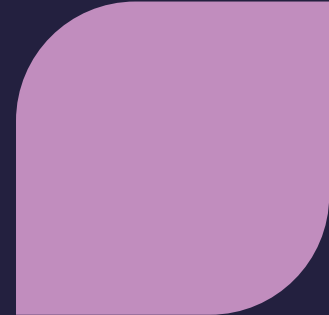




NHS Online

Consultant and SAS Doctor Research Findings

March 2026



Executive Summary

This report summarises findings from the Consultant and SAS doctor survey and the seven focus groups conducted between December 2025 and January 2026 on behalf of NHS Online. The survey gathered **303 responses across various specialties**. This sample size is statistically representative of the target population, and respondents are diverse, providing a robust and low-bias basis for inference. A total of **31 consultants** joined the focus groups across 5 specialties (Gynaecology, Gastroenterology, Urology, Ophthalmology, Trauma & Orthopaedics).

The survey found that there is significant interest in offering time to NHS Online, with **60% of consultants and SAS doctors willing to contribute**. This level of interest substantially exceeds the level of interest believed to be required. Even if only a small proportion of these interested clinicians formally commit, clinical capacity would be sufficient to satisfy projected demand.

The primary drivers for participation are the **ability to work flexibly and the opportunity to increase earnings**. Flexible working patterns should be central to the design of the NHS Online workforce model and promoted in all clinician-facing communications. Conversely, clinicians highlighted **concerns regarding medico-legal responsibility and the potential impact on tax or pension thresholds** as the main barriers to entry. To address this, the NHS Online programme should provide clear information on these topics to help clinicians evaluate the personal impact of participation.

Individuals with prior experience and confidence in virtual care delivery are the most likely to offer their time; however, there is still notable **interest from those without any prior virtual care experience**. What consultants care about most is that the model works – ensuring clinical safety and quality of care are underpinned by seamless technology, onboarding and operational processes. It is recommended that this be a key message in the communication activity to help provide reassurance and build clinician confidence in the NHS Online care model.

The largest interested cohort is part-time workers. Most respondents envision **contributing between one and eight hours per week**, suggesting minimal impact on capacity within existing providers and suggesting it is unlikely that individuals would leave their substantive NHS roles to work for NHS Online.

Preferences for the type of work respondents would choose to undertake are split evenly between patient-facing and non-patient-facing activities, often aligning with the specific requirements of the clinician's specialty. This alignment suggests that NHS Online is unlikely to experience challenges with capacity across either type of activity offered.

There is a **slight preference to be paid an hourly rate** from consultants who are willing to offer time, although activity-based payment is not far behind, and if individuals with no preference are also included, there is no strong consensus. Both an hourly rate and activity-based pay are significantly preferred over reward systems linked to patient feedback. Focus group feedback highlights that the concern is that patient satisfaction measures could be skewed if there are technology issues or the patient is not content with the nature of the clinical advice given.

Data regarding dynamic pricing is nuanced: while survey results showed a three-way split between those who find it attractive, unattractive, or neutral, focus group participants expressed unanimous discomfort with "market-style" incentives. Should NHS Online wish to pursue a dynamic pricing model, it is recommended that the narrative be reframed, shifting the focus from market incentives toward service sustainability and fair recognition.

Casual contracts are generally preferred over fixed-hour models. Hence, it is recommended that NHS Online consider offering a casual or a hybrid mix of contract types when designing the workforce approach.

Contents

1. Background
2. Survey respondents' demographics and diversity
3. Consultants' willingness to work for NHS Online
4. Motivating factors for offering time to NHS Online
5. Potential barriers to offering time for NHS Online
6. Does experience and confidence in delivering virtual care play a role?
7. Are part-time and peri-retired/retired consultants more likely to offer time to NHS Online?
8. Time offered to NHS Online
9. Delivering work flexibly
10. Choosing type of work
11. Preferred reward system & data collection
12. Pay dependent on patient feedback
13. Contract models
14. Dynamic pricing

Background

Between the 22nd of October and the 30th of November 2025, the NHS Online programme within NHS England ran a short survey (< 30 questions) aimed at collecting data on the healthcare professional workforce's willingness to offer time to NHS Online. Edge Health was commissioned by NHS England 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 and reward
- Participant's background and demographic questions.

The survey was open to all healthcare professionals across all specialties but was mainly directed at consultants and SAS doctors. It was promoted via newsletters, LinkedIn, social media, and clinical networks. The survey collected a total of **303 responses** across a range of specialties, with **295 responses* from consultants or SAS doctors**. Respondent consultants were invited to sign up for focus groups to delve deeper into the key themes, such as:

- Enablers and barriers to consultants wanting to offer time to NHS Online
- Consultants' preference for different types of work
- Contracting and payment models
- Productivity monitoring and performance management.

After participants registered their interest, they were invited to take part in one of the focus groups. Each focus group was 90 minutes long and held virtually. Pre-reading material was shared in advance to provide participants with more information about NHS Online and the objectives of the session. **Seven focus groups**, with a total of **31 participants**, have been conducted across a range of specialties.

The qualitative data collected reached a clear point of saturation, with the same core themes emerging consistently across all groups. This mirrors industry benchmarks, indicating that 80% of themes are discoverable within the first 2–3 groups, assuming approximately 6 participants per session

This report sets out the findings of the survey and the seven focus groups.

Some of the results in this report will be presented according to the specialties that are expected to go live during the early stages of NHS Online's implementation.

These are:

- **Tranche 1 specialties:** Gastroenterology, Ophthalmology, Gynaecology, Urology.

* 242 consultants and 53 SAS doctors.

2. Survey respondents' demographics and diversity

The survey sample size is statistically representative of the target population, and respondents are diverse, providing a robust and low-bias basis for inference

Key takeaways:

- The survey sample size achieved (295) gives us a 5.6% margin of error (5% is the industry standard), allowing for population inference on the results.
- Looking at the respondents' demographics, it can be concluded that the surveyed sample is representative of the population, granting robust results.
- Similarly, the survey included respondents with a range of experiences in delivering virtual care, belonging to different specialties, and with various years of experience. This diversity allows us to test whether findings are driven by specific groups and ensures that we are not overly affected by responder bias, as it was not only consultants already experienced with virtual care in particular specialties who completed the survey.

Respondents' demographics:

- Over **70% of respondents are between 40 and 59 years of age**, which is in line with 42% of consultant grade doctors being aged between 45 and 54 years, almost a third between 35 and 44 years and a further 21% between 55 and 64 years. SAS doctors show a similar picture with 62% falling between the ages of 35 and 54 years¹.
- **56% of respondents are male, 39% of respondents are female, and 5% prefer not to say.** According to the Royal College of Physicians, women made up 41%² of the consultant physician workforce in 2023.
- **The number of years consultants / SAS doctors have been qualified for is quite spread**, with the mode being 15-20 years (26%).
- **46% of respondents have either extensive or regular experience in delivering virtual care**, while 25% have minimal or none.
- Over **70% of respondents are confident in delivering virtual care**, while around 16% are not.
- **80% of respondents either work 8-10 or 10+ programmed activities (PAs) a week.** This is in line with the reported figure of 21.6%⁶ of consultants working less than full-time.
- Nearly **60% of respondents are unlikely to retire in the next 4 years**, while around 20% are likely to.

1. Source: <https://www.england.nhs.uk/long-read/retaining-doctors-in-late-stage-career/>

2. Source: <https://www.rcp.ac.uk/improving-care/resources/snapshot-of-uk-consultant-physicians-2023/>

3. Source: <https://ifs.org.uk/sites/default/files/2023-05/IFS-R258-Patterns-of-less-than-full-time-working-by-NHS-consultants.pdf>

3. Consultants' willingness to work for NHS Online

60% of consultants are interested in providing time to NHS Online

60% of consultants are interested in providing time to NHS Online, while around 30% are not interested in offering time, and 10% feel neutral.

When looking at the Tranche 1 specialties the interest in providing time is slightly higher (63%), while the percentage of individuals not interested in offering time is slightly lower (24%).

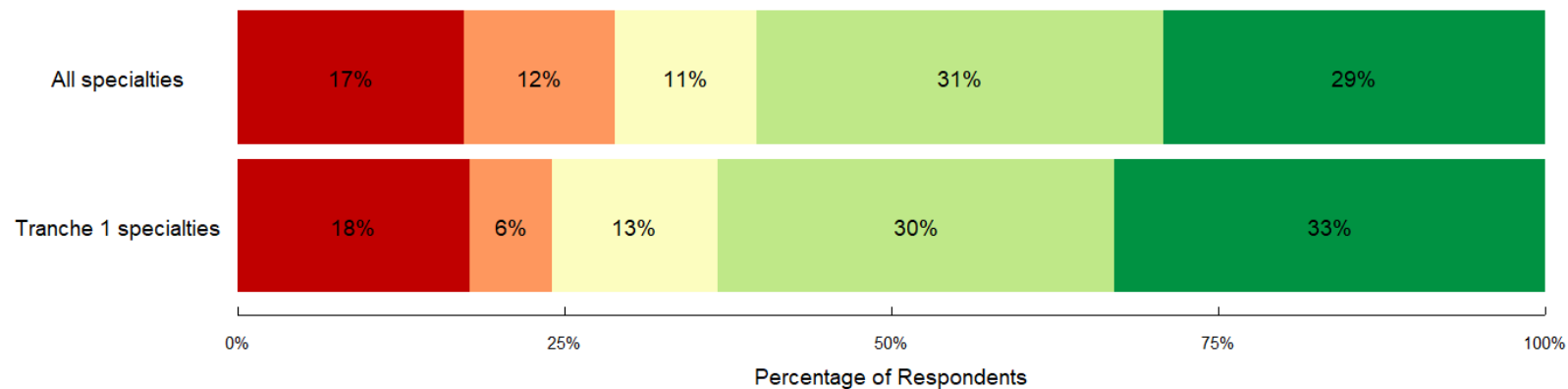
Key takeaways:

- The survey found that there is significant interest in offering time to NHS Online, with 60% of consultants and SAS doctors willing to contribute. This level of interest substantially exceeds the level of interest believed to be required.
- Even if only a small fraction of these interested clinicians formally commit, clinical capacity would be sufficient to satisfy projected demand.

Interest in delivering care for the NHS online hospital

Responses to: 'I would be interested in delivering care for the NHS online hospital, alongside my substantive work (if applicable).'

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

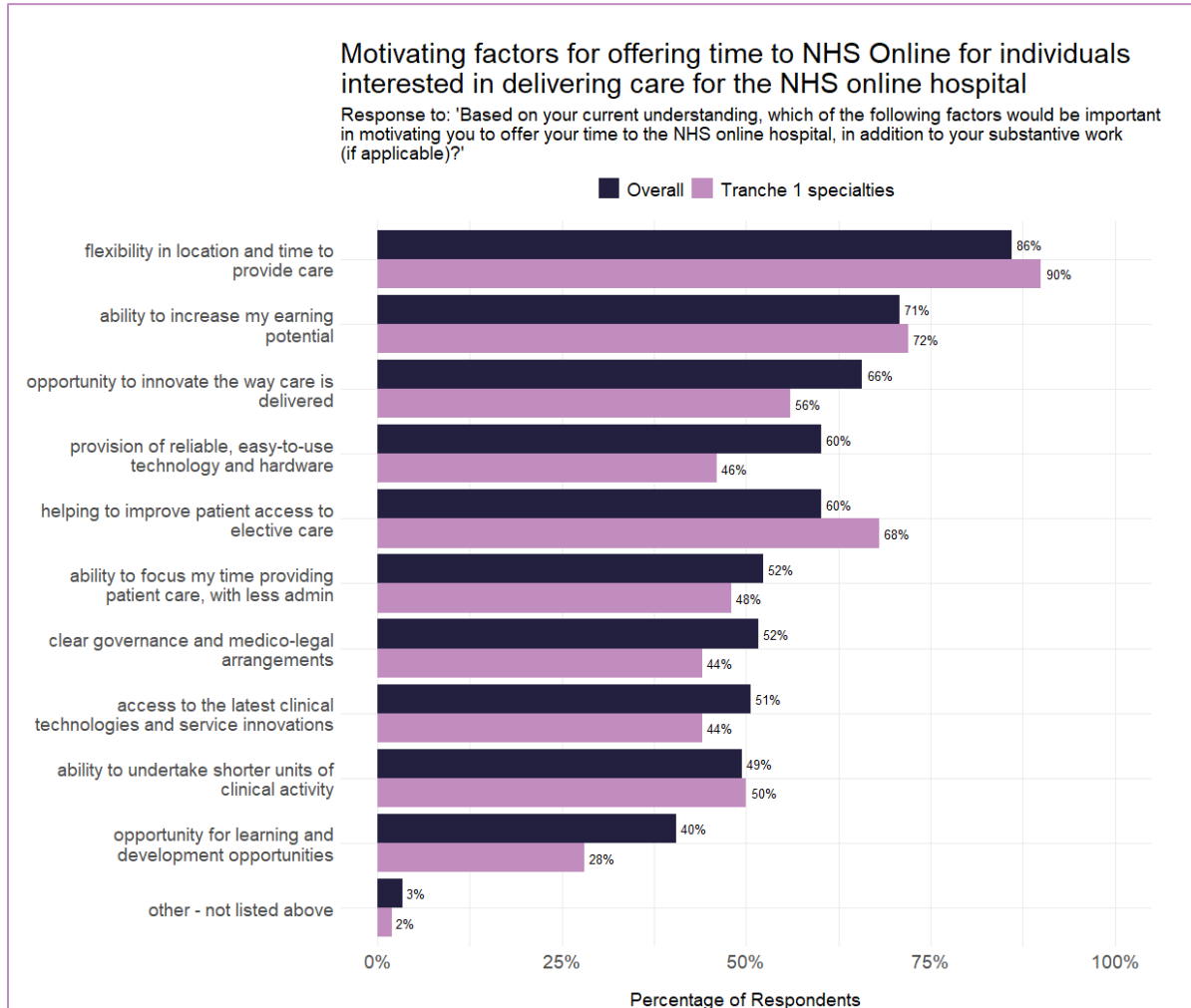


Some variation does occur at the specialty level.

89% of ophthalmologists participating in the survey responded that they would be interested in offering time to NHS Online. In comparison, only 42% of gastroenterologists did. This could be related to familiarity with delivering virtual care. For example, the focus groups found that ophthalmologists are already conducting a significant portion of their activities virtually, whereas gastroenterologists tend to deliver more physical care.

4. Motivating factors for offering time to NHS Online

The two main factors affecting consultants' decisions to offer their time to NHS Online are flexibility and the ability to increase earnings



The top motivating factors for offering time to NHS Online are flexibility in location and time (86%), ability to increase earning potential (71%) and the opportunity to innovate the way care is delivered (66%). These factors should be focussed on when designing the NHS Online workforce model.

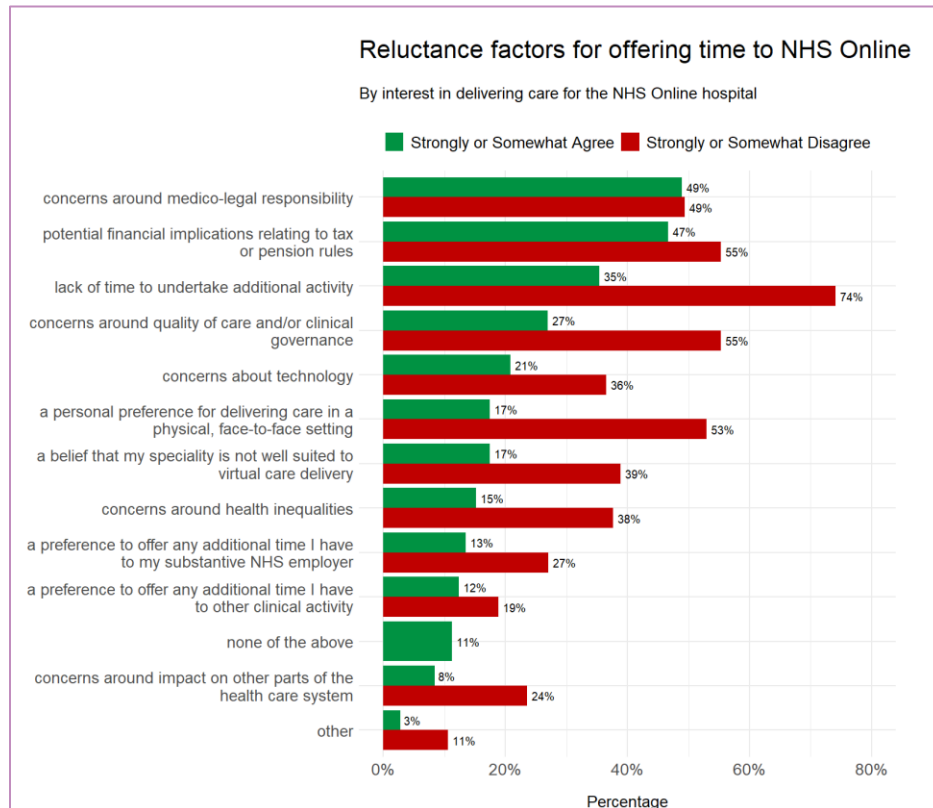
Consultants across the focus groups highlighted additional related factors that may serve as motivation for offering time to NHS Online:

- **Work-life balance** – including the ability to work from home, avoid commuting and manage family commitments.
- **Equity of access** – working for a system that provides the ability for all patients to have the same offer, regardless of their location.
- **Improved patient experience** – patients do not need to take time off work to go to a face-to-face appointment.
- **Protocolised service** – standardised pathways for patients, relying on evidence-based guidelines.
- **Good and fast technology** – this is particularly true for specialties like Ophthalmology that rely on high-quality images.

"If I, as a clinician, am going to attach myself to this body, we want to be proud of the service, and we want to be able to say yes, this is delivering for patients, and it's delivering a high-quality service." – Focus Group participant

5. Potential barriers to offering time to NHS Online

Consultants willing to offer time to NHS Online flagged concerns around medico-legal responsibility and potential financial implications relating to tax or pension rules as the main barriers



The survey identified key reluctance factors among consultants interested in delivering care for NHS Online:

- **Legal and financial:** Nearly half of respondent cited medico-legal responsibilities (49%) and tax / pension implications (47%) as primary concerns.
- **Operation fit:** Barriers included technology concerns (21%) and a belief that certain specialties are ill-suited to virtual delivery (17%)

Focus groups reinforced these themes with specific operational requirements:

- **Clinical Continuity:** Participants emphasised the need for clear protocols when patients transition between virtual and physical providers as well as between different consultants.
- **Financial Transparency:** Clinicians highlighted the need to be able to understand the potential impact of NHS Online work on child benefits and pension thresholds.
- **Technical Integration:** Success depends on the ability to view primary care records and existing investigation results.
- **Workforce selection:** Clinicians highlighted the importance of ensuring that only people with the right competencies can work on a specific pathway.

"[...] NHS online would be legally responsible, and it would be the next person that logs on to see that patient, who would be legally responsible for making sure the test result was actioned. I think that really needs to be worked through because [...] there are some grey areas with this new model." – Focus Group participant

Those unlikely to participate cite a fundamental **lack of time** (74%) and a **personal preference** for face-to-face care (53%) as their main deterrents.

Recommendations:

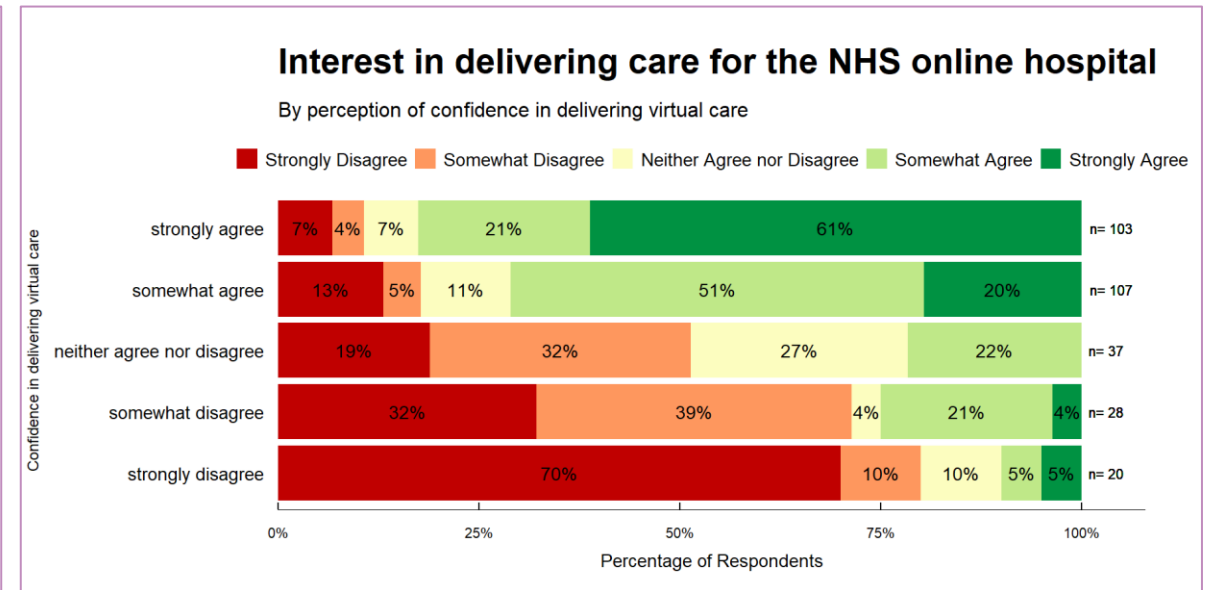
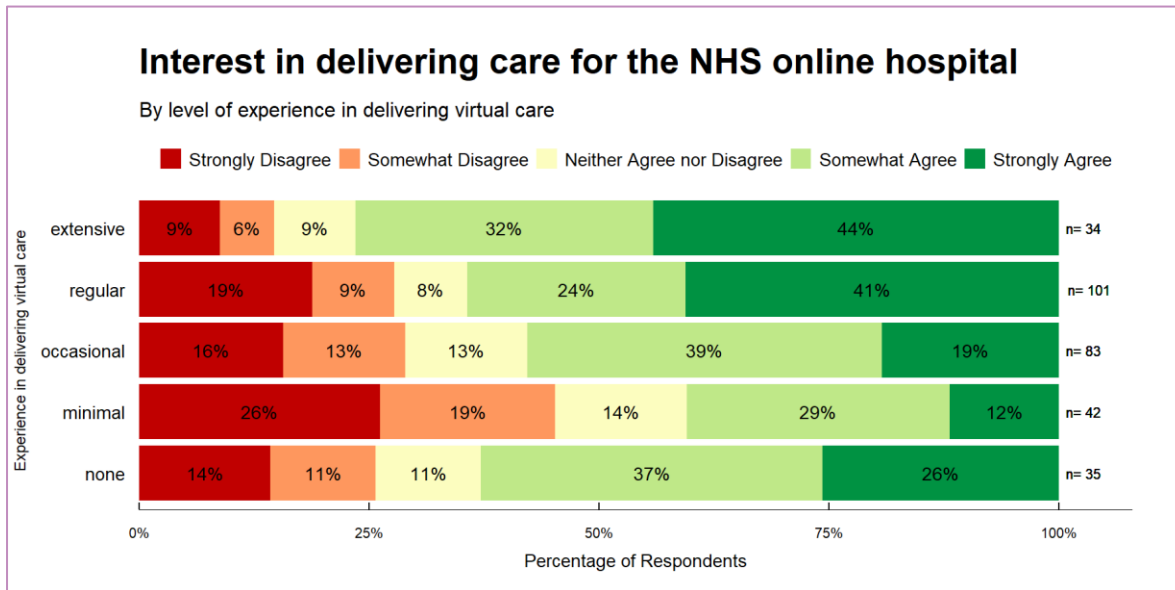
- Provide clear information on medico-legal responsibility and financial considerations during recruitment to build clinical confidence and ease evaluating personal impact.
- Prioritise removing barriers for "willing" clinicians and focus on specialties / pathways that are most suited to virtual care delivery.
- Implement a thorough workforce selection process to ensure that consultants with the right skills are selected for the appropriate pathways.

6. Do experience and confidence in delivering virtual care play a role?

Individuals with prior experience and confidence in virtual care are the most likely to offer time

Individuals with more experience in delivering virtual care are more likely to want to offer time to NHS Online (77%). However, there is still interest from people without any experience in delivering virtual care (63%).

Individuals with confidence in delivering virtual care are much more likely to want to offer time to NHS Online (82%). Meaning that confidence in delivering virtual care is more important than experience.



Recommendations:

- Focus groups identified that what consultants care about most is that the model works, not only limited to the quality of care and clinical safety, but including seamless onboarding, technology integration, a quick and functioning platform, and a friction-free process for offering time. It is recommended that this be a key message in the communication activity to help provide reassurance and build clinician confidence in the NHS Online's care model.
- A structured onboarding and training process should be developed to empower consultants / SAS doctors who are interested in delivering care for NHS Online but require more confidence or experience in delivering it.

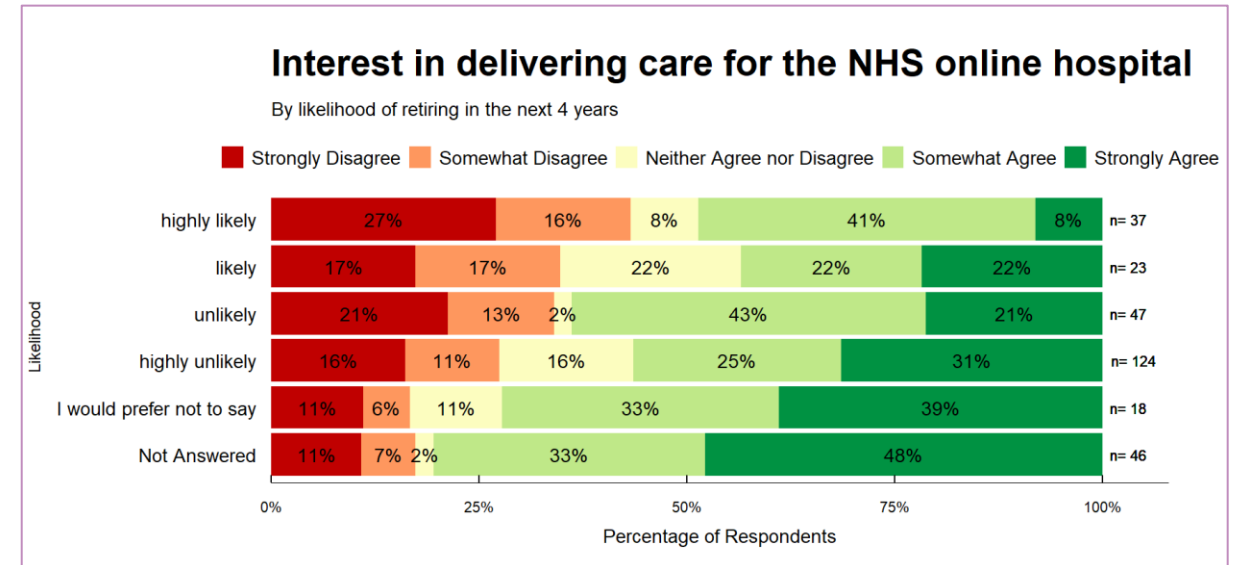
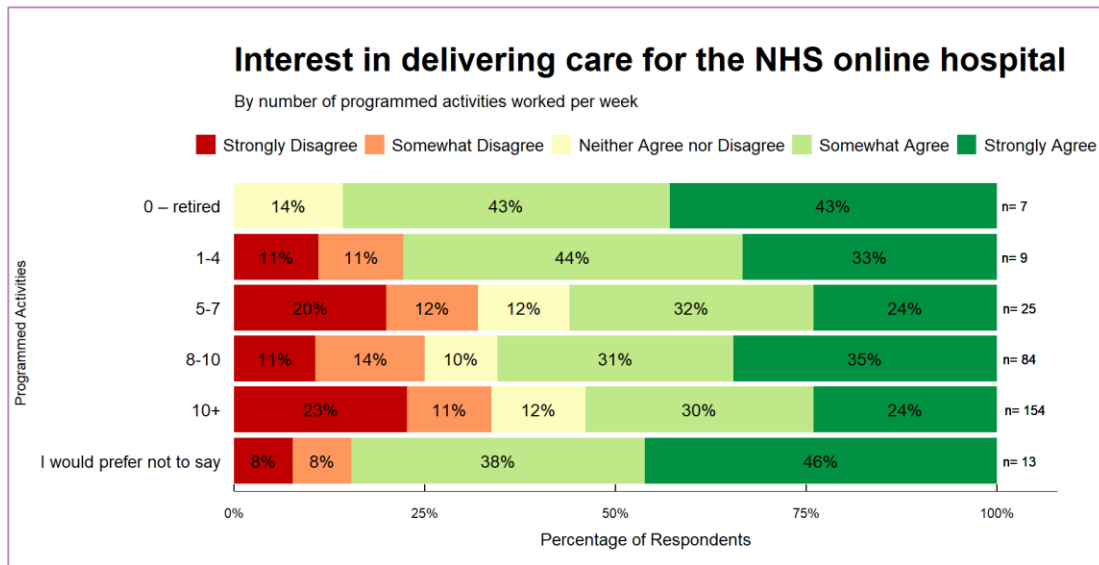
7. Are part-time and peri-retired/retired consultants more likely to offer time to NHS Online?

The largest interested cohort consists of part-time employees and consultants who are not planning to retire within the next four years

The greatest interest in providing time to NHS Online comes from the group of consultants who currently work between 0 and 4 PAs (part-time), usually employees with young children needing flexibility. From the survey, consultants / SAS doctors who are unlikely to retire in the next 4 years are also more likely to want to offer time to NHS Online.

Key takeaways:

- The greatest interest in providing time to NHS Online comes from the group of consultants who currently work less than full-time.
- People who are unlikely to retire in the next 4 years have also shown greater interest in working for NHS Online, suggesting a focus should be on attracting mid career consultants and SAS doctors.
- NHS Online should focus efforts on attracting these groups initially, before targeting efforts on the peri-retired and retired cohort.



"[...] because of my time of life beginning to retire, I wouldn't be taking on any extra work, I'm just beginning to wind down." – Focus Group participant

8. Time offered to NHS Online

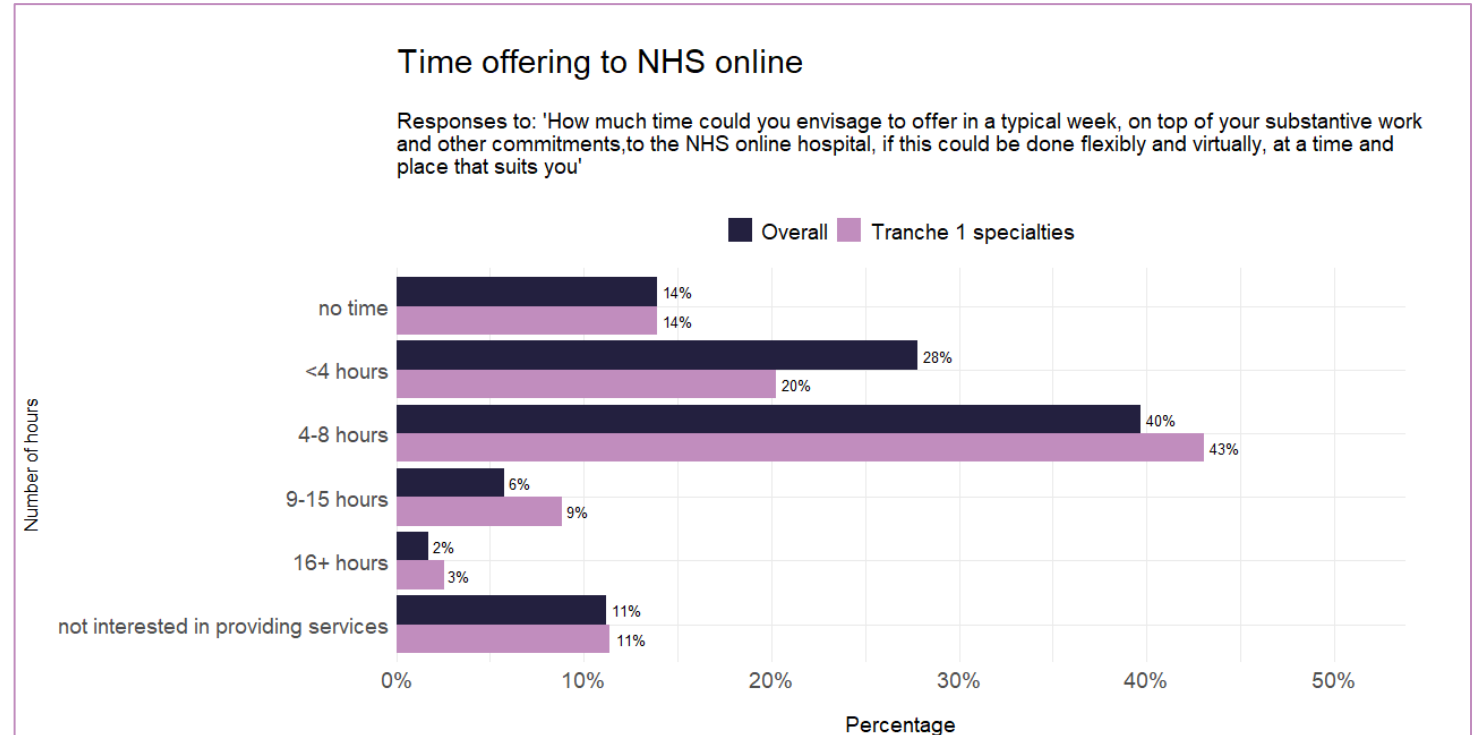
Most respondents envisage offering <4 hours or 4-8 hours to NHS Online per week

The majority of respondents envisage offering <4 hours or 4-8 hours to NHS Online, while only ~10% would offer over 8 hours per week.

Looking at the consultants who are working full or nearly full-time, only a small percentage (12% of people working 8-10 PAs and 6% of people working 10+ PAs) suggested that they would want to work substantial hours (> 8) for NHS Online.

"I think it's important to help transform delivery of care, and in terms of how much time, I'm very time poor, but I think if it's something important, you generally make time for it." – Focus Group Participant

Focus group participants expressed concern that the NHS Online service could pull consultants away from physical NHS Trusts. The survey results indicate this is unlikely to be the case, but it is a concern that should be addressed.



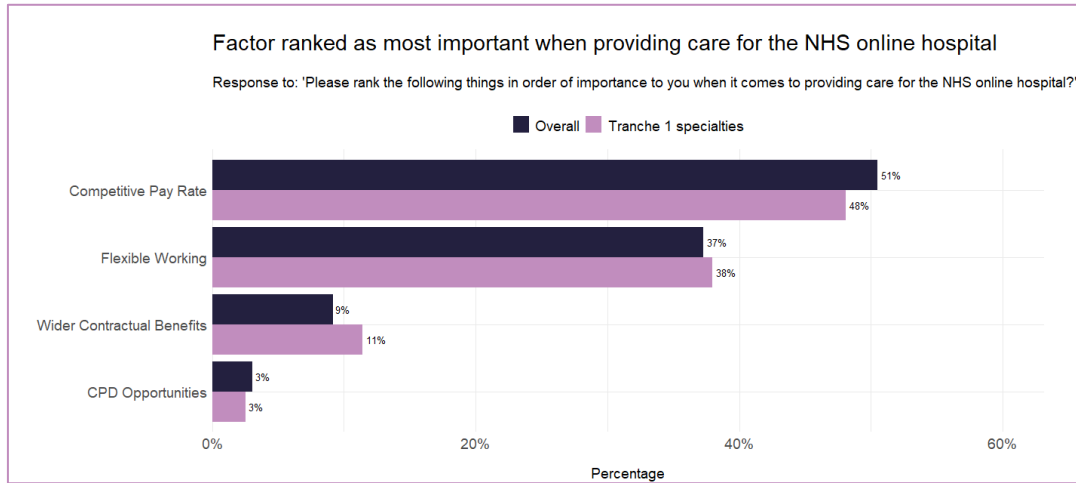
Key takeaway:

- Most people would want to offer < 8 hours per week to NHS Online, the impact on capacity in physical providers is low.
- Expectations around time commitment should be made clear, emphasising that clinicians will only deliver a relatively small number of hours per week/month. This will help reduce worries, expressed in focus groups, about the impact on existing physical providers.

9. Delivering work flexibly

The ability to offer time flexibly is attractive to most consultants and SAS doctors

"I have young children, so the flexibility to work at different hours is important to me and helps me deliver more care for my patients." – Focus Group participant

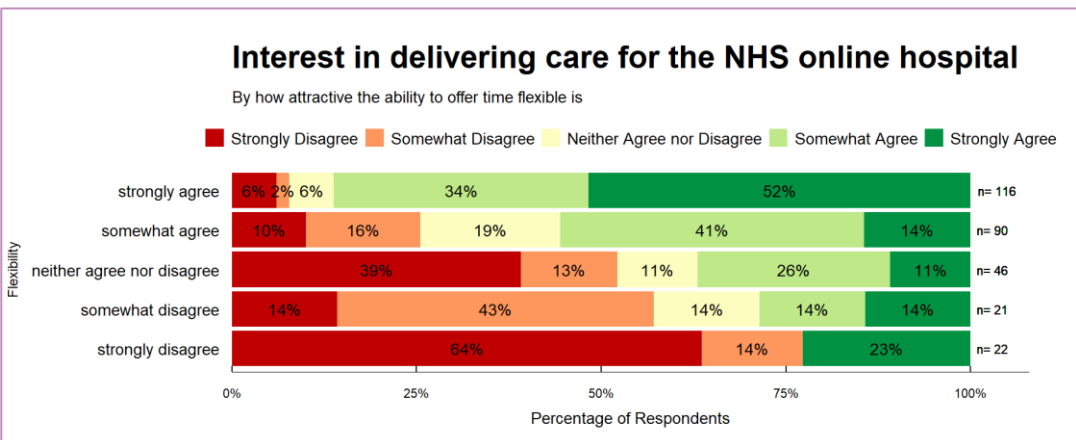
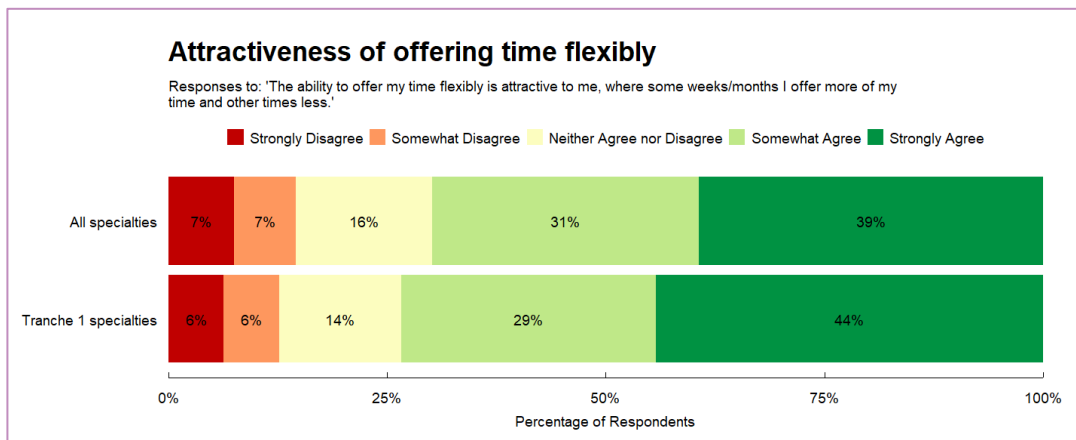


Individuals who agree that offering time flexibly is attractive are more likely to want to offer time to NHS Online. When asked to rank factors, flexibility has been ranked as the second most important when it comes to providing time to NHS Online. This suggests that while flexibility is the primary differentiator that draws clinicians to NHS Online, competitive pay remain the essential foundation.

In the focus groups, participants said that the time they would offer to NHS Online is different week by week and therefore would prefer a monthly commitment compared to a weekly commitment. Some participants agreed that it would be good to have a minimum requirement per week to make sure the workforce develops and maintains the skills needed to deliver work through the NHS Online platform.

Recommendation:

- It is important to position flexible working patterns at the core of communications.
- Dynamic scheduling of activity should be allowed to enable changes week to week.
- NHS Online should consider implementing a minimum time commitment per week or month.



10. Choosing type of work

Over 80% of respondents would like to be able to choose the type of work they do

While the majority would prefer a balanced mix of work for NHS Online, there is a slight preference for undertaking non-patient-facing work compared to patient-facing work. This difference is bigger in the Tranche 1 specialties.

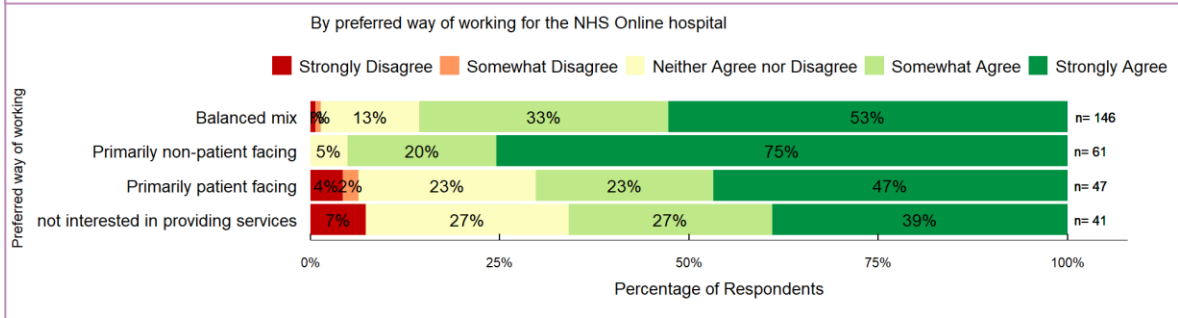
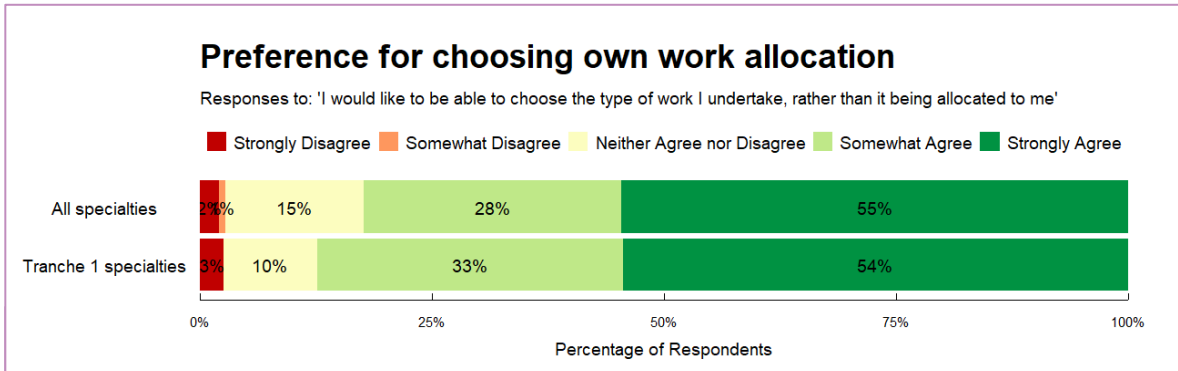
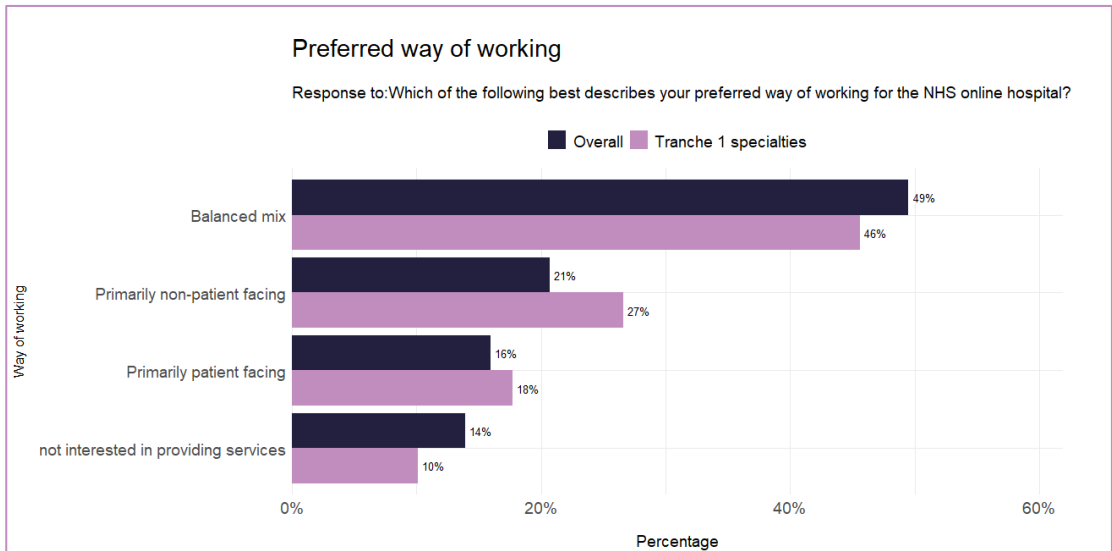
The type of work preferred may be strongly influenced by the nature of the specialty. For example, Ophthalmology has a clear preference for non-patient-facing work.

Individuals who prefer non-patient-facing work agree more with wanting to choose their own type of work compared to other groups.

Key takeaways:

- Most consultants prefer a mix of activities, with a near-even split between those favouring patient facing vs non-patient facing work.
- Clinician preferences for patient-facing versus non-patient-facing work align closely with the specific requirements of their respective specialties.
- Overall, survey responses do not suggest a potential mismatch between supply and demand when it comes to type of work; clinicians show interest in both patient-facing and non-patient facing aspects suggesting NHS Online should enable clinicians an element of choice over the type of activity they undertake.

"[Type of work preference] is specialty specific or even sub-specialty specific." – Focus Group participant



11. Preferred reward system & data collection

For 50% of respondents, competitive pay rates are the most important factor in deciding to offer time to NHS Online

A reward system based on hours is slightly preferred by consultants wanting to offer time to NHS Online, compared to a reward system based on the number of activities. This is to be expected as this system is more familiar to most people. Both are significantly preferred compared to a reward system linked to patient feedback. Although patient feedback linked to reward was the least attractive, there was a lot of interest in data collection and monitoring to support quality improvement.

"I think in terms of data collection and metrics, I don't want to get involved with an online project that doesn't have that." – Focus Group participant

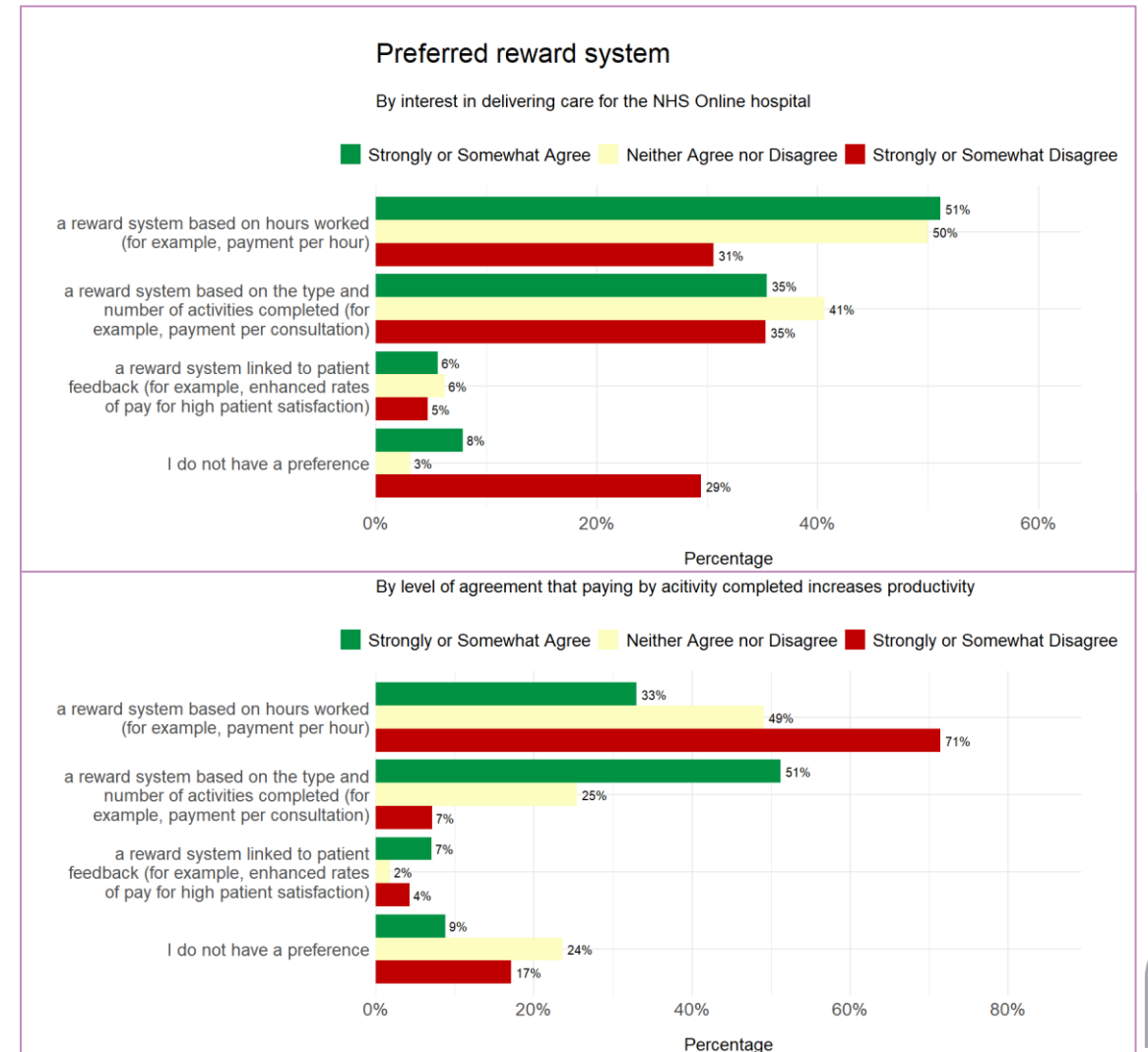
Most people who believe that paying by activity completed will improve productivity are the same who prefer this reward system over a payment-per-hour system. Less experienced consultants have a significantly greater preference for being paid by the hour, while the difference becomes less pronounced for more experienced consultants. The main worry associated with payment by activity is that it does not consider patient complexity and could incentivise rushing the delivery of care. During the focus groups, a mixed-model was suggested where consultants get paid by hours with expectations around activity, with a points-based system based on complexity.

Key takeaway:

- There is a slight preference for a reward system based on hours, although activity-based payment is not far behind, and if individuals with no preference are also included, there is no strong consensus.
- Patient feedback is considered important to collect for quality improvement.

Recommendation:

- Should NHS Online pursue activity based payments, mitigations should be put in place to protect professional standards, and these be clearly communicated to help safeguard against pay-by-activity behavioural risks.



12. Pay dependent on patient feedback

Around 37% of respondents agree that a proportion of pay being dependent on patient feedback will help improve quality

Around 37% of respondents agree that a proportion of pay being dependent on patient feedback will help improve quality, while a similar proportion believes otherwise.

During the focus groups, some participants expressed overall support for integrating this into the reward system, viewing it as a positive step toward patient-centric care. While other participants disagreed, they argued that patients lack sufficient grounds for feedback when activity is undertaken without the patient present (asynchronously). They remained resistant to linking payment methods to feedback, even solely for synchronous consultations, e.g., video consultations.

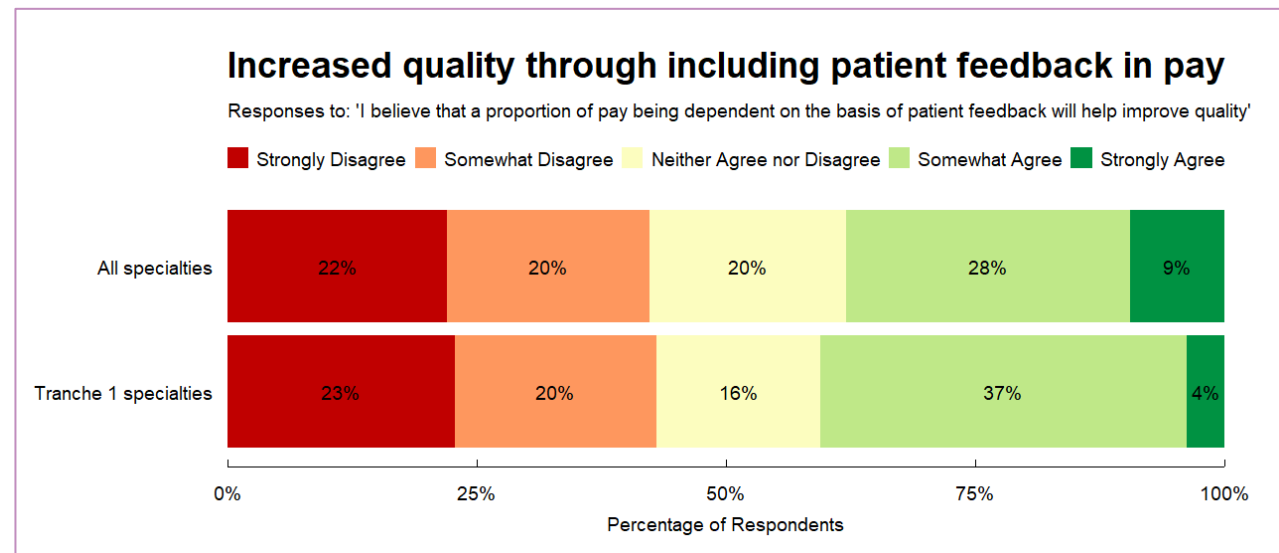
Participants highlighted a significant concern regarding the reliability of patient feedback, noting that it is often more reflective of the “type of news” delivered than the clinician’s actual performance. Furthermore, there was a consensus that patients lack the clinical expertise required to objectively judge complex medical decision-making, making feedback a potentially flawed metric for financial rewards.

“Patients won't necessarily be able to assess the quality of what they've been told.” – Focus Group participant

I think it's really important to get patient feedback, but I don't think it should be combined with the payment.” – Focus Group participant

Key takeaways:

- Views on integrating patient feedback into the reward system are mixed due to the nature of work and metrics being easily skewed.
- Consultants view the active collection of patient feedback as a valuable tool for performance monitoring and professional development to help improve outcomes.

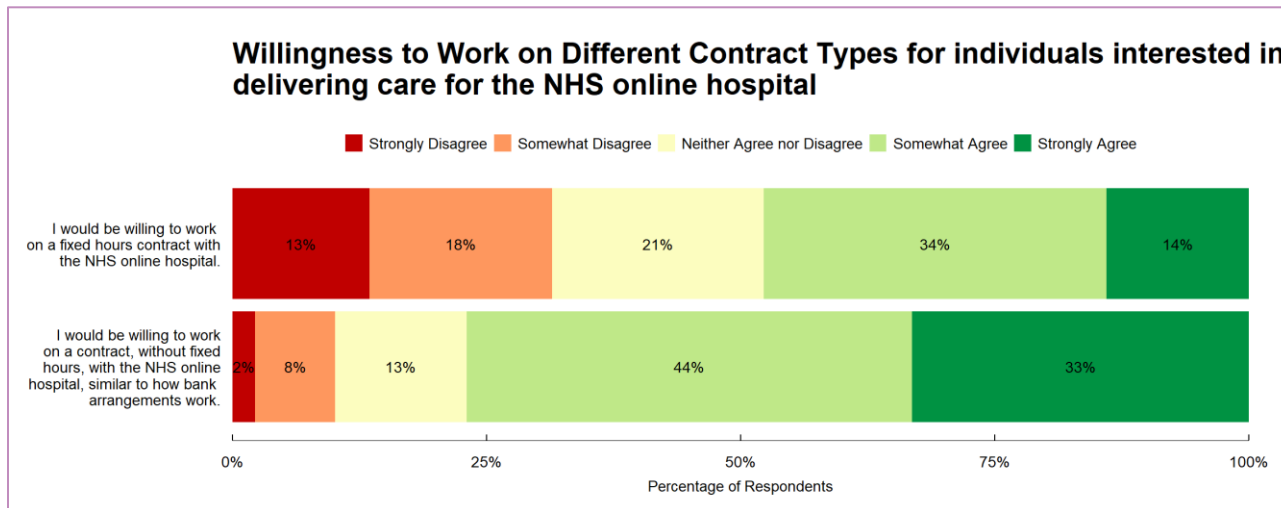


13. Contract models

More consultants / SAS doctors would be willing to work on a casual contract (77%) compared to a fixed hours contract (48%)

There is a clear preference for flexibility among the workforce, with significantly more **consultants / SAS doctors willing to work on a casual contract (77%) compared to a fixed hours contract (48%)**. This preference remains consistent when looking at the Tranche 1 specialties. There is a subset of respondents who reject both contract models.

These findings align with the high value respondents place on flexibility, which is one of the primary motivating factors for clinicians interested in offering their time to NHS Online. While casual contracts are preferred, focus group respondents indicated that flexibility must be balanced with payment for time committed. Specifically, clinicians expressed that if they commit to a set number of hours (e.g. a month), they expect to be compensated for that regardless of patient volume, as that time has been explicitly reserved and made unavailable for other professional or private activities.



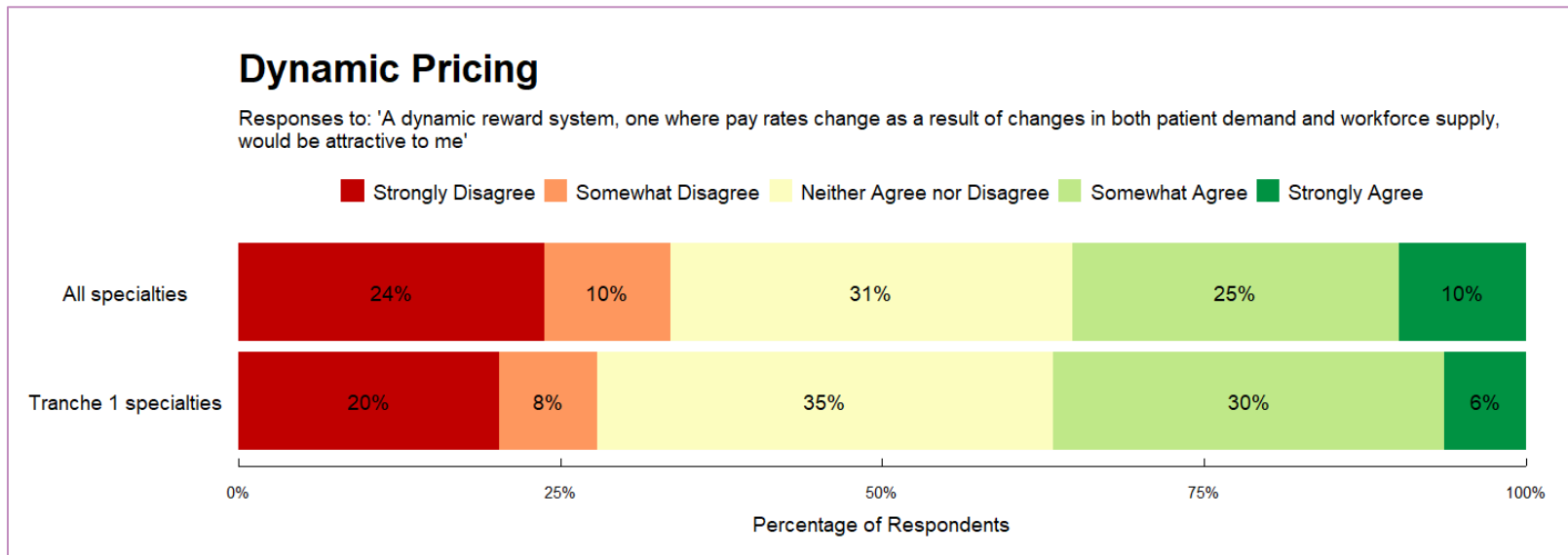
Recommendations:

- Casual contracts are generally favoured over a fixed-hour contract. It is recommended that NHS Online consider offering a casual or a hybrid mix of contract types when designing the workforce approach.
- Explore smart scheduling approaches to help ensure work is available for clinicians who have committed time in advance, this could include redirecting clinicians to alternative activity where there is a greater demand.

14. Dynamic pricing

Survey results show that a similar proportion of respondents find a dynamic pricing model attractive and unattractive

This is different from the feedback received during the focus groups, where there was **unanimous discomfort and disagreement with the idea of dynamic pricing or enhanced rates**. Participants raised concerns that this would attract the "wrong type of people" and encourage them to "game the system" by timing when they work, or not working, so that the rates go up.



"I would want to know what the pay is. If it's a Saturday close to Christmas and you suddenly have more doctors, you're going to reduce the pay. I would prefer it was just something that was set. Don't make it too complicated." – Focus Group participant

Recommendations:

- Offer time or activity-based pay initially to ensure the required workforce attraction. Once more is known, the payment model can be adjusted as appropriate.
- Should NHS Online wish to pursue a dynamic pricing model, it is recommended that the narrative be reframed, shifting the focus from market incentives towards service sustainability and fair recognition.
- The programme should look to existing practice, where enhanced rates are common, to help inform any future work on this topic and should take steps to proactively protect professional standards.



Thank you!

info@edgehealth.co.uk

www.edgehealth.co.uk

© Edge Health Ltd 2017

Edge Health's vision is to transform the NHS by combining engagement with economics and data science to produce robust outputs for our clients. It has been built by founders that share this vision from their years of working in the health sector and seeing what can be achieved.

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.