

Unlocking Productive Potential:

How Team Job Planning Can Improve Clinical Services



The NHS stands at a pivotal moment. With more consultants than ever, significant investment in capacity & declining NHS productivity, we have a unique opportunity to deliver better care, improve patient outcomes, and support our clinical workforce. Yet, as we look to the future, it's clear that the way we plan, support, and measure consultant work must evolve to match the complexity and ambition of modern healthcare.

This paper draws on a **deep-dive, large-scale analysis** of consultant job plans, conducted in **close collaboration with NHS England senior managers and RLDatix**. This joint work, examining **thousands of consultant job plans** from over the past five years across England, was undertaken with the intention to explore and learn about job planning and rostering as potential drivers of productivity improvement. The findings provide a **robust evidence base** for NHS leaders, medical directors, and policymakers to shape the future of consultant job planning.

Why More Consultant Hours Should Mean More and Better Care

The post-pandemic NHS is defined by new patient needs, evolving workforce expectations, and innovative models of care. These changes demand a smarter, more agile approach to job planning, one that goes beyond headcount and contractual compliance, and instead focuses on aligning consultant capacity with real-world service demand.

But when you scratch beneath the surface, as RLDatix has done by **examining thousands of consultant job plans** from over the past five years from across England, a more complex and urgent reality comes into view: the nature of clinical work and teams is changing and how we approach job planning needs to change too.





Closing the Productivity Assurance Gap

A consultant job plan should be more than a document, it should guide both individual and team contributions to patient care, service transformation, and professional development.

In a landmark review of RLDatix’s job planning across a 5-year period, sign-off rates for consultant job plans ranged from just 30% to over 90%, with an average hovering between **53% and 65%**. The analysis reveals that sign-off rates correlate strongly with Trust as well as directorate **clinical leadership** but not the trust size or number of doctors at a given Trust.

In our experience at RLDatix, organisations where medical leaders engage proactively with their teams, listening, collaborating on how a service will be delivered and explaining the value of job planning and resolving tensions constructively, job plans are more likely to be completed and agreed.

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This insight demonstrates that effective triumvirate leadership by clinicians, operations managers & finance teams is the key to achieving high job plan sign-off rates and workforce assurance.

The NHS England **Medical job planning improvement guide** recognises the importance of both ensuring that job plans are signed off but also of balancing direct clinical care (DCC) with essential supporting activities like leadership, education, and research. By clearly defining and regularly reviewing these activities, trusts can ensure that patient-facing work is protected and enhanced, while also supporting the broader professional roles that drive innovation and quality.

The RLDatix analysis also identified a trend that requires further interest: **a decline in Direct Clinical Care (DCC) Programmed Activities** over time, despite the overall number of consultants increasing. The RLDatix insight also shows increased **Supporting Professional Activity (SPA) time** allocated to Continuing Professional Development (CPD) and leadership, with reductions in teaching and research. This visibility into evolving Supporting Professional Activity (SPA) time helps NHS organisations balance professional needs with strategic goals.

The RLDatix Analysis Identified Trends

Overall Increase of Consultant Numbers



More Doctors

Decline in Direct Clinical Care Programmed Activities



Fewer Direct Patient Care Hours

0.16PA The Average Decrease per Job Plan



From Individual to Inclusive Team and Service-Level Activity Planning

Rahul Chodhari, Medical Productivity Lead who assisted in study development explains “The delivery of modern healthcare is inherently team-based rather than solely individual. The NHS England Improvement Guide emphasises the development of effective medical leadership and the importance of supporting operational teams in understanding the full scope of a consultant’s job plan-including activities such as continuing professional development and educational supervision.

It further advocates for service-level workload/job planning, in which teams collectively align capacity with service demand, establish shared objectives, and monitor performance collaboratively.”



One of the most promising developments highlighted in the analysis is **the growing adoption of team job planning.**



Modern care is delivered by integrated clinical teams, not isolated professionals.

RLDatix’s analysis spotlights the growing adoption of **team job planning**, offering NHS leaders a proven model for fostering integrated, flexible, and responsive clinical teams. This highlights the value of multidisciplinary team-based approaches for modern, integrated care. A modern job planning approach must be inclusive, also recognising the vital roles of SAS doctors and multidisciplinary colleagues, and supporting flexible, portfolio careers.

The SAS Charter similarly establish well-defined structures to ensure that every doctor, irrespective of their grade or working arrangement, receives appropriate support to deliver for both patients and the healthcare system. This aligned to a culture of learning, continuous improvement and peer support will ensure that clinical and operational leaders are equipped to lead change and drive results.

Leveraging Digital Tools for Strategic Workforce Management

Digital tools such as e-job planning systems, dashboards, and integration with e-rostering make it easier than ever to track, benchmark, and optimise consultant activity. The national program focus on **data transparency, digital job planning** and **real-time monitoring** empowers trusts to identify variation, share best practice, and continuously improve.

Job planning solutions equip NHS organisations with advanced tools to seamlessly align job planning with demand and capacity modelling, rota design, and patient-facing activity, supporting strategic workforce management.



Job Planning: The Missing Link Between Commissioning, Service Design and Delivery

One of the least discussed but potentially most transformative aspects of job planning is its power to act as a strategic bridge between high-level commissioning intentions, detailed service planning, and the real-world clinical activity that patients experience.

Commissioners set out the outcomes they want to see. Service planners interpret these into models of care. But unless that intention is anchored in the job plans of the clinicians delivering the work, the system risks misalignment. Too often, activity targets are set without a clear understanding of who will deliver them, how, and with what time.

By contrast, where job plans are tightly linked to commissioned services, the system can operate with far greater accountability, transparency, and adaptability. This is especially urgent as the NHS grapples with shifting care out of hospital, integrating services across sectors, and managing rising acuity within fixed establishments. Job planning, done well, is the operational handshake between policy and practice.

RLDatix’s eJobPlan solution already supports this kind of integration, with functionality for aligning job plans to demand and capacity modelling, rota design, and patient-facing activity. But real transformation will require every part of the system from Integrated Care Boards (ICBs) to medical directors to treat job plans as **living contracts of care**, not static documents.



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This is how we shift culture, by making leadership meaningful, and problem solving together. This is what will drive sustainable care for our patients, our colleagues and for the future multidisciplinary workforce.”

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A Call to Action: Job Planning as Strategic Infrastructure

We cannot continue to treat **job planning as a once-a-year HR ritual**. It must become a core part of strategic service planning and workforce optimisation.

- ✓ To unlock the full value of the consultant workforce, the NHS must:
- **Mandate job plan sign-off** as a basic requirement for workforce assurance.
 - **Standardise job plan templates** to better define DCC, Supporting Professional Activity (SPA), and expected outcomes.
 - Expand and formalise **service level activity planning** across specialties and systems.
 - Use job planning data in real time to support demand/capacity modelling, pathway redesign, and productivity improvement.



Conclusion: The Clinician’s Compass in a Changing Landscape

Clinicians are not the problem.

They remain one of the most vital levers of quality and productivity in the NHS. But the system must provide them and their teams with a clearer map.

When job planning works, it aligns purpose, capacity, and care. When it does not, we get the illusion of staffing without the delivery of service.

With the robust functionality of job planning tools, NHS leaders are well-positioned to drive cultural and operational changes, ensuring that **digital job planning** becomes central to productivity and service improvement.

The data is clear: **job planning is no longer just paperwork. It is infrastructure.** And without it, we cannot meet the demands of modern medicine. It is about **aligning the NHS’s greatest resource, its people with the work that really matters**, in a way that is **clinically led, data driven, and patient centred**.

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It is infrastructure.



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RLDatix Insight Paper - Job Planning

This insight draws on the comprehensive RLDatix eJobPlan intelligence and was developed in collaboration with NHS England senior managers, providing NHS leaders and policymakers with a robust evidence base for driving improvement in consultant job planning nationwide.



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