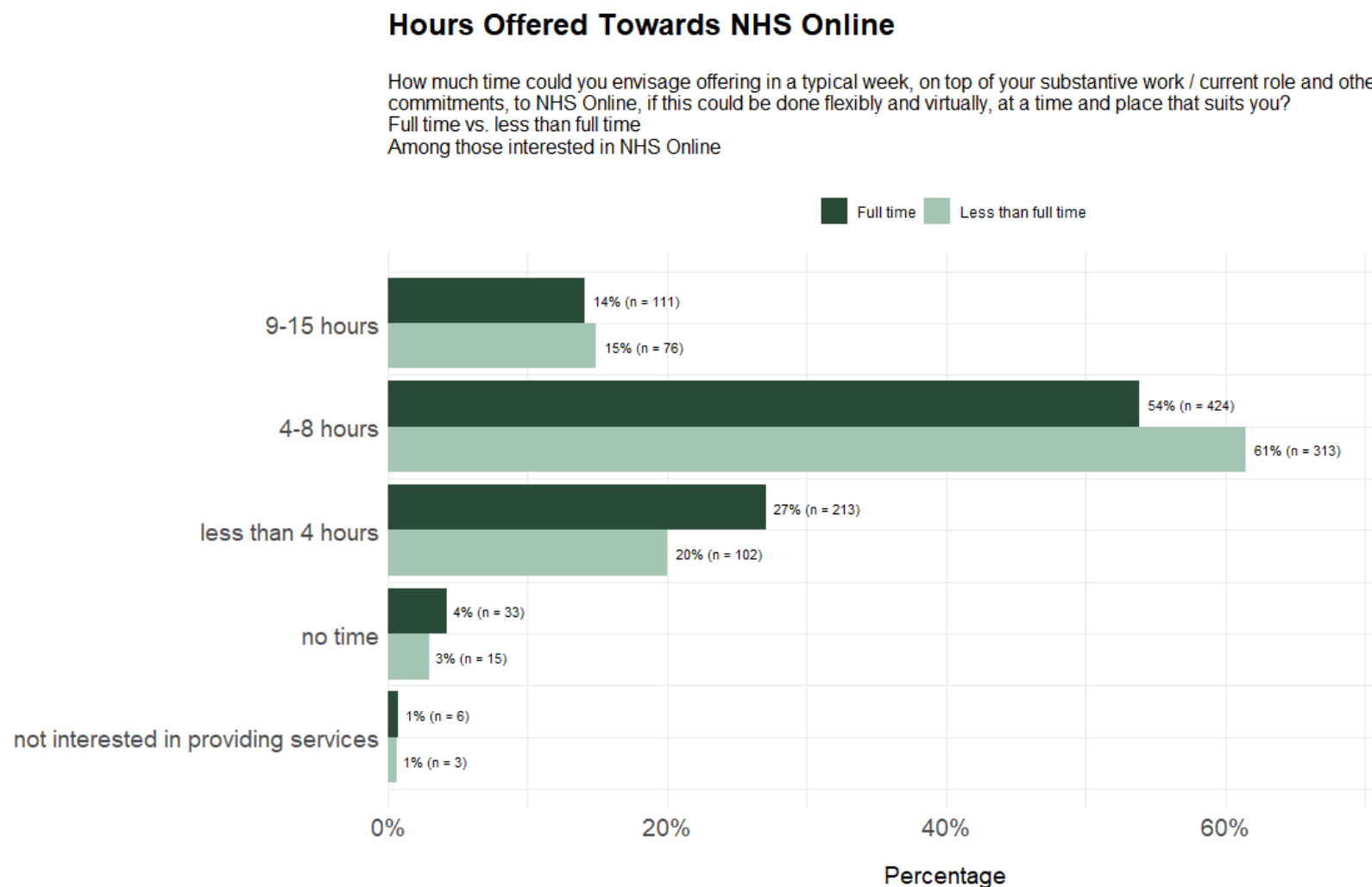


Figure 26. Payment frequency

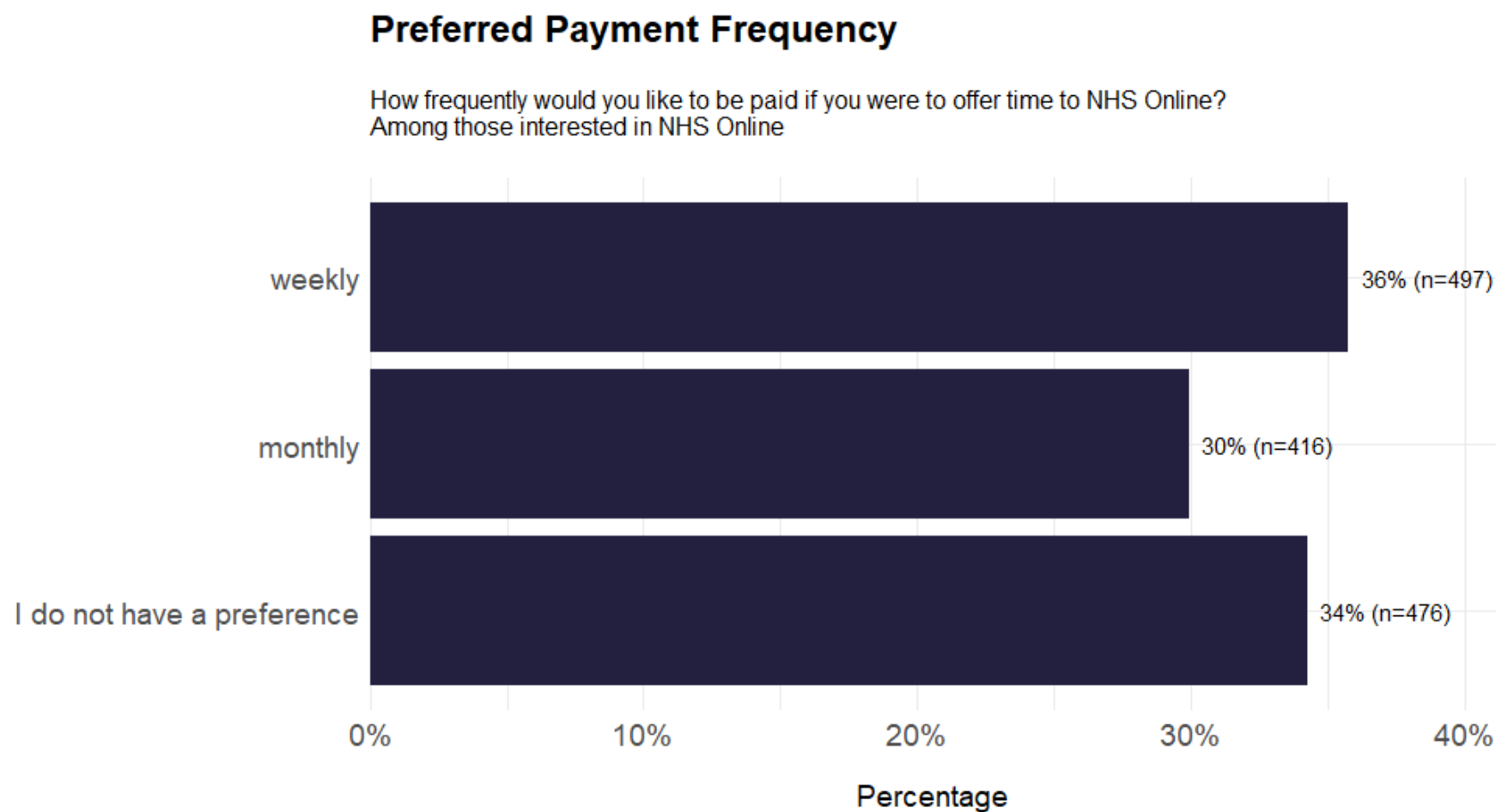
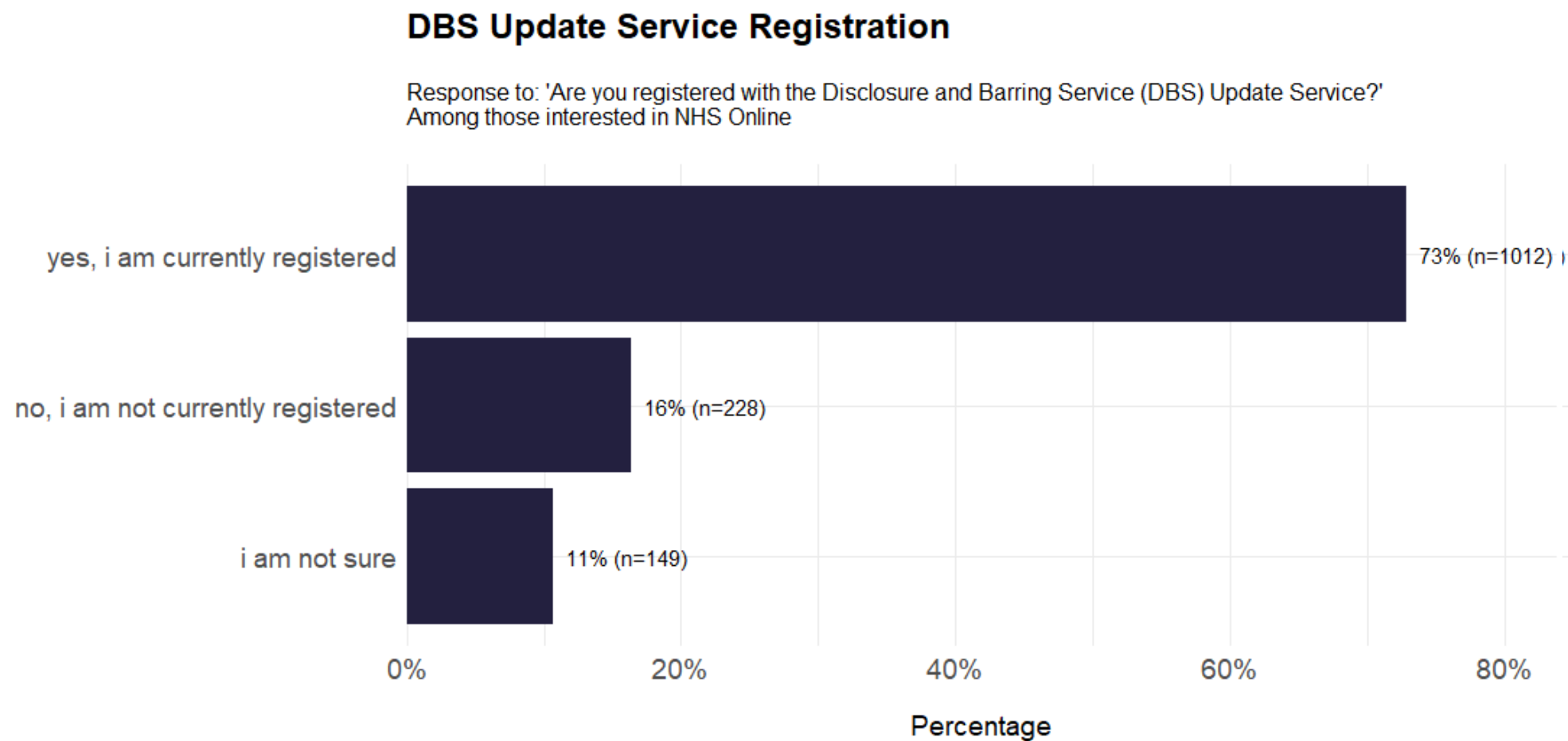


Figure 27. DBS Update Service





Thank you

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In delivering this vision, we understand the importance of maintaining the confidentiality of our clients' proposals, plans and data. To support this we have a range of internal procedures and regular internal audits to make sure these are being followed. We ask in return that our proprietary analysis, approaches, insights, and methodologies are protected by our clients.