

Guidance for GPs working for online providers



Introduction

In an ever-busier world of competing work, social and personal pressures, patients increasingly want to access GP services when they want it, where they want it. Combined with the advent of ever faster internet connections and more powerful electronic devices, this has enabled the development of a new generation of online and remote healthcare providers, which seek to capitalise on this growing market. In the last few years many companies have been created with the goal of providing care to patients through the use of technology. The NHS is also piloting new online primary care services. Yet with all these changes, one fundamental point remains: a qualified doctor is required to deliver safe, ethical care to patients, wherever they may be. The standards expected of doctors by the GMC apply equally to digital and conventional consultation settings. Consideration should be given to any potential limitations of the medium used and meeting the obligations in [Good Medical Practice](#) within such constraints.

This guidance is for those GPs who are thinking about working for an online provider, whether in the NHS or privately. It covers what an online GP provider does and what it might look like, and the main things GPs should consider before engaging with online providers. The guidance does not provide a detailed analysis of the different type of online provider and is not intended to advocate or promote any type of online provider model.

What is an online GP provider?

There are many different types of online healthcare provider, and this document will focus on the two main service types:

1 Platform based technology

These organisations do not necessarily provide care directly, but they connect the consumer (patient) with the provider (doctor), using a proprietary website or platform to do so. In this context, they either link GPs with patients directly, or via GP practices. The key difference between a platform provider and an agency is that the contractual relationship remains between the two parties who have been connected e.g. between the locum doctor and the GP practice they are working with.

A key benefit to this arrangement is the ability for the individual GP to set their own terms and conditions. In some situations, it may also enable access to NHS pensions where the same work through an agency would not. Some providers may also offer additional resources to their members such as pastoral support and CPD.

However, it is important to be aware that while the contractual relationship is not with the platform provider, most will insist you abide by their terms of use and these may contain restrictive clauses. For example, if you are introduced to a practice through a platform and decide to stop using the software in future, you should understand what obligations you have agreed to regarding ongoing work with that practice.

2 Online healthcare providers

These organisations may provide any aspect of healthcare. Examples include a home visiting service, remote video consultations, telephone or text consultations, advice and even artificial intelligence consultations.

The technology itself is beyond the scope of this document and will be covered in separate guidance.

Before engaging with or joining an online provider, it is essential to understand which of these two categories they fall under. Some of the main differences are highlighted below. We would also advise that you consult the [BMA salaried GP handbook](#), [BMA locum GP handbook](#) and the [BMA setting up in private practice guidance](#) for more detailed information on

generic aspects of employment, contracts and working practices, depending on the type of provider and terms of engagement.

What services are being provided?

It is important from a regulatory and indemnity position to understand exactly what types of service the company provides. As many of these companies are new and evolving, it is also important to understand what changes are likely to take effect in the future as these may have implications on the work that you do. For most online GP services, the most common consultation types include: facilitating bookings for face-to-face consultations in a practice or at home, telephone consultations, online video consultations and text-based services such as web chat, SMS or email.

What groups of patient do they serve?

It is important to understand if the online provider is delivering services for NHS or private patients, or a mixture of both. If the service is private, it is useful to understand the business model being employed as this may affect the types of patients that you see and service that you provide.

It is also important to know if the organisation provides services for adults only, or children and young people too, because this may impact on the level of risk involved, for example issues of consent and correct identification of patient, and the potential impact on your indemnity.

Regulation of online providers

All healthcare providers in England, be they physical premises or online must only be registered with the Care Quality Commission (CQC) and we would suggest you review the information about the provider and what services they are registered to provide on the [CQC website](#). Some providers may have inspection reports available online which will provide a useful source of information about the type of care being provided and any identified concerns or good practice. [Guidance](#) on how CQC monitors, inspects and regulates providers of online primary care is available and is worth reviewing. It's also worth being aware that the CQC and GMC have also outlined a number of themes where [concerns have been identified](#) on some inspections.

Employment status and terms and conditions

It is essential that you understand the contractual terms of your arrangement with a provider before you join. It is possible that you may be employed as a salaried GP, or you may engage with them on a self-employed basis.

If the organisation is seeking to employ you directly, we would suggest that they use the [BMA model contract for salaried GPs](#). While it is not a requirement for organisations to do so, it provides a ready-made contractual framework with good protections. If this is not possible, it can be a useful starting point for discussion for terms no less favourable. In all situations, we would advise members to use the [BMA contract checking service](#).

If you are engaged on a self-employed basis, there are a number of practical considerations such as business structures, taxation and book keeping. There are also restrictions on private practice for NHS GPs. Further information is available in the [BMA locum GP handbook](#) and in the [BMA's setting up in private practice guidance](#).

Whether employed or self-employed it is important to understand the basis of your remuneration. Online providers usually pay for blocks of time or per consultation provided. Either way you should consider what happens if patients cancel at the last minute, if not all slots are filled, or if you overrun, for example.

Beyond pay, you should also understand what your contract or terms of engagement entitle you to. Is there access to sick pay, or maternity leave? Is there a job plan? Is there a requirement to regular or ad hoc working hours? Are you able to work for other providers? Such questions are crucial when deciding if you want to engage with a particular provider or not.

Regulation

All GPs providing NHS care must be on the national performers list of the country they are practising in. While this is not required if you work exclusively in private practice, some online providers may still insist on this. Be aware that if you do not provide any NHS primary care for more than two years, you will be removed from the national performers list. This is something to bear in mind if you are considering ceasing your NHS practice or considering returning to it in future.

The GMC regulates all UK doctors with a licence to practise. While most GPs will be physically located in the UK when providing care, if you are practising outside of the UK you will need to establish if you need to register with the medical regulator of the country you are in, even if your patients are in the UK.

Conversely, professional medical indemnity usually requires the patient you are treating to be physically located in the UK but may not stipulate where the doctor should be based. Before carrying out online consultations, contact your medical defence organisation to check you are adequately indemnified. Keep your medical defence organisation informed of any changes to the type of work you are doing.

Appraisal and revalidation

Arrangements for appraisal and revalidation will be dependent on where you undertake the majority of your practice. If the majority of your work is as a GP providing primary medical services in the NHS, your appraisal and revalidation will be provided through the NHS. Further information is available on the [BMA website](#).

If your main work is as a private GP, appraisal and revalidation services can be provided commercially, for example by the Independent Doctors Federation. Further information available [here](#).

If your main work is for an online provider you need to be satisfied that there are appropriate arrangements in place for appraisal and revalidation, including access to an annual appraisal and a Responsible Officer. Further information is available on the [GMC website](#).

Regardless of the setting in which you undertake the majority of your work, it is essential that you undertake a whole practice appraisal which covers the entire scope of your professional work and the online provider can assist with this by providing evidence of system audits of your work or your involvement with quality improvement projects.

Insurance and indemnity

Some organisations may provide insurance for you. If that is the case, it is very important that you understand the terms of this cover. Cover should ideally be occurrence based rather than claims based (for more on this please see the [BMA guidance on indemnity](#)). If it is a claims based product then you need to be assured that you have adequate run off cover in place to protect you against future claims.

Furthermore, if your employer provides insurance then you should ensure you understand whether this covers corporate as well as personal cover, and the value of cover provided as well as whether this cover is discretionary.

If you are expected to provide your own indemnity then you need to be clear on exactly what type of care you are providing and in what setting. Some providers will have documentation you can share with your MDO (medical defence organisation) with answers to their common questions. If the provider you plan to work for does not, then you should speak with your MDO and establish what information they need. In most cases an MDO will need to know the following things:

- Are patients funded independently or by the NHS?
- What is the scope of service provided, i.e. face-to-face, video link, telephone etc.?
- What processes are in place to check your prescribing?
- What systems are there for confirming the identity of patients?
- Will you have access to patients' full NHS medical record?
- What processes are in place for safeguarding and appropriate safety netting?
- Are appointments pre-booked or can patients access services without prior notice?
- What is the pattern of working, i.e. are you working in blocks of time or ad hoc?

When considering if this type of work is suitable for you, always check:

- What service is being provided and what are you being asked to do?
- Is it a safe service and are you indemnified appropriately?
- Are you happy with the terms and conditions of employment?
- What support and development is available to you?
- What policies and procedures are in place so that you can do your job safely and effectively?
- Have you got an appropriate route to appraisal and revalidation?

Other things to consider

Induction and training

It is essential that you are able to access a full induction with the provider. This should include all aspects of work you will be expected to do. It is also worth noting that induction is work, and that you should be paid for this time.

It is important that you are confident with the use of any proprietary IT systems. If you are working remotely check if there is immediate IT support available.

There may be specific matters arising from online work that need to be managed differently than traditional General Practice. For example, when 'time is up' what recourse is there for the doctor to impart any additional essential information i.e. appropriate safety netting.

Another provider specific concern is how to mitigate limitations arising from the format of the consultation. For example, strategies for how to get adequate information without being able to examine a patient in person and where the limitations for this lie.

Access to Medical Records

It is important to understand what information will be available to you during consultations with patients and in particular, if you will have access to their full medical records. This is likely to be different when treating NHS patients or private patients and will vary depending on the provider and the arrangements that they have in place.

The BMA believes that it is important for one doctor, usually the patient's GP, to have a complete record of the individual's healthcare. You should ensure that there are processes and systems in place to record explicit patient consent to share information with their GP and that you are satisfied that your obligations under the GMC's good medical practice to share information are met.

Policies and Procedures

Every organisation operates differently and when working with an online provider you should be able to access a similar range of policies and procedures as you would expect to find in NHS General Practice. However, these may have a different focus than in the NHS and you should familiarise yourself with these and be sure of your roles and responsibilities and the providers. You should be aware of and satisfied with policies and procedures relating to the following:

- Child and adult safeguarding
- Escalation protocols if unwell patients are identified
- Prescribing processes, local formularies and guidance on high risk drug prescribing
- Data Protection
- Information Governance, including privacy and confidentiality policies

CPD and professional and pastoral Support

Before agreeing to working for an online provider, it is important that you understand what pastoral support is available to you through the organisation. Things to consider are:

- What processes and systems of support are in place to facilitate debriefs following a difficult consultation?
- What peer support or review is available for clinical dilemmas?
- Is there provision and support for CPD, and are you remunerated for this?

It is inevitable that from time to time errors occur and it is essential that you are aware of and satisfied with the clinical governance systems in place for you to raise concerns, be part of any investigation of significant events and have support if complaints are made against you.

Working for online providers means that traditional support and communication channels are not available which has the potential to result in professional isolation. Further information on how to avoid this is available in the [BMA Locum GP handbook](#).