



Welcome to the 17th NHS
Workforce Conference!



2nd October 2025

Etc venues, Prospero House, 241
Borough High St, London, SE1 1GA



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- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
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Today's Sponsors





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Chair Opening Address



Brandie Deignan
Chief Executive Officer
Pier Health Group



Panel Discussion



Kevin Anderson

Dr/Prof, GP Partner and Director of Workforce
Haxby Group Primary Care Workforce Lead
Humber North Yorkshire Integrated Care System
Visiting Professor Coventry University



Patrick Fowler

Associate
Shared Ventures Ltd



Helen Holmes-Fogg

CEO

National Association of Sessional GPs (NASGP)



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Keynote Presentation



Mr Manoj Tank
Practice Manager
Mayfield Medical Centre, Farnborough



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Refreshments & Networking



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SCAN ME



Chair Morning Reflection



Brandie Deignan
Chief Executive Officer
Pier Health Group



Case Study





Case Study



Matt Fryer
Managing Director
Plus Us (Part of the Brookson Group)



Managing Compliance Risk and Optimising Cost in Off-Payroll Engagements



Agenda

- **Who are Plus Us**
- **The Current Landscape**
- Challenges & Risks
- Case Study
- Benefits of DE
- Q&A / Discussion



Who are Plus Us

- ✓ NHS Partner since 2010 – supporting 20+ NHS organisations nationwide.
- ✓ Neutral Vendor & Managed Service Provider – not a recruitment agency; we manage supply chains impartially.
- ✓ All Staffing Groups Covered – Medical Locums, Allied Health Professionals, Health Science Staff, Advanced Practitioners, and Non-Medical/Non-Clinical – and everything else in between!
- ✓ Proven Scale & Impact
 - 1.5m paid hours annually
 - £82m+ payroll managed
 - £13m+ annual NHS savings
 - 300+ agencies in supply chain
- ✓ Technology + People – combining our WorkforceManager platform with dedicated partnership, compliance, and payroll teams.
- ✓ Part of Brookson & People2.0 – giving access to global expertise in workforce compliance, legal, and payroll solutions.

Umbrella Company Compliance



HM Revenue
& Customs

Tax Fraud and Avoidance

HMRC has recently published a “risk update” for NHS Bodies.

The wording here is important and brings into play the Criminal Finance Act.

Also be aware of the new failure to prevent fraud offence, effective from 1 September 2025.

Please make sure your business isn't part of a tax avoidance or a fraudulent labour supply chain

This is a tax fraud and avoidance risk update from HMRC. Please share it with everyone in your organisation who you think needs to see it.

We have written to NHS Bodies who arrange or pay for staff through employment intermediaries, such as employment agencies. We have warned them about significant tax fraud and avoidance risks within labour supply chains where staff are engaged via employment intermediaries.

Umbrella Tax Rule Changes – Key Dates



July 21, 2025

Draft Finance Bill 2026 published



April 6, 2026

PAYE/NIC liability shift takes effect



2027 onwards

Umbrellas formally regulated by
EAS / Fair Work Agency

Umbrella Tax Rule Changes – Background to the Reform



IR35 Fallout

IR35 reforms in 2017 and 2021 pushed many contractors into umbrella arrangements.



Umbrella Market Boomed

New providers flooded in, some pushing non-compliant schemes promising higher pay and agency kickbacks, distorting the market.



Contractors were lured by 'boosted' take-home pay

Agencies were enticed by rebates and uplifts; often unaware these incentives stemmed from non-compliant tax practices.



Government Steps In

To tackle non-compliance, the Government is shifting tax liability up the supply chain, holding end clients and recruiters accountable for unpaid tax from umbrellas they engage.



Compliance Responsibility

Like IR35, the new rules shift compliance responsibility to those controlling the supply chain, pushing the market to self-regulate and phase out non-compliant umbrellas.

Umbrella Tax Rule Changes – What's changing?

Joint & Several Liability

Recruiters, End Hirers and Umbrellas now share responsibility for unpaid PAYE/NIC.

Increased Compliance Pressure

End Hirers and Agencies must carry out and evidence robust due diligence on Umbrella partners.

Gross Payment Model Stays

Umbrellas Companies still receive gross funds and run payroll using their own PAYE reference.



Broad Umbrella Definition

Legislation applies to any entity employing workers to supply to third parties (with minor variations).

Entity Closest to the Client at Risk

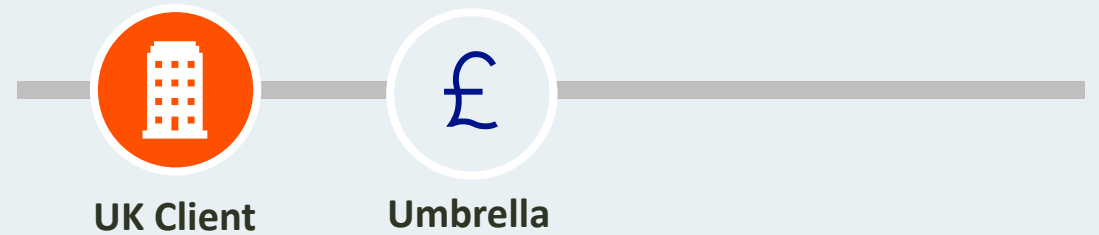
The entity contracting directly with the client bears the liability (in most cases!).

Umbrella Tax Rule Changes – Who is liable?

Example 1: UK Agency at Risk



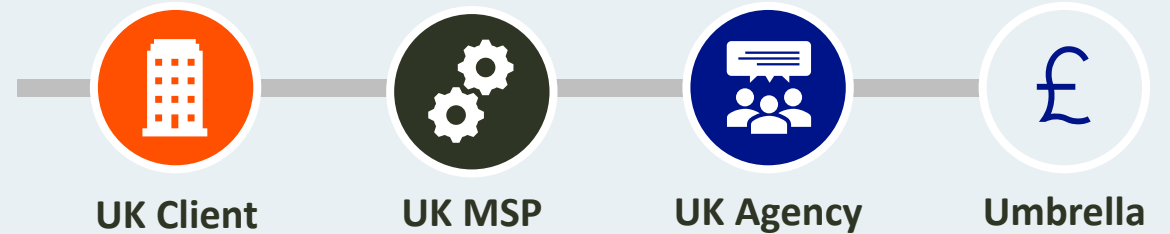
Example 2: UK Client at Risk



Example 3: UK Client at Risk



Example 4: UK MSP at Risk



On-Payroll DE Service



Plus Us administers the sole HMRC Approved on-payroll model for direct engagement



Originally designed for VAT savings on agency expenditures



Gain fully visibility of agency spend and achieve financial savings by altering the engagement model



Agencies identify temporary workers, provided to clients under a 'Temporary Worker Employment Contract'



Removes the umbrella JSL risk entirely



Plus Us maintains an impressive on-payroll (DE) rate of 92% across diverse client portfolio

Case Study: North Cumbria Integrated Care NHS FT

Challenge

North Cumbria faced rising compliance risks and limited visibility across its temporary workforce.

Solution

Plus Us reviewed the full supply chain, identifying irregularities and strengthening governance.

Working with Medical Staffing and Procurement teams, we:

- Delivered independent IR35 reviews via Brookson Legal.
- Introduced our HMRC-approved Direct Engagement model, reducing umbrella reliance.
- Reviewed provision of labour across medical temporary workforce.

Results

- VAT savings and improved rate control.
- IR35 and umbrella risks eliminated.
- Full visibility of workforce costs and compliance.
- Identified irregular insourcing model and switched to compliant on-payroll model.

Impact

North Cumbria now benefits from a sustainable workforce model with future proofed long-term savings and compliance confidence ahead of 2026 reforms.



Case Study: Cornwall Partnership NHS FT

Challenge

Cornwall Partnership needed to modernise its temporary workforce supply chain and generate savings. While agency costs remained high, the Trust had little visibility over worker engagement routes and was exposed to potential umbrella risk.

Solution

Plus Us worked closely with the Trust to:

- Establish strong engagement with both agencies and workers from day one.
- Drive throughput into our HMRC-approved Direct Engagement model.
- Examine unusual temporary worker engagements throughout the supply chain.

Results

- Improved throughput achieved immediately, providing early traction and savings.
- Clear roadmap to unlock further VAT savings as DE adoption grows.
- Enhanced compliance assurance and visibility across the supply chain.

Impact

Savings were immediate after working with the Trust to mandate DE uptake. Cornwall Partnership has built a robust, future-proof model that eliminates umbrella risk, engages stakeholders effectively, and positions the Trust for long-term workforce cost optimisation.





Thank you!

matthew.fryer@brookson.co.uk

dan.west@plusus.co.uk

paul.terry@plusus.co.uk



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Case Study



NHS
Workforce Alliance



Case Study



Will Laing
Operations Director
NHS Workforce Alliance



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Fireside Interview



Rt Hon Andrew Stephenson CBE
Former Minister of State, Department of Health
and Social Care



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Case Study



Scaling NHS Capacity Through Digital Workforce Partnerships

Presented by RotaMaster & GPDQ

Zubeda Shaikh – Finance Director - Zubeda@gpdq.co.uk

Sam Avery – Marketing Director



RotaMaster



GPDQ

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The NHS Workforce Challenge



Workforce strain is **not just a staffing issue**, it's a **systemic challenge** impacting care quality, morale, and long-term sustainability.

Supported by the **NHS Long Term Workforce Plan**, which aims to reduce reliance on international recruitment from **34% to under 10% by 2035**.

Despite this, challenges persist in:

- Retention and well-being
- ✓ Training capacity
- ✓ Adapting to new, tech-enabled models of care
- ✓

Local systems face pressure to implement national strategy at ground level while managing rising demand.

Growing need for:

- ✓ Agile workforce models
- ✓ Digital tools to improve flexibility
- ✓ Integrated approaches to care delivery



GPDQ delivers CQC-registered clinical services that help the NHS move from reactive treatment to proactive prevention, and from hospital-centric care to community-first delivery.

Our services reduce pressure on primary care and urgent care services, improve outcomes, and are designed to integrate seamlessly with existing pathways.

✔ Community Health Checks

NHS-compliant health checks delivered at scale in community settings to detect risk factors early and engage hard-to-reach groups.

✔ Remote Consultations

Remote triage and consultations supporting same day access to a GP, minimising waiting times and help allocate healthcare services according to individual needs.

✔ Virtual Wards

Virtual Care - developing community-delivered, hospital-level care that is scalable, sustainable, and centred on complex patient needs. The model is designed for easy scalability, ensuring it can adapt to the evolving needs of patients and the NHS.

Operational Challenge & Scaling Workforce



Rapid growth in services has increased **workforce management complexity**.

Flexible remote MDT that can work across services

Remote supervision of clinicians and service delivery

Ensuring compliant workforce

Balancing clinician autonomy with organisational control

RotaMaster's Role: Digital Workforce Enablement

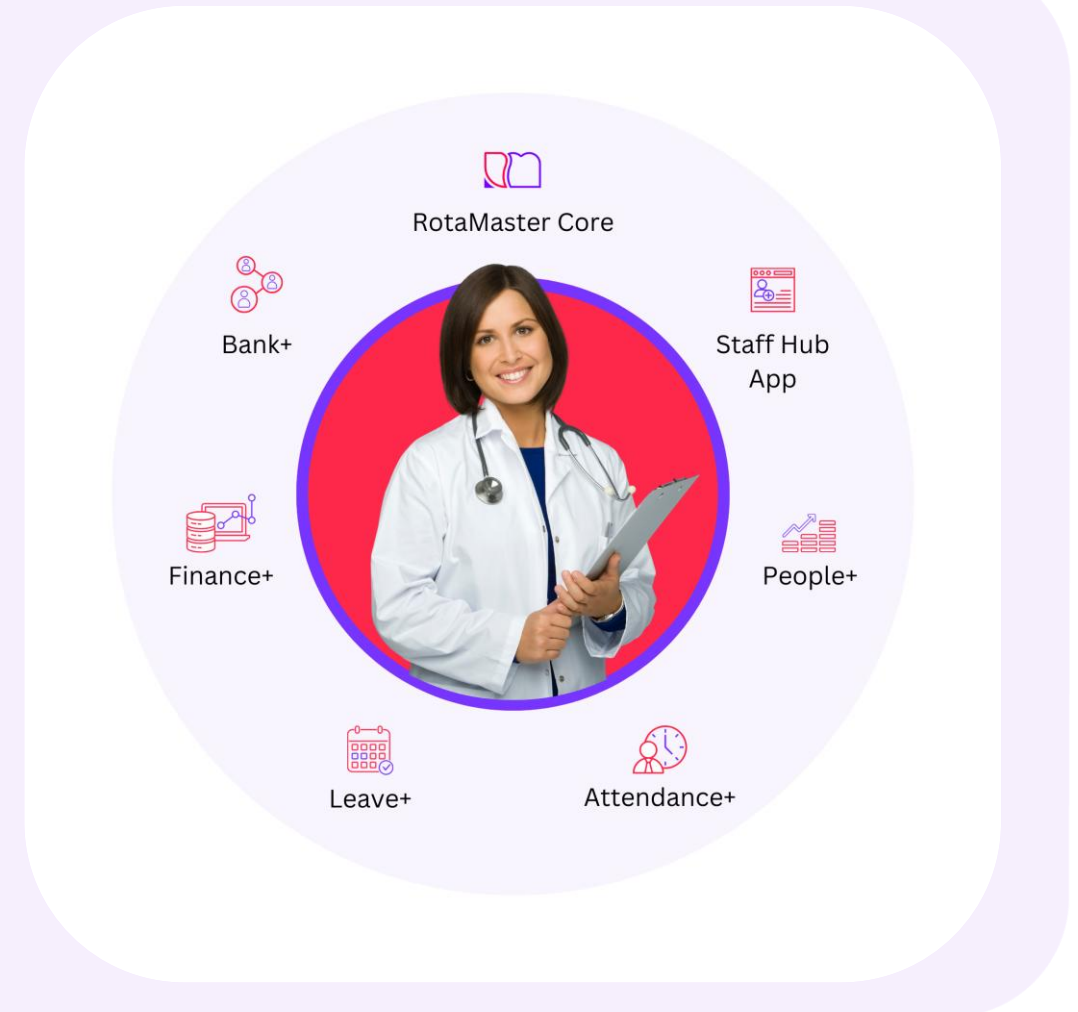


RotaMaster is a 360° workforce management system that simplifies staff scheduling, streamline HR processes, optimise payroll, and ensure compliance.

Freeing your staff to provide more clinical care.

Specific modules supporting GDPQ:

- ✓ **RotaMaster Core (Rostering)** – Build and manage shift patterns and rotas with advanced rule settings and access to 400+ reports.
- ✓ **People+ (HR)** – Oversee compliance, leave, training, appraisals, and securely store staff documents.
- ✓ **Finance+ (Payroll)** – Export pay and hours data in CSV format, with bespoke payroll exports tailored to your provider.
- Staff Hub App** - Staff can view rotas, request leave/shifts, log expenses, swap shifts, and access team calendars and announcements.



The Partnership in Action



Together, we're not just managing rotas — we're helping GPDQ deliver scalable, compliant, and insight-driven services for NHS partners.

250+ active clinicians managed across **17 different clients**

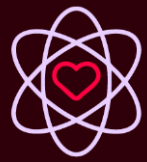
Custom rota publishing aligned to each customer's requirements

Smart shift pattern manager

Staff Hub App empowers clinicians to manage shifts flexibly

Operational oversight – GPDQ's original driver for adopting RotaMaster

Real-time insights – live dashboards to track service delivery and improve resource allocation



Q&A



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Lunch & Networking



Chair Afternoon Reflection



Brandie Deignan
Chief Executive Officer
Pier Health Group



Fireside Interview



Dr Sarah Coope
Director of Training
Wild Monday Resilience Ltd



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Workshop



Jason Greasley

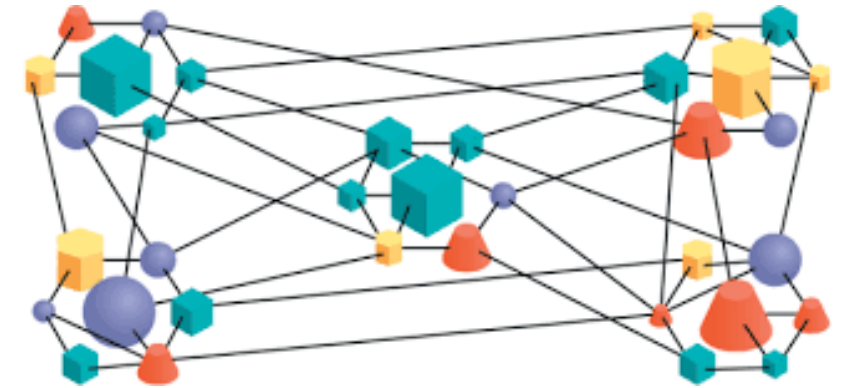
Leadership Consultant & Head of Coaching and Leadership
Transformation

Buckinghamshire Health & Social Care Academy

How do you build trust in your system.



Health Coaching cohort, 2024



Jason Greasley
Head of Coaching and Leadership Transformation, *Buckinghamshire Health and Social Care Academy*

Buckinghamshire
Health & Social
Care Academy



The Coaching
and Mentoring Pool



part of the Buckinghamshire Health & Social Care Academy

Buckinghamshire Health & Social Care Academy



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NHS Trust



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Health Coaching



Integrated Neighbourhood Teams (INT's)

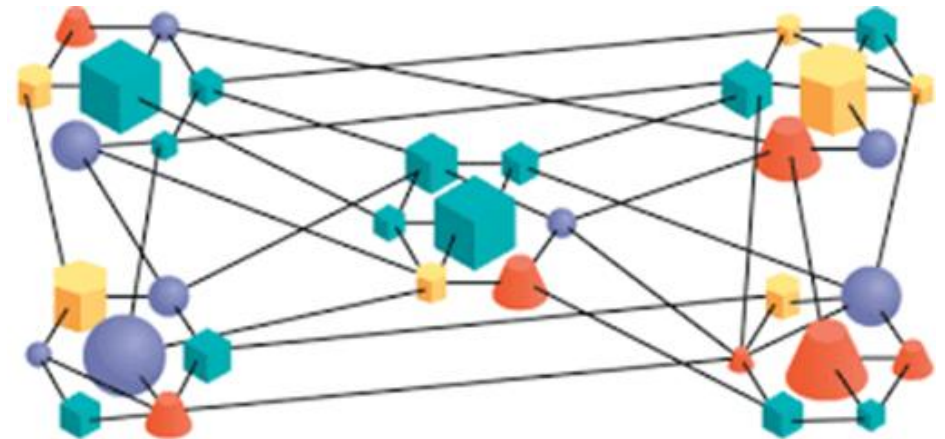
- Integrated Neighbourhood Teams (INT's) are one of the many shifts in health and social care to support improving outcomes, prevention and shifting resources into the community, whilst improving health inequalities.
- For INTs to work, all stakeholders will need to let go of old models of working and build strong relationships and trust across their systems.
- Those we are serving need to be at the heart of every decision and be involved in the decision making; it's their life and their community.
- We will need a multidisciplinary approach from all services, in all sectors and move towards a 'team of teams' approach.



The concept of a "team of teams" in INTs refers to a collaborative approach where multiple smaller teams work together as a cohesive unit. This structure aims to:

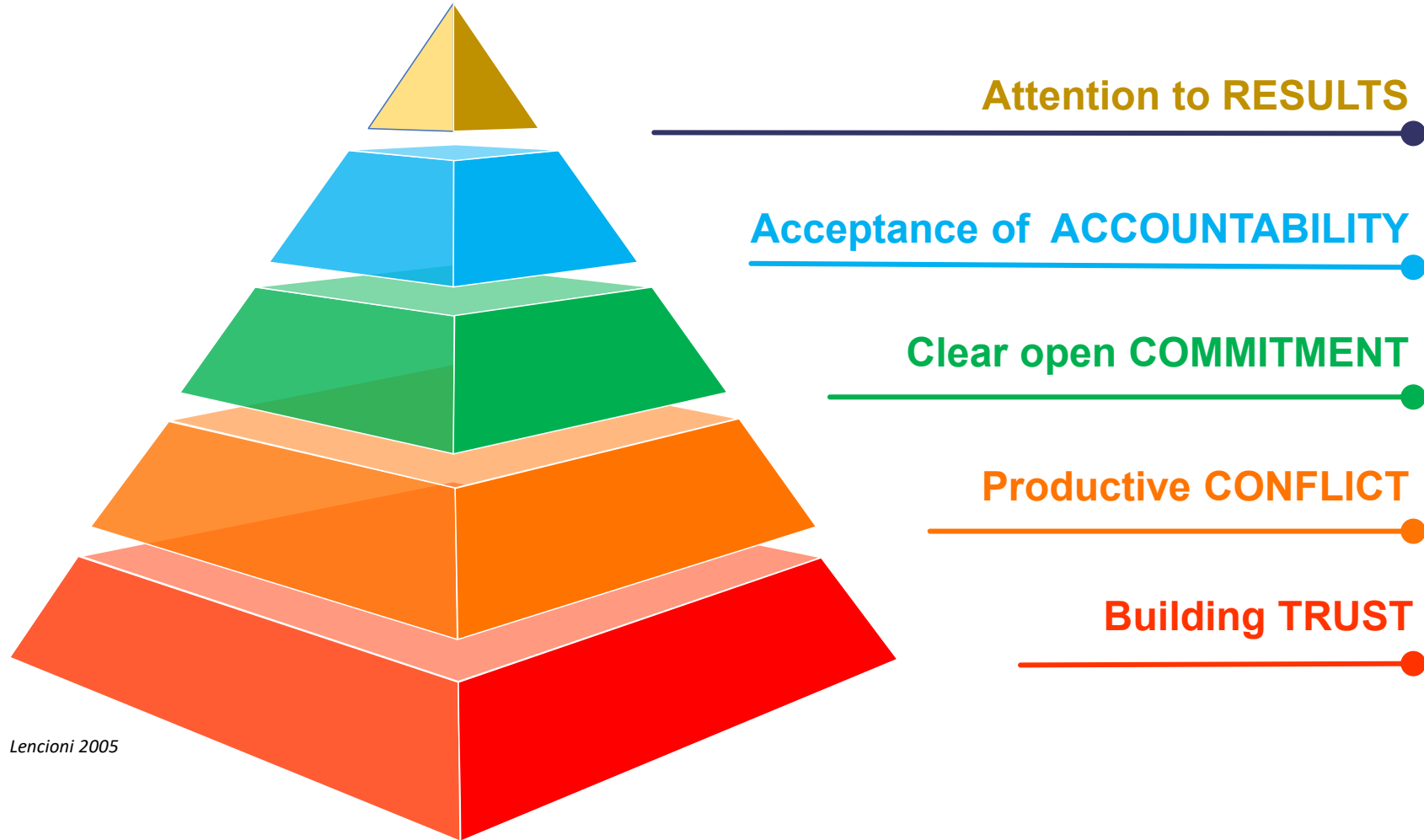
- **Enhance Collaboration:** By bringing together various professionals from different disciplines, INTs foster better communication and teamwork.
- **Streamline Processes:** Simplifying referral and administrative systems reduces barriers to care and improves efficiency.
- **Improve Patient Outcomes:** Coordinated care ensures that service users receive comprehensive and timely support, addressing both medical and social needs.
- **Leverage Expertise:** Teams can draw on specialist knowledge from various fields, providing more holistic and specialised care.

This approach helps create a more integrated and effective healthcare system, benefiting both service users and providers, whilst putting those we serve first.





Five functions of a team



Lencioni 2005



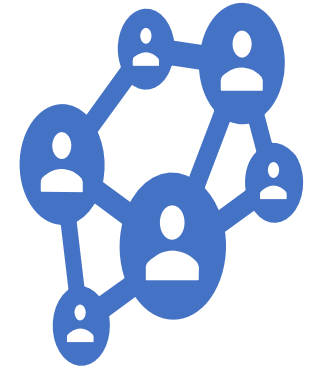
What next?

Trust is the foundation for any relationship both at home and work; absence of trust across teams and in systems is the most severe dysfunction a team can have.

Doing more with less means we **MUST** work better across systems and build the foundations for the future.

If we do not trust each other, will we share knowledge, will we learn from each other?

- »» What's within your control to change this?
- »» Who do you need to build trust / relationships with?



Jason.Greasley1@nhs.net



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Fireside Interview



Ameneh Ghazal-Saatchi
Founder and CEO
Global Policy Network



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Keynote Presentation



Mr Chris Sleight MSc BSc FIBMS
Chief Officer
Greater Manchester Diagnostics Network



What you need to know about Generations to “Future Proof” your Workforce

**Mr Chris Sleight
Chief Officer**

Greater Manchester Diagnostics Network

Email: Chris.Sleight@nca.nhs.uk

**17th NHS Workforce
Conference:
Future Proofing NHS Care**



- Clinical background in Pathology.
- Various Operational and Strategic Senior Roles in Greater Manchester.
- Now Chief Officer for the Greater Manchester Diagnostics Network.
- SRO for GM Community Diagnostic Centre Programme.
- I have Programme Director responsibilities for Digital Diagnostics programmes.
-and I am a father of 4 boys









Why a short-, medium-, and LONG-TERM Workforce Focus is critical now to sustain future services & MANAGE INCREASING DEMAND

- *An Ageing & Growing Population*
- *New Generations with different stereotypes, attitudes and aspirations*

Going to focus on the rise of Generation Z – those people aged between 13 and 27 who are now coming into your workforce

- *What you need to know*
- *Their attitude to work*
- *Five Top Tips to help you recruit, manage and work with Gen Z employees*



GM Diagnostics workforce strategy

NHS
in Greater Manchester

Greater Manchester NHS Provider Federation Board
Part of Greater Manchester Health and Social Care Partnership

GM Pathology Network Workforce Strategy

Report to:	GM Pathology Board / GM Pathology Network Operational Managers group	
Report of:	Gareth Richardson, GM Pathology Network Workforce Development Lead	
Paper prepared by:	Gareth Richardson, GM Pathology Network Workforce Development Lead	
Date of paper:	01/03/22	
Subject:	GM Pathology Network Workforce Strategy	
Purpose of Report: <i>Please tick ✓</i>	Information to note	✓
	Support	
	Accept	
	Resolution	
	Approval	
	Ratify	

Purpose:

The purpose of this paper is to provide overview of the strategic achievements and aims of the Greater Manchester Pathology workforce in 2021/22 and going forward into 2022/23.

[GM Pathology Workforce Achievements 2021/22](#)

Pathology workforce group

Pathology workforce sub group has been created and now well established to tackle to ongoing workforce issues experienced in the network. Key deliverables have been identified by the group by completing a mini gap analysis to find the areas of focus. Group has started to work collaboratively together, and become platform for sharing of best practice and ideas. Group has also created a network for distribution of information from NHSEI, HEE, IBMS and other professional bodies so pathology workforce is getting equal opportunities across the network.

NHSEI & HEE engagement

Good working relationships established with NHSEI and HEE colleagues, workforce lead and group now single point of contact for engagement around workforce. This has allowed for quicker decision making and rapid deployment of information and funding opportunities. Also created better equality across the network, all trusts are now being given the same opportunities. NW Pathology workforce task and finish group now established to drive forward workforce agenda across the region.

Funding

Successful in receiving funding to support upskilling of support staff to create future Biomedical scientist, total funding received for network was £68k from NHSE&I and £80k

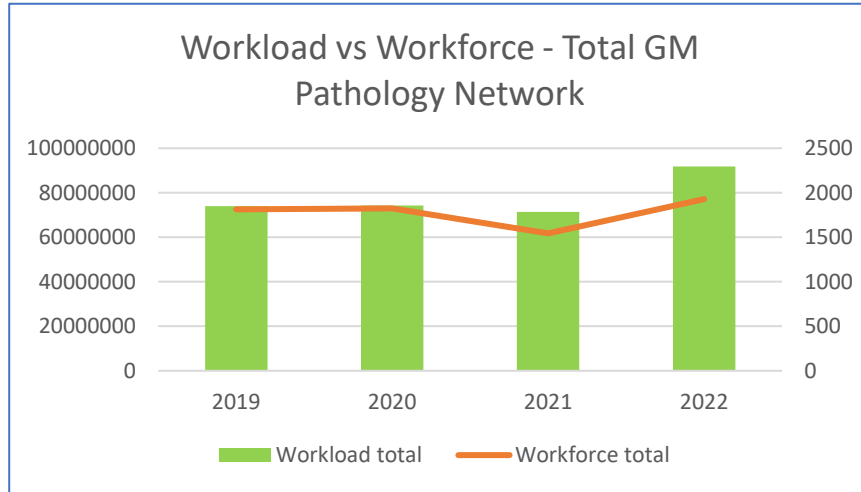
Objective 1 – to attract and retain talent in the network, to **decrease vacancy and turnover** rates.

Objective 2 – to create clear **development opportunities for all** staff to maximize staff potential and **create equality in training** across the network

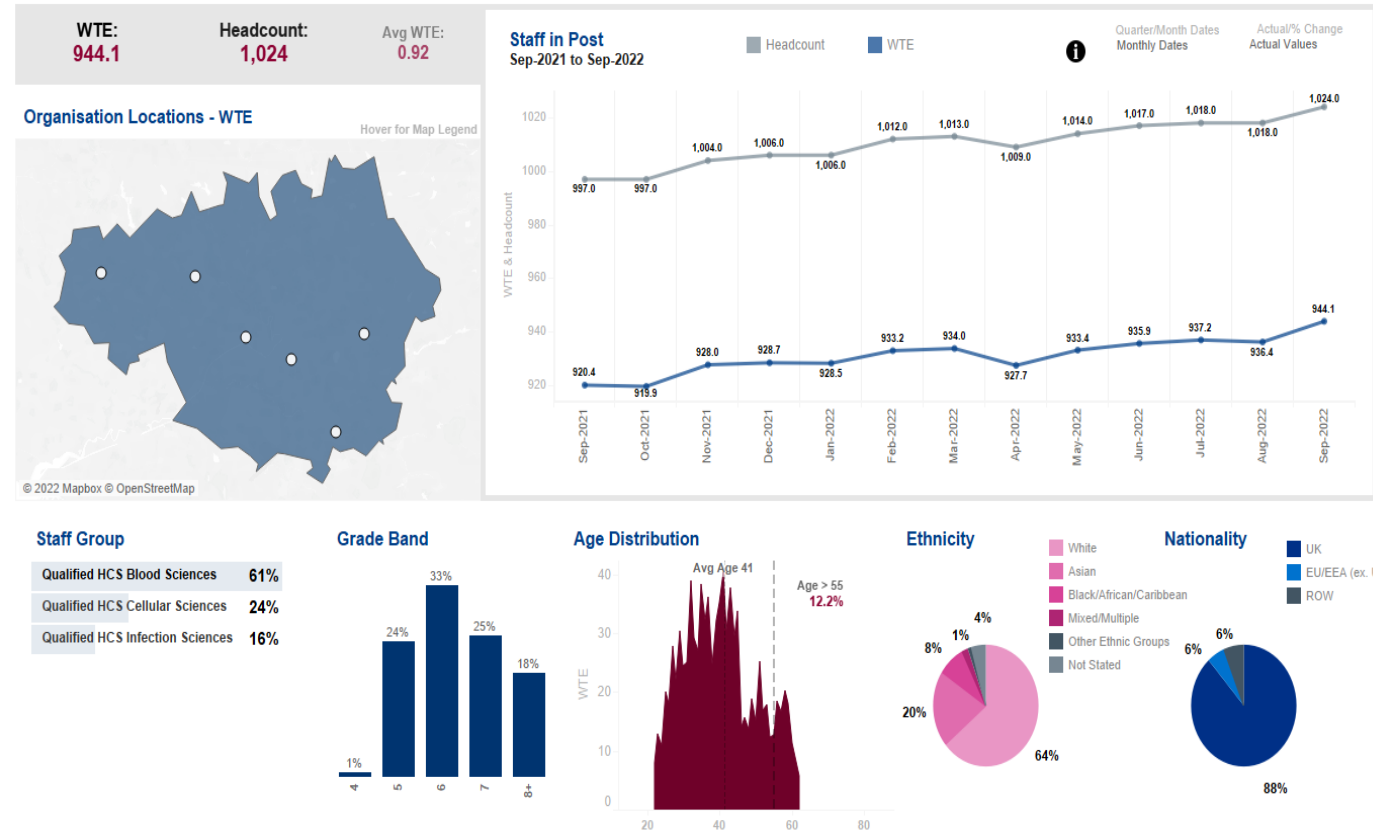
Objective 3 – to better understand the workforce needs and **create a sustainable workforce** for the future.



Background and Current workforce position

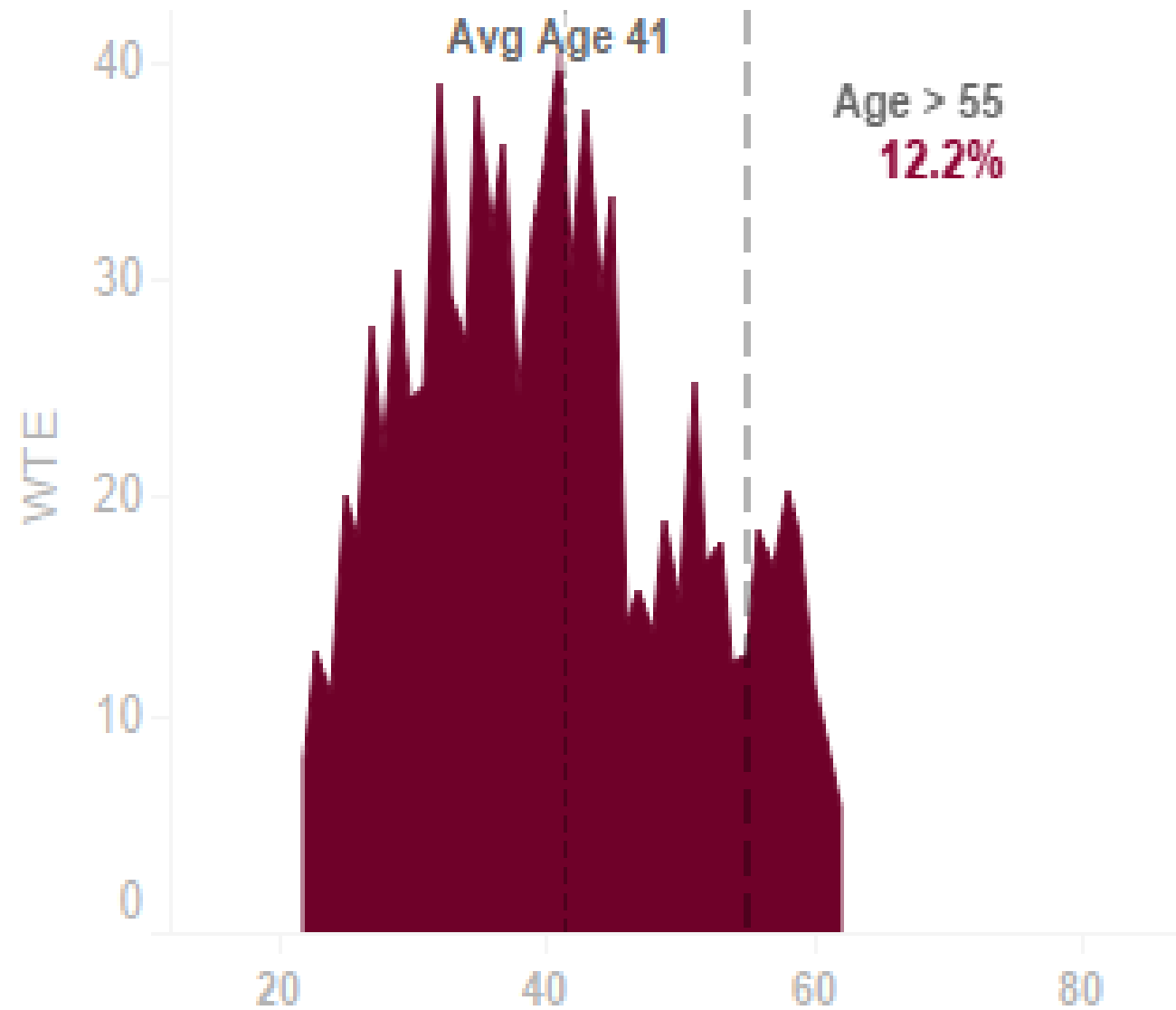


- National occupation shortage in many staff groups across Diagnostics
- Increased demand on both imaging and pathology diagnostic services – especially post COVID recovery
- More staff taking early retirement
- Graduate entry reducing
- Training capacity reducing – focus on service, no time to train
- Burn out of staff – most departments carrying significant vacancies



ESR snapshot of registered Biomedical Scientist in GM

Age Distribution

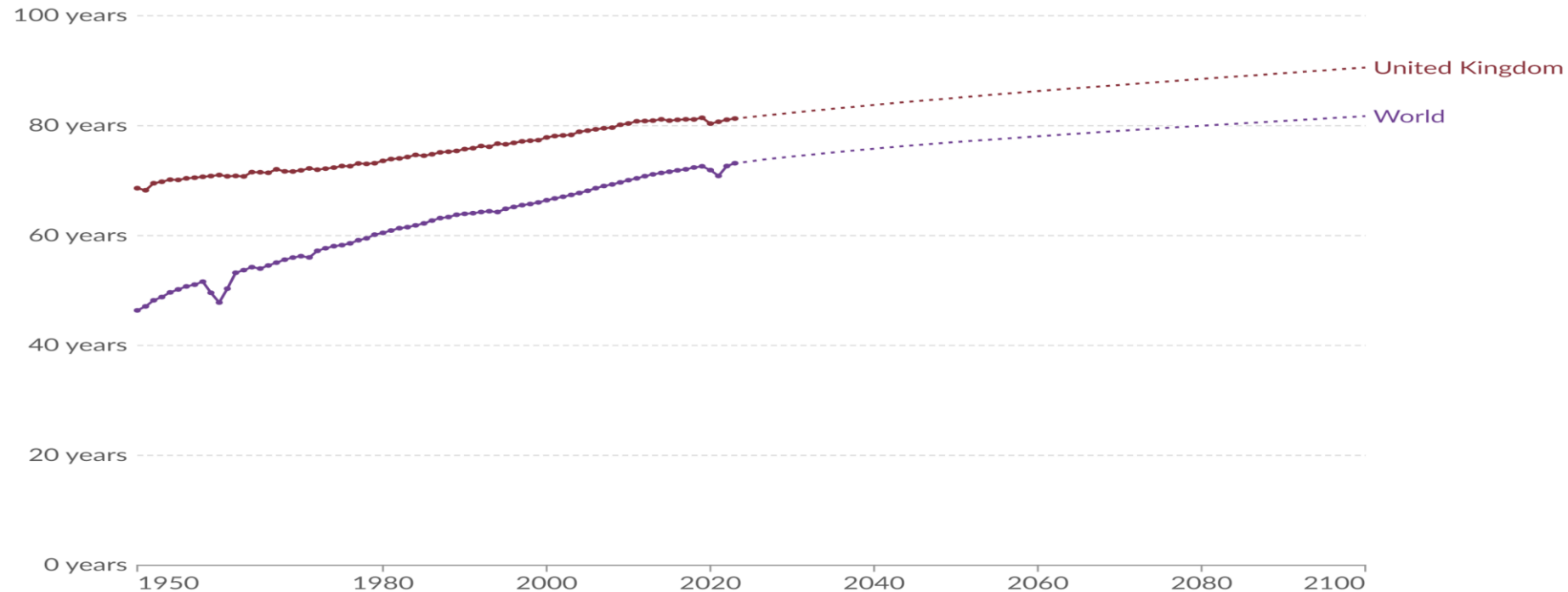


SOME GOOD NEWS! World Probabilistic Projections in Life Expectancy (Both Sexes)

Life expectancy, including the UN projections

Our World
in Data

The period life expectancy¹ at birth. This includes the observed life expectancy since 1950, and the medium-variant projections for the future, based on estimates by the UN Population Division.



Data source: UN, World Population Prospects (2024)

OurWorldinData.org/population-growth | CC BY

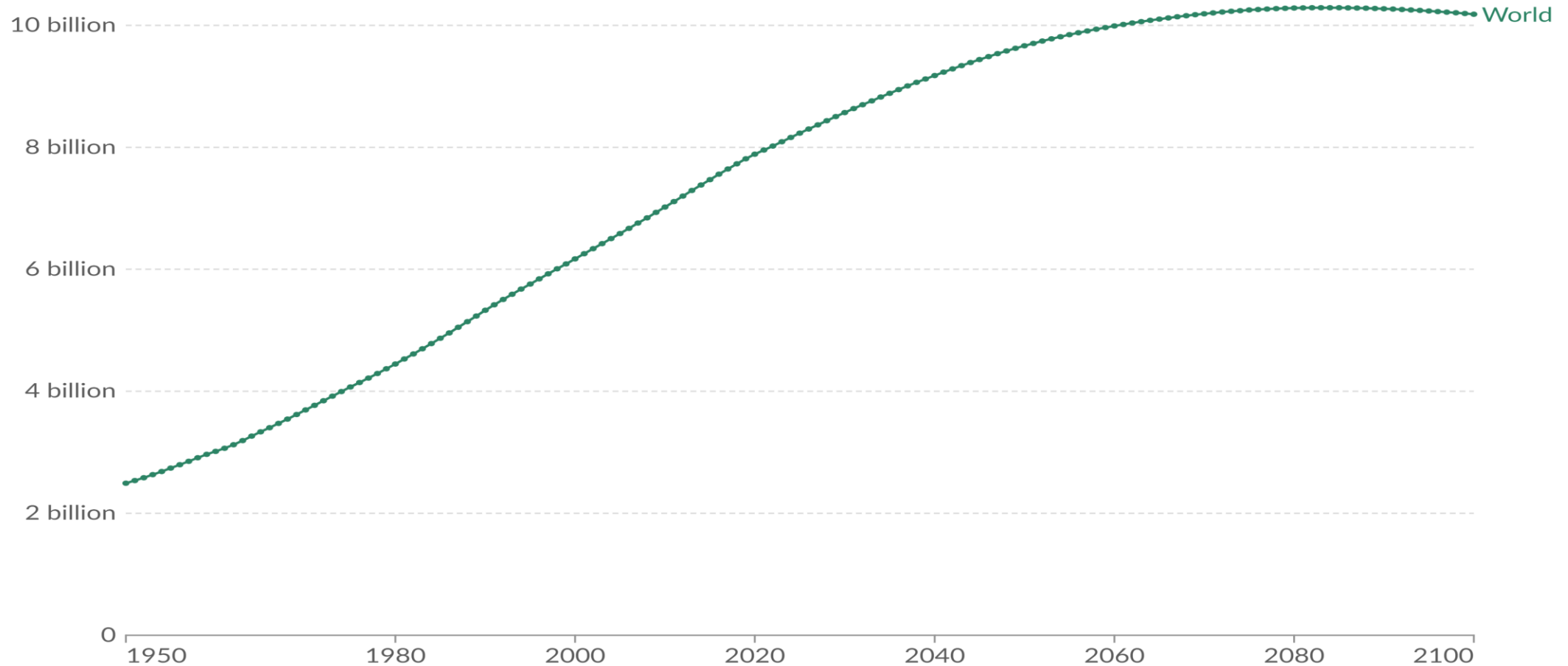
1. Period life expectancy: Period life expectancy is a metric that summarizes death rates across all age groups in one particular year. For a given year, it represents the average lifespan for a hypothetical group of people, if they experienced the same age-specific death rates throughout their whole lives as the age-specific death rates seen in that particular year. Learn more in our articles: "Life expectancy" – What does this actually mean? and Period versus cohort measures: what's the difference?

Which means the population is increasing....

Our World
in Data

Population, 1950 to 2100

Projections from 2024 onwards are based on the UN's medium scenario.



Data source: UN, World Population Prospects (2024)

Note: Values as of 1 July of the indicated year.

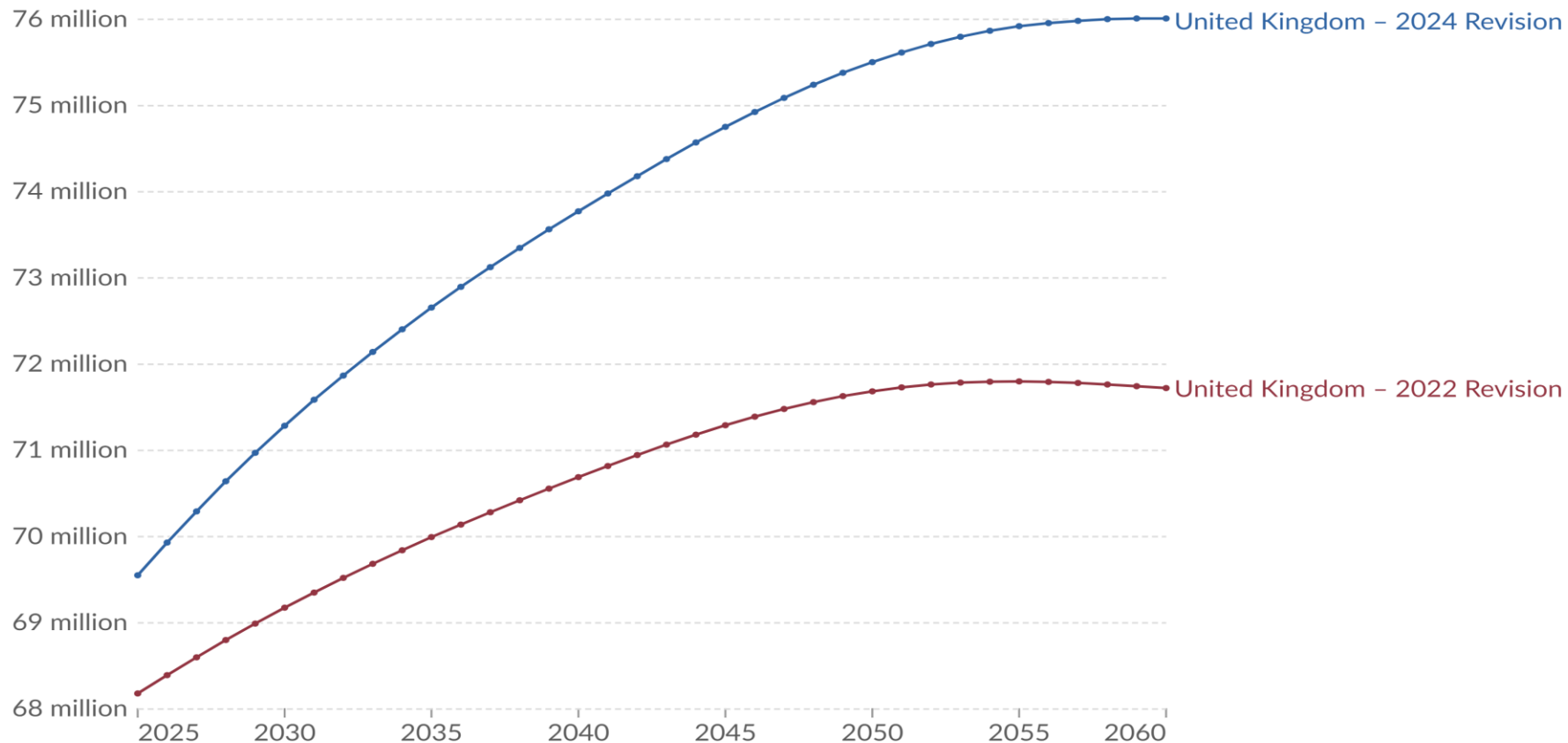
OurWorldinData.org/population-growth | CC BY

.....Faster than we thought!

How do UN Population projections compare to the previous revision? United Kingdom



The medium population projection from the UN's World Population Prospects in its 2024 publication, compared to its 2022 revision.



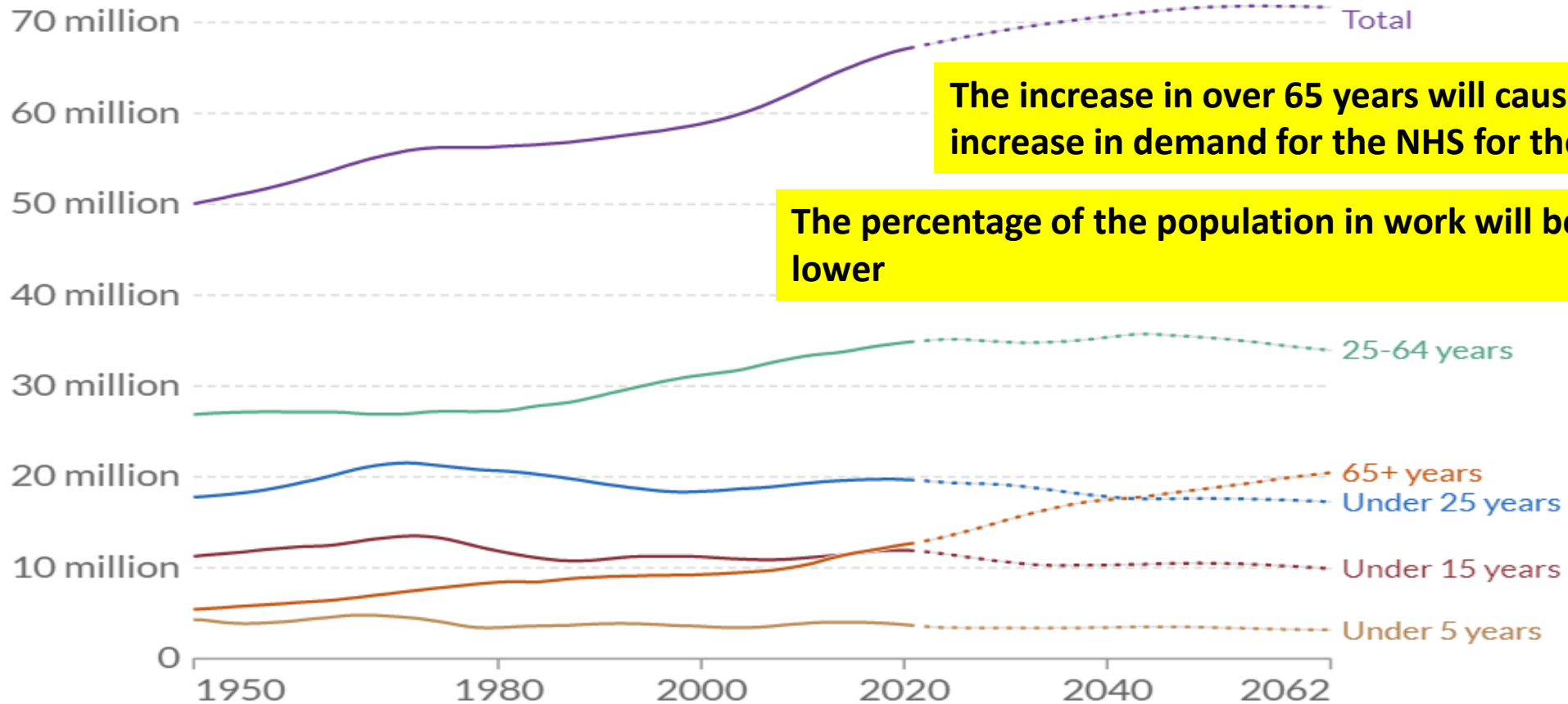
Data source: UN, World Population Prospects (2022) and (2024)

OurWorldinData.org/population-growth | CC BY

Population by age group, including UN projections, United Kingdom

Historic estimates from 1950 to 2021, and projected to 2100 based on the UN medium-fertility scenario. This is shown for various age brackets and the total population.

[↔ Change country](#)



The increase in over 65 years will cause a huge increase in demand for the NHS for the next 40 years

The percentage of the population in work will be lower

Different Generations.....

We all think our parents were slightly crazy,
and we all think our children are weird.....





	Generation Alpha	Generation Z	Millennials	Generation X	Baby Boomers	Silent Generation
Born	2012 - 2024	1997-2012	1981-1996	1965-1980	1946-1964	1926-1945
Age	Up to 13	14-26	27-42	43-58	59-77	78+
Stereotype	Very short attention span. All information needed instantly available. Allergies, obesity and health problems related to screen time. Family Oriented. 80% dictate family activities such as holidays! Exceptional learning abilities and opportunities.	More racially and ethnically diverse than any previous generation. No memory of life before the internet. Give more voice to social causes than previous generations. Ambitious. Confident. Higher Diagnosis of mental health. Prone to anxiety. Puberty onset earlier.	Most educated generation of humans to ever exist, with around 40 percent having a university degree or higher. Ambitious, Confident, Curious, but often labelled as "Spoilt and Lazy" the "Me, Me, Me" generation.	"Latch Key" Generation - left at home alone whilst parents worked. Resourceful. Logical. Problem-Solvers.	So called because of huge increase in birth rates following end of the second World War. Committed. Self sufficient. Competitive.	Grew up during and after World War II; taught to be “seen and not heard”. Disciplined. Loyal.
Communication	Social networks, and streaming services; low interest in TV. Create on line communities.	Hand held or integrated in clothing comms device / Facetime	Text / social media / on line real time text messaging /face to face	e-mail / text	Face to Face / Telephone Landlines	Speaking Face to Face / Formal letters
Major events	Covid 19	Global financial crisis 2008 & Covid 19	Nine Eleven (2001)	Fall of Berlin wall (Nov 89)	Moon landing	World War Two
Iconic Toys	Fidget Spinners PlayStation 4 X Box 360	Nintendo DS Scooters Fashion Dolls (BRATZ)	Cabbage Patch Kids BMX Bike Little Tykes (Log Cabin/Cozy Coupe)	Lego Rubix Cube Chopper Bikes	Etch A Sketch Spacehopper Frisbee	Bubble Solution Roller Skates Toy Soldiers
Music	Smart Speakers	Spotify	iPod	Walkman /CDs	Audio Cassette	Record Player
Major Influences on lives	Internet. Tik Tok. Pandemic.	Youtubers. Internet. Parents.	Peers. Television. Internet. Parents.	Parents. Television. Books. Magazines.	Parents. Newspapers. Music (e.g. Beatles). World events. Books.	World War Two. Parents /Grandparents/ Siblings. Books.

	Generation Alpha	Generation Z	Millennials	Generation X	Baby Boomers	Silent Generation
Attitude to Technology	They don't just use technology; they intuitively understand it. Navigating digital spaces, for them, is as natural as breathing. "Technoholics". Totally dependent on IT - have no grasp of alternatives. More digitally savvy than any previous generation. Will not understand and will become quickly irritated by previous generations "lack of understanding" of modern technology.	Totally dependent on IT - (born with a smartphone and a tablet) - very limited grasp of alternatives.	Digital natives - technology is part of their everyday lives. Activities mediated by a screen. Don't need to be problem solvers as internet does it for them.	Digital immigrants. Technology was growing fast but in its infancy. Understand the importance of digital and non-digital.	Early adopters. Extremely cautious and sceptical. Seen as a luxury.	Largely disengaged. Lack of understanding or interest.
Attitude to Work	No constraints on geography; massively influenced on climate change and saving the planet. Like Generation Z, but moreso, they will have jobs that do not exist in today's world. Extremely curious – will want to learn new things. As yet unknown when they will want to retire – theories on this are diverse.	Career "multitaskers" - will move between employers and job roles. Very low limitation on geography. Want to retire early.	Digitally driven. Work "with" an employer rather than "for". Diminished geography constraint. Want to retire early.	Professionally loyal (not necessarily to employer). Geography constrained. Expect to retire at 65 or earlier. "Workaholics"	Organisational loyalty. High dependence on geography. Expect to retire at 65 or return to work.	Jobs are for Life. Totally dependant on geography.
Aspiration	Predicted to be the wealthiest generation ever, financial savvy and will demand financial stability.	Security and Stability (due to global economic turbulence in formative years)	Freedom and Flexibility	Work Life Balance	Job Security	Home Ownership

Unsure Which Generation You Are?

Generation Alpha

Samsung Galaxy Z Flip 6

(other suppliers are available!)

Generation Z

Smartphone

Millennials

Phone

Generation X

Mobile Phone

Baby Boomers



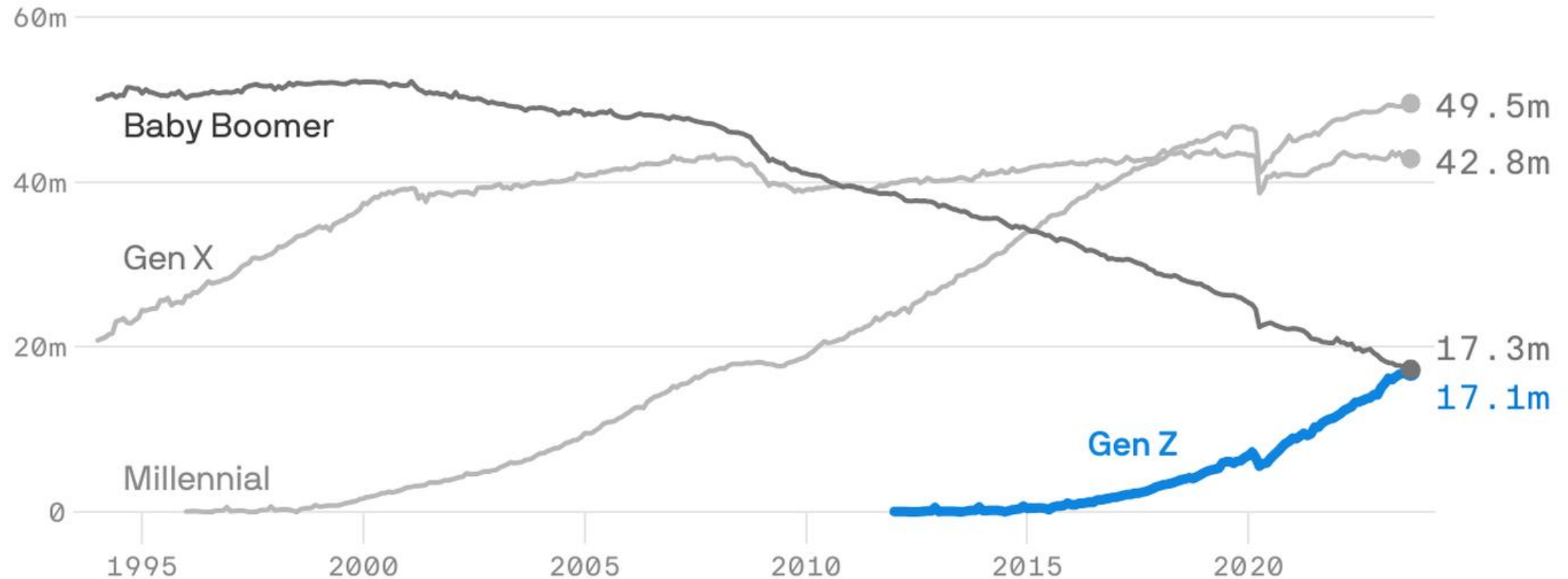


Generation Z – What you Need to Know

- As of 2025, Gen Z age range is approx. 13 to 27
- Their lives are shaped by technology, climate change, surviving a global health crisis
- Like all generations – they learn from observing their parents – mostly Generation X (the “Workaholics”). They want to retire early.
- More than half (54%) of Gen Z spend four hours or more a day on social media (Morning Consult)
- 88% of Gen Z spend their time primarily on YouTube (Morning Consult's survey)



% of the generations in work - Decline of the Baby Boomers and the rise of Gen Z...



By 2030 Generation Alpha predicted to be 13% of the workforce; by 2040 could be 50%.

Gen Z overtook the Baby Boomers as a larger % of the UK workforce in March 2024



How fit for purpose is your recruitment procedure?



Gen Z Social Media Statistics



YouTube

88%



Instagram

76%



TikTok

68%



Snapchat

67%



Facebook

49%



Twitter

47%

source: Morning Consult Pro

Z



Attitudes to Work in numbers

Percentage of Gen Z who....

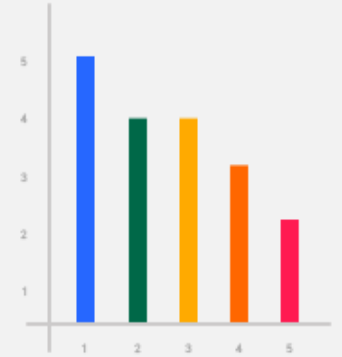
Prioritize work-life balance.....	75%
Have left a job because their employer did not offer a flexible work policy.....	72%
Want a career with a positive impact on society.....	93%
Prioritize pay/salary as a top aspect they want from their next job.....	70%
Describe their mental health as "excellent" or "very good".....	45%
Expect to own a home one day.....	41%
Own a smartphone	98%
Expect to be promoted within the first 18 months of employment (graduates).....	70%
Want to show “personality” in work related communications.....	97%
Percentage of Managers who think Gen Z have good work ethics and communication skills?	25%



CONCLUSION Gen Z bring a fresh set of values, attitudes, and expectations to your workplace. Understanding the unique characteristics of Gen Z employees is crucial for organizations aiming to attract, engage, and retain this dynamic group. Five things to remember that define Generation Z employees:

1. Technology Driven
2. Diversity & Inclusion
3. Flexible Working
4. Independent - try not to micro-manage
5. Continuous Development

Biggest Motivators in Selecting Workplaces for GenZ



93%
Impact on
Society

77%
Worklife
Balance

77%
Diversity &
Inclusion

70%
Health
Insurance

63%
Competitive
Salary





Thank you for listening, any
questions?

Connect with me on LinkedIn



Or you can even send me a
written letter 😊





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Panel Discussion



Kevin Anderson

Dr/Prof, GP Partner and Director of Workforce
Haxby Group Primary Care Workforce Lead
Humber North Yorkshire Integrated Care System
Visiting Professor Coventry University



Asad Ashraf

GP, CCIO, Medical Director
Chingford Medical Practice, Bromley
Healthcare, E4 Network



Helen Holmes-Fogg
CEO

National Association of Sessional GPs (NASGP)



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Food, Drinks & Networking