As many healthcare workers plan industrial action for better working conditions, another revolution in working life rumbles on. Millions of office workers no longer have to commute, moving only from their bedroom to another part of their house to start work. The watercooler has been replaced by the kitchen tap, as the era of working from home maintains its grip.

Although in many workplaces the pendulum has swung from fully home working to a hybrid model, increasing evidence shows that this new normality is good for employees. A randomised controlled trial of 1612 employees in engineering, marketing, and finance showed that working from home on Wednesdays and Fridays reduced attrition rates by 35%, improved self-satisfaction scores and communication with colleagues, and increased productivity by 8%. While great for many, however, these new ways of working may further exacerbate inequalities between jobs that can and cannot adopt such changes.

There are exceptions, but healthcare is difficult to deliver from home. And so, along with below inflation “pay rises,” poor working conditions, and punitive pension taxes, many healthcare workers will keep driving to work in rush hour traffic and living in urban city centres with higher rents. Those able to work from home will mainly be in non-clinical roles where retention and burnout are less problematic. So, there’s a double divide: between healthcare and non-healthcare staff and between patient-facing and office-based roles.

To bridge this gulf, innovative health delivery models such as telemedicine may help. Although an online consulting model won’t suit all patients or staff, it has placed flexible working conditions on the table of choices to help tackle staff shortages. Even in critical care, where working from a distance has many challenges, innovation is possible. One such example is Health in a Virtual Environment, a remote monitoring service in Western Australia where clinical staff provide 24/7 monitoring for vulnerable ward patients who might otherwise need admission to intensive care.

But technology isn’t the only solution. Allowing patient-facing staff the flexibility to be educated and trained at home, and to deliver non-clinical roles at home, may also help. Opening hospital IT systems to secure work off site is critical, along with job planning that recognises the value of this type of working. While most doctors have recognised non-clinical components in their contracts, many staff are entirely patient facing. This is a chance to reconsider why education, leadership, and training are a critical component of a doctor’s weekly hours but are not recognised in many allied health roles.

So, while it’s absolutely right that we continue to call out the effects of below inflation pay rises, this is also an opportunity to reappraise allied health contracts to allow and encourage parts of these roles to be delivered off site. This will allow more staff to benefit from the revolution in home working enjoyed by many other sectors—helping retention, efficiency, and ultimately patient care.

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