

Dear Colleague

JOB PLANNING GUIDANCE

Summary

This Director's Letter provides updated guidance to NHS Employers in Scotland on aspects of the job planning process for relevant medical and dental staff.

1. This updates and replaces the previous guidance contained in DL (2016)14 which should no longer be used by employers.

Background

2. Following the consultants' pay agreement for 2024/25, discussions have taken place between representatives of the Management Steering Group (MSG) and BMA Scotland to "improve the balance of different elements of the job plan for consultants to facilitate attractive employment opportunities within NHS Scotland and to enable retention of the existing workforce". Those discussions recognised the applicability of guidance to specialty and specialist (SAS) doctors and dentists in addition to consultant grade staff. As a result, it has been agreed to update the elements agreed in the previous Director's Letter and re-issue updates through this as:

ANNEX A: Engaging the Team – Creating the Right Connections Between Job Planning and Team Service Planning.

ANNEX B: Job Plan Review: Resolving Disagreements.

3. This guidance supplements but does not replace the provisions set out in the 2004 consultant terms and conditions of service or those in the 2008 and 2022 terms and conditions of service for SAS doctors and dentists.
4. Scottish Government, NHS Scotland Employers and BMA Scotland ask NHS employers in Scotland to ensure that the principles outlined in these documents on the job planning process are adopted.
5. For clarity, the information within this DL is applicable to consultants, specialty and specialist doctors and hospital dentists.

DL (2025) 21

*This DL supersedes
DL (2016) 14*

16 September 2025

Addresses

For action

Chief Executives, NHS
Boards and Special
Health Boards and NHS
National Services
Scotland
Directors of Human
Resources

For information

Members, Scottish
Partnership Forum
Members, Scottish
Terms and
Conditions
Committee Members,
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6. To facilitate attractive employment opportunities in NHS Scotland, consideration must be given to the appropriate DCC:SPA split for the role, with the final decision on the split being a negotiation between the employer and employee. All job plans must include a minimum of one SPA for activities associated with job planning, appraisal, and revalidation and therefore consultant posts should not be advertised at a 9:1 DCC:SPA split. Local and individual needs as well as the recommendations of the 2004 consultant contract (Section 4.2) should be reflected in discussion at job plan reviews. The 2022 Specialty Doctor and Specialist contracts set out the minimum SPA time (Schedule 4 paragraph 11) for SAS doctors/dentists.

Action

7. NHS Boards, Special Health Boards and NHS National Services Scotland are asked to ensure that this letter is drawn to the attention of those involved in the job planning and job advertisement process.
8. Employers are asked to make their own arrangements for obtaining additional copies of this Director's Letter (DL) which can be viewed at www.publications.scot.nhs.uk and on the MSG website at www.msg.scot.nhs.uk.

Yours sincerely



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Director of Health Workforce

ENGAGING THE TEAM – CREATING THE RIGHT CONNECTIONS BETWEEN JOB PLANNING AND TEAM SERVICE PLANNING

1. Introduction

- 1.1 This document sets out agreed principles between Scottish Government, NHS Scotland Employers and BMA Scotland on how the job planning process can be improved by engaging medical and dental staff on an ongoing basis in the development of service objectives through team service planning and by ensuring clear links between this process and job planning for individual consultants/SAS doctors.
- 1.2 The relevant contracts set out the contractual requirements associated with the job planning process, making it clear that job planning is an activity that is conducted between individual medical and dental staff and their employers. It is not the intent or the effect of this guidance to make changes to nationally agreed contractual arrangements.

2. Service Planning and Job Planning – Creating the right connections

- 2.1 While a job plan and the annual job planning meeting are specific to individual staff, these should be both informed by departmental and service plans and objectives and responsive to the needs of individuals. The development of the service plans and objectives should in turn have been informed and influenced by full engagement and participation of medical staff, creating a flow between these processes which has the potential to effect improvement at all levels.
- 2.2 A model of service planning which is inclusive in nature, with meaningful engagement throughout the year, will facilitate better informed individual job planning, maximising the effectiveness of job planning from the point of view of both Boards as employers, and individual members of medical and dental staff.
- 2.3 Job planning, rather than being a timetabling exercise, should be a systematic and evolving activity designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual, departmental, service and broader NHS objectives.

3. Specific Steps

- 3.1 There are a number of specific steps Boards, service areas and individual members of staff could take to promote connectivity between collective and individual objectives.
- 3.2 Before the annual job planning round commences, Boards should confirm organisational service objects which should inform and influence team service plans and, through engagement with the BMA Local Negotiation Committee:
 - Publish the timetable for the job planning round.
 - Confirm that the Board guidance to medical managers and staff is up to date and

is communicated to all parties in advance of the job planning round. This should include guidance on the expected evidence available for all those participating in job planning and details of the software and calculation methods being used.

4. Inclusive Team Service Planning – Engaging the medical and dental staff

4.1 An inclusive model of team service planning aims to ensure that team service plans are developed and owned by the team providing the service and should not be a 'one off' event. Teams should meet regularly throughout the year to ensure that team service plans remain up-to-date and are responsive to changes impacting the service and the medical staff within the team. Neither the team service plan nor the individual clinician's job plan can be drawn up in isolation. Each informs the other.

4.2 Discussions undertaken in a model of service planning and engagement between employers and their medical staff throughout the year should contain the following elements:

- Reviewing the previous year and service plan and identifying what went well and where there might be areas for improvement across the organisation/directorate;
- Reviewing the clinical workload as defined in the service plan and how this is working in reality within the department;
- Reviewing any changes to service delivery within the department (e.g. new clinical practice, technology changes, demand curve changes, staffing levels, etc.) that have taken place during the year;
- Consider any anticipated or actual service changes in other areas/departments which may impact on the service delivered by the team;
- Identifying the actions and resources needed to maintain and improve service delivery and the quality of care to patients;
- Reviewing areas of strength and weakness and methods to maximise the opportunities and minimise the possible risks such as workforce gaps and other threats to service continuity;
- Taking account of broad NHS Scotland aims, identifying the priorities organisations and team(s) want to deliver and the objectives flowing from these which might influence and inform individual job plans;
- Taking account of the spread of activities throughout the team to inform individual job planning;
- Understanding the resources the department receives including the medical headcount and WTE as well as salaries, recharges, medical school sessions, teaching roles, etc;
- Setting out what might be needed to meet clinical governance requirements including education, training, and research;
- Using local data to provide a robust evidence base for both the service planning and individual job planning processes;
- Taking account of specific individual objectives that may require broader team support or impact on service delivery;
- Taking account of any additional responsibilities, in particular external duties, undertaken by consultants/SAS doctors, specifically the impact this has on service delivery and on the workload of the department;
- Including input from Resident doctor representatives within the department;

- Consider how ad-hoc or predictable extra contractual cover requirements that occur throughout the year will be agreed with departmental staff;
- Agree arrangements for communication with medical staff when not at work or on call to help protect the work/life balance of individual staff.

4.3 Teams should also consider sharing information on service planning with others within the organisation (or with other organisations) to secure consistency and benefit from best practice. Teams should reflect on what they want to achieve over the year and their shared objectives, to inform individual job plans.

4.4 Inclusive service planning processes which have demonstrably involved medical staff in setting out what will be delivered, how it will be delivered and with what resources will facilitate the alignment of individual job plans with the agreed service plan. This will place job planning firmly in the context of service needs while balancing the needs and objectives of individual doctors and the agreed objectives of the service.

5. Balancing Team and Individual Objectives

5.1 Achieving balance between the needs and objectives of individual doctors and the agreed objectives of the service will necessitate some specific consideration during individual job planning discussions on the level of standardisation which can be applied to the work carried out by medical staff. The following principles may be useful:

- Boards need to plan and structure delivery of their services, with job plans forming a critical element of these plans and structures.
- Where workload is predictable in nature, it may be possible to establish some locally agreed norms, thus introducing an element of standardisation within and between individual job plans, whilst giving due consideration to individual circumstances and development needs.
- If an individual job plan is moving outside the agreed norm, there should be a discussion and exploration of the reason behind this.
- While providing a solid base for delivery of services, any standardisation in job planning should not be conducted in a manner which leads to inflexibility or fails to take into account the complexity of both consultant/SAS doctor work and the environment in which that work is carried out.
- Any standardisation of job plans within or across departments should take account of potential variations related to factors such as departmental size, staffing mix (including workload), and should be based on a sophisticated understanding of the nature of the actual workload being discussed.
- In any discussion of standardisation within and between job plans, fairness, both for individual staff members and the teams within which they operate, quality of service, and patient safety will be the paramount considerations.

6. Individual Job Planning

6.1 Prior to agreeing individual job plans, and in the context of the engagement alluded to above, medical and dental staff and their clinical manager should consider the following:

- Personal and career objectives and development needs - this should include consideration of the career stage of the member of staff and the provisions of DL (2018) 7: “Promoting the retention of established consultants” and DL (2024) 14 “Recommendations to improve the retention of consultants at the latter stage and peri-retirement career phase” should be applied where appropriate.
- Job plan objectives.
- Board/Directorate/service developments to which they could contribute.
- Identification of additional responsibilities beyond DCC activities such as management responsibilities, formal teaching and training roles, clinical governance, etc.
- Identification of all external commitments such as trade union responsibilities, Royal College roles, private practice, etc.
- Any personal development or other needs which may require additional identified time for supporting professional activities.
- Any amendments to the previous job plan.
- Any additional resources required to fulfil NHS commitments.

6.2. In considering the elements above, medical and dental staff and clinical managers should aim to ensure that the agreed job plan maintains an appropriate balance between different elements of the working week and that sufficient time is dedicated to direct service delivery, personal and professional development, teaching and training of medical and other healthcare staff, management and external responsibilities.

6.3 Individual job planning should be a supportive and collaborative process focused equally on:

- Securing resources as necessary for service delivery in an agreed job plan
- Creation of a balanced job plan which allows individuals to develop their practice and have a healthy work life balance.

7. Conclusion

7.1 Improving both team service planning and individual job planning is in the interests of patients, of NHS Scotland as a whole and of individual medical staff. The purpose of this joint guidance is to set out how processes across NHS Scotland should adopt an inclusive approach to service planning based on continuous engagement within the teams who deliver services and building the right connections between the different levels at which planning takes place.

7.2 The guidance has been discussed and agreed between BMA Scotland and the Management Steering Group and individual employers, and staff should now take this forward to implement within their areas from the next annual round of job planning (or any ongoing/interim reviews) from the date of publication of this DL.

JOB PLAN REVIEW: RESOLVING DISAGREEMENTS

Introduction

1. Job planning is a core part of the terms and conditions of service (TCS) and is a requirement for all career grade medical and dental staff. Job plan reviews perform a vital role in the job planning process and should be undertaken at least annually. Most job plan reviews will be straightforward, but occasionally, a member of staff and their medical manager will find it difficult to reach agreement. In such circumstances it is unhelpful for this to be left unresolved.
2. The TCS set out clear mechanisms for resolving job planning disagreements. This joint guidance from BMA Scotland and the NHS Scotland Management Steering Group does not seek to undermine or replace those TCS provisions in any way. However, the TCS are now, in some cases, over twenty years old, and the roles and structures they refer to are not always still appropriate. This guidance is an attempt to ensure that processes relate to the current NHS in Scotland, without undermining the overall approach specified in the TCS. It also suggests a more mediated and less adversarial approach, which should help resolve disagreements at an earlier stage in the process.

Key Points

- There are detailed arrangements in the TCS regarding job plan mediation and appeals. These include specific timescales with regard to submitting a request for mediation or appeal as well as when the meeting should be convened and the outcome advised to the parties. It is in everyone's interests to make every effort to work within the prescribed timescale, especially with regard to convening meetings. In particular, members of staff may need support from more senior management in order to enable attendance at a meeting convened in a relatively short timescale, with significantly less than the notice normally required for cancellation of clinical activity.
- Although the TCS state that the appropriate mediators at stage 1 and stage 2 should be the divisional medical directors and divisional chief executives, these role titles no longer exist in most board management structures. Even where broadly equivalent roles do exist, strict application of this provision could create significant workload issues for specific individuals. We recommend that Boards agree appropriate schemes of delegation with Local Negotiating Committees (LNCs) for all stages of the mediation and appeals process.
- Acting as a mediator requires a specific skill set, and it may well be appropriate for the task to be delegated, with the full agreement of the consultant/SAS doctor concerned, to an individual with appropriate mediation skills who might not be part of the usual 'structures', but who both parties have faith in and wish to use. Whoever undertakes the role of mediator, it is vital for the credibility of the process that they have the confidence of both the consultant/SAS doctor and the medical manager.

- Where Boards adopt the approach of broadening the range of senior managers able to mediate in job planning disagreements, they will develop a cohort of individuals to whom requests for mediation could be delegated. This may come with a training need for some mediators and Boards should consider how best to address this. An extended pool of appropriately skilled individuals should improve the process and increase the likelihood of a successful outcome at an early stage. Guidance for mediators on how to undertake their role is attached at Appendix 1.
- The formal appeals process will reflect the locally agreed procedure for conduct of appeals with regard to submission of information and the conduct of the appeal hearing itself.
- The TCS make reference to an appeals panel list. Each Board should hold a list of suitable nominees to appeals panels agreed between the Board and the LNC. Boards should consider joint training with the LNC for both appeals panel nominees and mediators.
- As appeals are rare occurrences, it is likely that local lists have not been regularly reviewed and updated. In encouraging consultants/SAS doctors to make full use of the mediation and appeals process it will be necessary for LNC and Boards to review and update the local lists. These local lists will then be collated into a national list which should be used where there is no suitable local member to act on a panel, updated and published bi-annually by the Scottish Government.

Job Planning

- Job plans and variations to job plans should be agreed between the employer and the member of staff after full discussion with both parties using their best endeavours to resolve any issues arising. All job plans require to be reviewed annually, and most job plan reviews should result in agreement on a fair and balanced job plan.
- It is very often the case that both the member of staff and their medical manager will be largely content with the current job plan and as a result minimal change will be required. However, it is important that there is still a job plan review as there will need to be agreement on the objectives and PDP for the coming year and a recommendation on progression through seniority points.
- In the event that either party is looking for more substantive change, then agreement is likely to be much easier to achieve when there has been regular dialogue throughout the year, good team service planning and ongoing engagement between the medical manager and the team. This would mean that both parties would know in advance the likely nature of the discussion and there would be no surprises in the course of the meeting.
- In advance of the job planning meeting, the medical manager and the member of staff will make all possible efforts to ensure that there is clarity on the content of the discussion at that meeting. The medical manager responsible for the job plan review should have discussed and engaged appropriately within the management structures of the board. The process and timescale of job plan sign off should be

stated clearly to staff and medical managers prior to job planning meetings. This should normally mean that sign off is by the medical manager at the end of a satisfactory job planning meeting(s) and once a job plan has been agreed between the member of staff and the medical manager, there should be no need for any further 'sign off' by senior management.

- It is open to either party (or both parties jointly) to seek further advice in order to try to resolve a disagreement in advance of proceeding to mediation. Whilst it is obviously preferable for disagreements to be resolved through such 'informal facilitation'¹ it is equally important to reach genuine agreement and give all parties clarity as to the prospective job plan.
- It is accepted that there will be times when despite everybody's best efforts for some reason agreement cannot be reached between the member of staff and the medical manager. It is important that such disagreement is recorded and either or both parties refer the matter to mediation in line with the provisions of the TCS. It is counter-productive for both the manager and the member of staff to simply ignore the failure to agree. It is good practice that such failures to agree are referred to mediation in line with section 3.4 of the TCS.

Mediation

- Section 3.4.1 of the TCS details the mediation process; the intention of the guidance below is not to create any additional stages, only to complement the existing provisions of the TCS, and to facilitate an approach to resolving disagreements which is representative of a true mediation process.

Stage 1

- Once the member of staff and medical manager have concluded that they are unable to agree a job plan then the member of staff and/or medical manager will, within two weeks of the exhaustion of the initial discussion, refer the point(s) of disagreement, in writing, to the next level of medical management, provided that the doctor concerned has not had any previous involvement in the job plan review. In the event that the more senior manager has been involved in the discussion to date then the referral will be to another appropriate person nominated by the senior medical manager and agreed with the member of staff.
- The individuals who undertake the mediation do not necessarily have to be formally trained in mediation but rather should be individuals who are trusted by both parties and who have the interpersonal skills to be able to facilitate a constructive dialogue and enable both parties to put forward their issues and concerns. Ultimately if there is no resolution in the course of the mediation meeting, they may be required to make a decision, however their approach should be one of trying to reconcile the differences and reach agreement in the meeting.

¹ [Dignity At Work Project — NHS Scotland Staff Governance](#) / [Dignity at Work Toolkit — NHS Scotland Staff Governance](#)

- The mediator should convene the meeting within three weeks of the referral for mediation. There is no obligation on either party to provide information to the mediator in advance of the meeting, but it is often helpful for both parties to provide the reasons why they have been unable to agree so that the mediator has some insight into the matters under consideration. Providing a lot of new information on the day is likely to simply delay the process, which is not in the interests of either party.
- Following the meeting the mediator will, normally within two weeks, advise both parties of the outcome of the mediation and provide in full the reasoning for this.
- Experience has shown that most disagreements will be resolved by stage 1 mediation. However, if following receipt of the outcome a member of staff remains dissatisfied with the proposed job plan the point(s) of disagreement may be referred to stage 2 mediation.

Stage 2

- A member of staff who remains dissatisfied with the proposed job plan should refer the matter to the senior manager set out in the scheme of delegation agreed with the LNC (or chief executive where no scheme of delegation has been agreed) within two weeks of receipt of the outcome of the stage one mediation. They will then convene a meeting with the consultant/SAS doctor and the medical manager (i.e. the one who was involved in the original job planning meeting) to discuss the outstanding point(s) of disagreement and to hear the parties' consideration of the issues. As with Stage 1, with the agreement of the member of staff concerned, responsibility for this stage of mediation may be delegated to a colleague of equivalent seniority with appropriate mediation skills who has had no previous involvement in the job planning issue under consideration.
- Following this meeting the stage 2 mediator will, normally within two weeks of the meeting, advise both parties of the outcome of the mediation and provide in full the reasoning for this.
- If following the stage 2 mediation a member of staff remains dissatisfied, they are entitled to present a formal appeal to the employer, the outcome of which is binding on both parties.

Formal appeal

- The relevant TCS detail the formal appeal process.
- A member of staff has four weeks following receipt of the outcome of stage 2 mediation to submit an appeal, and the relevant panel should be convened within six weeks of receipt of the appeal.
- Staff should request an appeal by contacting the senior manager set out in the scheme of delegation agreed with the LNC. Where no scheme of delegation has been agreed, the appeal should be to the board chief executive.

- The membership of the appeal panel is set out within the terms and conditions in section 3.4.2.
- The appeal panel comprises
 - one member nominated by the chief executive who chairs the panel
 - one member nominated by the member of staff
 - one member appointed from the agreed appeals panel list
- The appeals process will reflect the locally agreed procedure for conduct of appeals with regard to submission of information and the conduct of the appeal hearing itself.
- This stage exhausts the process and there is no further right of appeal.

Conclusion

3. While in the vast majority of cases job planning results in an agreed plan which both individual members of staff and medical management in Boards commit to, there are instances where there is a lack of agreement. While the relevant terms and conditions of service contain provisions for dealing with these circumstances, discussions between BMA Scotland and the NHS Scotland Management Steering Group identified potential for guidance which, while not changing or replacing the agreed TCS would be of assistance to both NHSS managers and individual members of staff in moving towards agreement, using mediation as a means of doing so.
4. The guidance has been discussed and agreed between BMA Scotland and the Management Steering Group and individual employers, and staff should now take this forward to implement within their areas with immediate effect.

Appendix 1

Job planning: Guidance for those undertaking the role of mediator.

- Mediation is a confidential process by which an impartial third party helps people in dispute to work out an agreement. It involves appropriately skilled mediators dealing with situations where both parties are willing to work together to resolve an issue and where the problem has to do with something that the parties themselves can change.
- Mediation provides a structured, confidential and informal way of resolving disagreements, and focuses on the future rather than the past. The mediator facilitates a series of private and joint meetings with the parties to address the underlying root causes of the disagreement, but it is the parties to the dispute, rather than the mediator, who determine the terms of any agreement.
- With regard to job planning, the use of the term mediation in the TCS is something of a misnomer. Unlike in true mediation, the TCS ultimately place the mediator in the position of determining the outcome of the mediation, in a way which more closely

reflects the grievance process than mediation. It is, however, entirely possible, using a skilled impartial mediator, to approach the process as if it was a true mediation without undermining the mechanism laid out in the TCS. The aim of this guidance is to facilitate such an approach.

- The TCS allow for the member of staff to be represented at all stages of mediation. While in true mediation there would not usually be representation as such, there are many situations in which the mediator will value the contribution of a fully informed representative. There should be discussion and agreement on a case- by-case basis as to how this will work in practice as the nature of the situation may vary considerably, with implications for the level of actual representation required.
- It will generally be helpful for the mediator to meet separately with both parties (and then if appropriate, shuttle mediation can be utilised) prior to the joint meeting in order to enable a full understanding of the points of disagreement, bearing in mind that it is only the points of disagreement which are subject to mediation, not the entire job plan. Along with the detail of the points of disagreement, these separate meetings may also help to establish areas of common ground.
- The initial separate meetings should also provide an opportunity for the parties to provide the mediator with any supporting information and to give the context for this, rather than simply submitting documentation prior to the joint meeting. Any information submitted by either party in the course of the mediation process must be directly relevant to the points of disagreement under discussion.
- A mediation-focused approach to the process should improve the prospects of the two parties reaching an agreement on some or all of the areas of disagreement. It is only necessary for the mediator to make a decision themselves, in accordance with the TCS, on any areas of disagreement left outstanding at the end of the mediation process.
- Confidentiality is important in ensuring all parties' confidence in the process. The mediator and the parties should agree at the outset that all discussion during mediation is confidential and that no formal note of discussion will be kept on record. If agreement is reached in the course of the discussion, then an agreed record of that agreement is all that should be retained. If agreement cannot be reached, then the formal notification of the mediator's decision, with full reasons for that decision, should be the only record that is retained.