Guide for assessors

National Clinical Excellence Awards: 2019 awards round

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About this guide

This Guide is for anyone assessing applications for a national Clinical Excellence Award. It explains how the scheme works, your role in the process and what criteria you should be using to assess applications. Please use it as background information, and as a reference guide when making your assessment.

This guide can be downloaded at gov.uk/accea.

The online national awards application system is available at:
www.nhsaccea.dh.gov.uk

All applications for national awards must be submitted by 17:00 on Thursday 4th April 2019.

Assessors should also read the Guide for Applicants, the Guide for Employers and the Guide for Nominators to provide a broader understanding of the scheme and the roles that different bodies perform in supporting the scheme.
1. Introduction

1.1 ACCEA and the Clinical Excellence Awards scheme

1.1.1 The Clinical Excellence Awards scheme rewards NHS consultants and academic GPs who deliver ‘over and above’ the standards expected in fulfilling their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions. There are a limited number of new awards agreed by Ministers and this makes the process very competitive.

1.1.2 National awards recognise the high quality of clinical practice, leadership, research and innovation, and teaching undertaken in the NHS in England and Wales. They also recognise the effect of that work elsewhere in the NHS and on public health. To be considered for an award, consultants and academic GPs will have to demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS.

1.1.3 The scheme is administered by the Advisory Committee on Clinical Excellence Awards (ACCEA). It is managed on the Committee’s behalf by a Secretariat in the Department of Health and Social Care (DHSC) in England. Wales has a Secretariat in the Welsh Government.

1.2 How does the Scheme work?

1.2.1 Local award schemes are managed by individual employers in England. Further information on these can be found at www.nhsemployers.org. In Wales, employers give commitment awards instead.

1.2.2 National awards are awarded by ACCEA. They recognise the high quality of clinical practice, leadership, research and innovation, and teaching undertaken in the NHS in England and Wales. They also recognise the effect of that work elsewhere in the NHS and on public health.

1.2.3 There are 4 levels of national award – Bronze, Silver, Gold and Platinum.

1.2.4 Based on the strength of the applications, our regional sub-committees and our Main Committee recommend applicants to health ministers for them to agree.

1.2.5 There is one application form for all the awards, so everyone who applies can highlight their contributions in the same way.

1.2.6 Applications for National awards in both England and Wales must be completed online at www.nhsaccea.dh.gov.uk.
1.3 **What does the Scheme reward?**

1.3.1 The Scheme rewards individuals who deliver over and above the standard expected of a consultant or academic GP fulfilling the requirements of their post. Applicants need to give local, national or international evidence to show this in one or more of the following areas:

- Demonstrate sustained commitment to, and impact on, patient care and wellbeing, and improving clinical effectiveness, public health and disease prevention
- Sustain high standards of both technical and clinical aspects of service whilst providing safe, patient focused care
- Make an outstanding contribution to professional leadership, ideally demonstrating successful change management
- Demonstrate a sustained commitment to the values and goals of the NHS, by participating actively in annual job planning, observing the Private Practice Code of Conduct and showing a commitment to achieving agreed service objectives
- Through active participation in clinical governance contribute to continuous improvement in service organisation and delivery
- Embrace the principles of evidence based practice
- Contribute to knowledge base through research and participate actively in research governance
- Recognised as excellent teachers, trainers or managers, introducing innovative ideas and assisting in the communication of consistent or best practice that has improved patient care
- Contribute to policy making and planning in health and healthcare at a regional, national or international level

1.3.2 ACCEA invites consultants to provide evidence about their performance. This is discussed in Part 3 of this guide.

1.4 **Overseas Work**

1.4.1 Work undertaken in other countries is not directly relevant for an award and we cannot consider it on its own. However, if applicants can show that their overseas work had a direct benefit to the NHS and/or public health, then they may use evidence to support their application.

1.5 **Clinical Excellence Awards post-retirement**
1.5.1 Clinical Excellence Awards cease on retirement or when an individual claims their pension. They are consolidated into the consultants NHS or USS pension. If they are re-employed, they will not continue to receive any award payment. If consultants are re-employed on a permanent contract, they have the right to re-apply to the Scheme.

1.5.2 New awards following retirement and return to work are made on the basis of work undertaken since the new contract began and applications will need to demonstrate impact and sustainability. Evidence that has already gained recognition in a previous award will not be considered for a new award. The dates when the work described in the application form was undertaken must be clearly stated and if this is continuation of work prior to retirement this must be specified. Any evidence offered for which the dates are unclear should be disregarded by assessors. If evidence relates to continuation of work prior to retirement, then it should be made clear what has been achieved since the new contract commenced. Applicants must state the dates of their retirement and the commencement of their new contracts in their application. Applications should be assessed in competition with other applicants in the usual way.

1.6 About ACCEA and its supporting committees

1.6.1 ACCEA is a non-departmental public body that administers the application and assessment process for national awards. It advises Ministers on award nominations proposed by the Chair and Medical Director, and based on recommendations from sub-committees and national bodies.

Sub-committees

1.6.2 There are thirteen regional ACCEA sub-committees in England which assess applications for National Awards:

- Cheshire and Mersey
- East of England
- East Midlands
- London North East
- London North West
- London South
- North East
- North West
- South
- South East
- South West
- West Midlands
- Yorkshire and Humber
1.6.3 There are separate sub-committees covering:

- Wales
- DHSC/Arm’s Length Bodies
- Platinum applications

1.6.4 The sub-committees consider all applications from consultants and academic GPs in their area. They also receive any associated citations and ranked lists from specialist societies and nominating bodies on the applicants’ work, when this is submitted to ACCEA via its accredited process. The sub-committee produces a shortlist for the Chair and Medical Director to consider for submission to the main Committee.

1.6.5 Committee members come from a wide range of backgrounds, with experience and expertise in numerous areas. They come to a collective decision on who to shortlist for awards. Medical and dental (professional) members make up 50%; lay members 25% and employer members 25%.

**National Nominating Bodies**

1.6.6 The Chair and Medical Director also consider the applications of all those consultants and academic GPs who have been shortlisted by accredited National Nominating Bodies, such as the Medical Royal Colleges, Universities UK, the British Medical Association, the Medical Women's Federation and the British International Doctors Association. There is a Guide for Nominators and a list of National Nominating Bodies on the ACCEA website. Those bodies are invited to submit a ranked shortlist in a similar way to that produced by the sub-committees. These lists are then considered, in consultation with the relevant sub-committee.

1.7 Employer Based Awards/Commitment Awards

1.7.1 ACCEA, at national level, does not have any role in relation to employer based awards in England or commitment awards in Wales. For further Information on employer based or commitment, awards please contact the individual employer.

1.8 Transparency

1.8.1 ACCEA operates the scheme in a transparent manner. The following material can be found at gov.uk/accea:

- A nominal roll showing all existing award holders
- Personal statements of consultants receiving new awards. These statements summarise the evidence which individuals have set out in their application
• Membership of the Main Committee and other sub-committees
• A list of National Nominating Bodies and Specialist Societies
• An Applicants’ Guide which explains how the Scheme works, who is eligible and how to apply
• This Guide which describes how applications are assessed and scored
• A Guide for Employers which aids employers in dealing with applications
• A Guide for Nominators for any individual or professional body, including Royal Colleges, universities and other national and local bodies, who are supporting applications for new awards
• Annual Reports which report on the operation of the Clinical Excellence Awards Scheme during each awards round
• Summary versions of the minutes of the meetings of the Main Committee

1.9 Disability

1.9.1 Employers have a legal duty to consider making reasonable adjustments consistent with provisions of the Equality Act for employees with disabilities to support the continuation of their employment. Any reasonable adjustments agreed by the employer in consultation with the consultant should be reflected in the consultant's individual job plan. All applications will be treated equitably by ACCEA and scored against the work achieved, which stands out over and above the standard expected of a consultant or academic GP.

1.10 Confidentiality

1.10.1 Discussion of individual applications is confidential to members of the sub-committee. Under no circumstances should members discuss the process with any of the applicants.

1.11 Conflicts of Interest

1.11.1 All members should declare any conflicts of interest to the Secretariat as soon as they are known. To ensure the probity of the awards process, members of the sub-committees should not participate in the scoring or discussion on close personal friends or family members.

1.11.2 Sub-committee members applying for a new award or renewal of an award should take no part in the scoring of any applications or the associated discussions at that level.
2. The assessment process

2.1 Assessing applications for New and Renewal awards

2.1.1 The scheme aims to be completely open, and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive. Awards are also monitored to ensure that the scheme is implemented fairly. The Annual Report of ACCEA records the conclusions of this monitoring.

2.1.2 Assessors will score applicants for new awards and renewals in all specialties, taking account of citations from organisations and individuals, and employer statements. (See part 3 for details on the assessment criteria for scoring). Scoring of applications is done on-line. Achievement is measured within the parameters of an individual's employment, and recognise excellent service over and above the normal delivery of job plans including the quality of delivery of contractual duties.

2.1.3 All new and renewal applications are scored by the relevant sub-committee. Each of the sub-committee members score independently of each other and the scores are then aggregated. Each sub-committee is divided into two scoring groups: Group 1 scores B and new/renewal bronze applications. Group 2 scores A renewals and new and renewal silver and gold applications. Applications are scored consistently within each group against the published guidance. Therefore, a consultant who applies for a new award and submits a renewal application will receive two scores, which are not comparable or interchangeable. The process for assessing bronze applicants in Wales is slightly different; contact the Wales secretariat for further details.

2.1.4 Applications for platinum awards are scored by lay chairs and medical vice chairs of regional sub-committees. These scores are considered alongside the recommendations of the Academy of Medical Royal Colleges and Universities UK by the platinum sub-committee.

2.1.5 From these scores, the sub-committees receive a list of applicants ranked in the order of their scores and recommend consultants for new awards based on the indicative number of awards for that region. The ranked list of renewal applicants will be considered against the cut off score for a new award at the relevant award level in the relevant region.

2.1.6 The indicative number is the primary means to ensuring equality of opportunity to achieve a new award across England. It is calculated based upon the number of applicants in each region and the number of new awards to be granted across England.
2.1.7 The role of the national Chair and Medical Director is to ensure ACCEA guidance and processes are applied consistently across the sub-committees and to confirm that all successful applicants meet the scheme’s criteria.

2.1.8 The national ACCEA Chair and Medical Director will confer with sub-committees, consider their recommendations in detail, and agree which applicants will go forward to the ACCEA Main Committee to be recommended for a new award. The Chair and Medical Director will also agree with the sub-committee, where necessary, which of the applicants for new awards will be referred to the National Reserve Committee (NRES) to be rescored. Applicants that are tied at the cut-off score for a new award are automatically referred to NRES to be rescored. In exceptional circumstances it may be appropriate for other applicants above the cut-off point to be referred to NRES, with the agreement of the Chair and Medical Director, if there are concerns about their application that require a further level of scrutiny.

2.1.9 For a renewal application to be successful, the score must be at least as good as the lowest ranked successful applicant for a new award at that level in that region. Applications that do not score as highly as the lowest ranked successful applicant for a new award in the relevant region will not be successful for renewal at that level. In order to smooth out variations from year to year and to take into account regions with small numbers of applications, a three year rolling average will be calculated and the lower of the two scores applied. Cut-off scores are not comparable or interchangeable between regions or different award levels.

2.1.10 Where a renewal application does not score as highly as the lowest ranked successful new applicant at silver or gold award level (or equivalent), these applicants will be considered by ACCEA for renewal at a lower level if the score achieved on their application is as high as the lowest ranked successful new applicant at the lower level in that region. The original sub-committee score will be used, the application will not be rescored. Platinum applicants will be scored by the Platinum sub-committee and benchmarked against the lowest successful new applicant.

2.1.11 If we do not renew a national award at its current or lower level, applicants may be eligible for a local award based on the score of their application. Those consultants who achieve a score of 27 or above are eligible for a level 8 award; those scoring between 14 and 26.99 are eligible for a level 7 award. An application scoring less than 14 will not be eligible for a local award. There is currently no local awards scheme in place for academic GPs. In these cases, ACCEA will review its treatment of any unsuccessful renewals on a case by case basis. Each employer is responsible for running their own local award scheme, including the reversion
mechanism outlined above. Academic consultants should consult the Trust with whom they hold their honorary contract.

2.1.12 For the purposes of renewal, distinction awards are scored against their Clinical Excellence Awards equivalents:

- B level Distinction Award is seen as equivalent to a bronze CEA
- A level Distinction Award is seen as equivalent to a gold CEA
- A+ level Distinction Award is seen as equivalent to a platinum CEA

2.1.13 ACCEA receives additional advice from National Nominating Bodies and Specialist Societies on the quality of applicants' work. They produce ranked lists indicating their views of the relative merits of applicants who have asked to be considered by them.

2.1.14 These rankings are one of the pieces of evidence used by sub-committees to help evaluate applications. The lists are also considered by the Chair and Medical Director, when preparing the recommendations to go to the Main Committee.

2.1.15 The assessment process is summarised below:

- Individuals apply and awards round closes
- All new and renewal applications (except Platinum level and those from staff in DHSC or Arm’s Length Bodies) are scored by regional sub-committees. There is a separate sub-committee that considers DHSC/ALB applications and a separate sub-committee to consider Platinum applications
- Sub-committees make recommendations based on scoring. The recommendations are then discussed with the ACCEA Chair and Medical Director
- Some candidates for new awards in England are placed in a national reserve pool and rescored by the NRES sub-committee. The NRES sub-committee membership is made up of Chairs and Medical Vice Chairs from each regional sub-committee
- ACCEA’s Chair and Medical Director make recommendations for new awards and renewals, based on the sub-committee and national reserve scores, to the Main ACCEA Committee
- ACCEA England recommendations are sent to DHSC Ministers for agreement. Welsh recommendations to Welsh Ministers
- Notifications are sent to individual applicants and their employers
2.1.16 A representative from the ACCEA Secretariat will attend sub-committee meetings and note the outcome.

2.1.17 Please refer to the Guide for Applicants for further information on eligibility for awards and the application process.
3 The application process

3.1 Highlighting achievements

3.1.1 When completing their applications, applicants must detail their achievements in five areas (or ‘domains’), grouping their achievements accordingly.

Domain 1 – delivering a high quality service
Evidence should show achievements in delivering a service which is safe, has measurably effective outcomes, provides good patient experience, and where opportunities for improvement are consistently sought and implemented.

Domain 2 – developing a high quality service
Evidence should show how applicants have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of services locally and more widely within the NHS if this is the case.

Domain 3 – leadership and managing a high quality service
Evidence should show how applicants have made a substantial personal contribution to leading and managing a local service, or national/international service or health policy development.

Domain 4 – research and innovation
Evidence should show how applicants have made a contribution to research or the evidence/evaluative base for quality or service innovation including the translation of evidence in to practice.

Domain 5 – teaching and training
Evidence should show how teaching and training forms a major part of the contribution applicants make to the NHS, over and above contractual obligations.

3.2 Domain 1 – delivering a high quality service

3.2.1 The applicant should give evidence of achievements in delivering a service that is safe, has measurably effective clinical outcomes, provides good patient experience, and where opportunities for improvement are consistently sought and implemented. (Applicants should provide evidence across all of these dimensions, although it is recognised that their exceptional contribution may just focus on one of them). They should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze
applications). Evidence should include quantified measures if these exist (e.g. outcome data) that reflect the whole service they (and if relevant, their team) provides: using indicators for quality improvement or quality standards and other reference data sources in England or the Healthcare Standards for Wales where it allows them to provide performance data against indicators for their specialty. The evidence on patient safety should refer where possible to the new quality indicators and the evidence on the patient experience should indicate how they have addressed the issues of dignity, compassion and integrity with patients.

3.2.2 This could, for example, cover the following:

- Excellence in delivering their professional commitments. They may refer to validated performance or outcome data. This should be presented comparatively, and/or with external or peer review reports assessing the quality of their service if possible
- Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. For example, they should describe how they have provided dignity of care for patients and won their trust. Here they may refer to validated patient or carer surveys, or service feedback
- Evidence of excellence in preventative medicine measures e.g. in alcohol abuse, smoking cessation and injury prevention
- Evidence of the effect on patient experience
- Good use of NHS resources

3.3 Domain 2 – delivering a high quality service

3.3.1 Applicants need to provide evidence of how they have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of their local service(s) or related clinical service widely within the NHS. In general, their evidence should be as measurable as possible. They should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications). It should specify their individual contribution, not just that of their department. They should give specific examples of action taken in light of audit findings including how these might have contributed to organisational change.

3.3.2 This could, for example, cover information about the following:

- Developing and completing relevant audit cycles or applying strategies to implement evidence based practice, leading to demonstrable service improvements. It is a baseline expectation that they provide evidence that they have fully participated in any relevant national and local clinical audits.
They should also refer to participation in any relevant national confidential enquiries

- Developing and/or applying tools to determine barriers to clinical effectiveness and their resolution
- Developing diagnostic tools, intervention techniques and methodology
- Analysis and management of risk; this may include examples of specific improvements, reduced risk or enhanced safety
- Improved service delivery, with a demonstrable effect. For example, how has their service become more patient-centred and accessible?
- Evidence that changes have been informed by consultation with patients
- Innovation in service delivery, with a demonstrable effect. Is there evidence of improved outcomes or the introduction of major prevention, diagnosis, treatment innovations or care models?
- Improved productivity and efficiency due to service redesign, with no diminution in quality
- Development of new health or healthcare plans or policies
- Major reviews, inquiries or investigations
- National policies to modernise health services or professional practice

3.4 Domain 3 – leadership and managing a high quality service

3.4.1 Evidence should show how they have made a substantial personal contribution to leading and managing a local service, or national/international health policy development. They should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

3.4.2 If they list particular roles in their application, that they have undertaken, they should describe the impact that they have had in those roles. ACCEA recognises many different aspects of leadership, which could include, but are not limited to the following:

- Evidence of positive outcomes as a result of effective leadership inputs and processes, giving examples of specific achievements in terms of improved quality of care for patients
- Information about any change management programme or service innovation that they have led, with evidence that it has improved service effectiveness, productivity or efficiency, for the benefit of patients, the public and staff
Evidence of excellence in leading the development and delivery of preventative medicine initiatives including working with other agencies such as local authorities and the voluntary sector

Development of individuals or a team in support of improved patient care. e.g. of mentoring or coaching

An ambassadorial or change champion role, perhaps in public consultation or explanation of complex issues

Developing a compelling and shared vision and purpose for change, investing in verified improvement methodologies, tackling any behavioural issues that get in the way

Demonstrating their contribution to removing barriers and positively promoting diversity in the workplace, and achieving equality and inclusion outcomes thus enabling the career progression of clinicians and non-clinicians into senior leadership positions

Working across organisational and professional boundaries in support of improved patient care, access or use of resources (clinically effective and efficient)

A leadership contribution to developing patient-focused services

Membership of a committee along with evidence of outcomes and their role in these. Membership of some national or international boards or advisory bodies is itself recognised as a marker of high professional status, but membership alone cannot usually be accepted as evidence of an awardable contribution: we require evidence of what their membership achieved and their impact in any particular role that they list

Excellence in team leadership for which they take sole, rotational or shared responsibility

A leadership role in relation to clinical governance including a leadership role in policy or service development

Examples of individual leadership

3.4.3 They should provide evidence of their contribution, the source of any data, and relevant dates should all be included.

3.5 Domain 4 – research and innovation

3.5.1 This section of the form is used to outline contributions to research, and how the applicant has supported innovation including developing the evidence base for the measurement of quality improvement. In the section on references they should detail papers published etc (not give the names of referees). Concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications).
3.5.2 On a separate line, they should detail what they have achieved to date and what they hope to achieve, with supporting evidence, such as:

- New techniques or service models that they have developed and which have been adopted by others. In particular, how they have applied improvement methodologies in order to get the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change

- Further developed techniques for public engagement

- Encouraged the systematic uptake of innovation to improve the quality of patient services

- Actual or potential impact of their research, including that which is laboratory based, or innovative development on health service practice, health service policy or on the development of health services, including the relevance of their research to the health of patients and the public

- Major trials/evaluations (including systematic reviews) led, or co-investigated, and published over the preceding five years and referenced

- Their contribution as a research leader and to the research and supervision of others

- Other markers of standing in their chosen research field(s) such as membership of review boards of national funding agencies, office bearer of learned societies or professorships. Evidence should be provided of their impact in these roles

- Grants they hold i.e. not just those held by the department

- Peer-reviewed publications, chapters or books written/edited – please indicate editorial activity

- Significant participation in multi-centre research studies, e.g. high levels of recruitment to clinical trials

- Evidence of excellence in research leading to new solutions to preventing illness and injury

3.6 Domain 5 – teaching and training

3.6.1 For some applicants, teaching and training will form a major part of their contribution to the NHS, over and above contractual obligations. Applicants should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

3.6.2 Evidence should be provided of excellence that relates to the following (they are not be expected to include examples in all of these categories):
• Quality of teaching. Any medical undergraduate teaching, evidence of student feedback and other forms of teacher quality assessment that show students’ views
• Leadership and innovation in teaching. This might include:
  o Developing a new course
  o Innovative assessment methods
  o Introducing new learning facilities
  o Authorship of successful text books or other teaching media
  o A contribution to postgraduate education and life-long learning
  o Contributions to teaching in other UK centres or abroad
  o Developing innovative training methods
• Scholarship, evaluation and research contributing to national or international leadership in the educational domain. This might include:
  o Presentations
  o Invitations to lecture
  o Peer-reviewed and other publications on educational matters
  o A contribution to education of other health and social care professions
• Teaching and education of the public e.g. health promotion and disease prevention
• Institutional success in regulatory body and quality assessment audits of teaching in which you have played a key role. This could include undergraduate or postgraduate examinations or supervision of postgraduate degree students
• Evidence of personal commitment to developing teaching skills.
• Higher Education Academy membership and courses completed
• Evidence of innovative teaching and educational commitment
• Evidence of excellence and innovation in teaching related to preventing illness and injury

3.7 Additional information for Domains 3, 4 and 5

3.7.1 For Domains 3-5, applicants will have an opportunity to include additional material to support their application, if they have been particularly active in a specific area.

3.7.2 If they are applying for **Bronze or Silver**, they can include additional information for Domain 3 or Domain 4 or Domain 5.

3.7.3 For **Gold** applications, they can select two from Domains 3, 4 and 5. If they have been particularly active in these areas, they can choose the ones in which they have made the most significant contribution.

3.7.4 For **Platinum** applications, applicants have the opportunity to select all three domains in which to include extra information.
3.7.5 When completing these domains online, applicants will be given the option to provide this additional information in supplementary form(s), instead of in the actual domain field. Applicants are not obliged to complete these supplementary form(s) and should only use them if they feel there is inadequate space in the domain field to provide important information to support their application.
4 Scoring applications

4.1 How to score new award and renewal applications

4.1.1 You should consider how applicants have performed in the five domains, when assessing their application.

4.1.2 New and renewal applications are scored in the same way. Renewal applications for distinction awards should be compared to the standard expected of an application for a new award at equivalent level i.e. A plus/platinum, A/gold and B/bronze.

4.1.3 Applicants are not expected to perform ‘over and above’ expectations in all five domains. Much will depend on the type and nature of their post.

4.1.4 As part of the assessment process, you should score each domain using the following ratings:

- Excellent 10
- Over and above contractual requirements 6
- Meets contractual requirements 2
- Does not meet contractual requirements / insufficient information 0

4.1.5 It is good practice for assessors to compare applications at each level of award before undertaking detailed scoring. ACCEA has developed guidance for scoring national applications, which is set out below.

4.1.6 In scoring applications, you should focus on evidence and achievements in the last 5 years, or since the date of the last award for those applying for a higher level award or renewal. Applicants at all levels may refer to earlier achievements, but only to provide context or to illustrate the basis on which their more recent achievements have been made. It is therefore very important that applicants provide dates for roles and achievements that they are citing. In addition, they should clearly describe the impact that they have had in any particular role and where appropriate provide evidence of outcome data. You should not give credit for achievements unless you can tell from the application that they occurred at the relevant times.

4.1.7 The more senior the national award, the greater the emphasis should be on upon significant achievements that have had a national and/or international impact.

4.1.8 The Job Plan section of the application form should list clearly and separately the number of direct clinical care, supporting and ‘other’ programmed activities they
are remunerated for. It should state clearly which activities are remunerated by the NHS or other employers e.g. University, NIHR, etc. Applicants should also describe other roles for which they receive remuneration that are relevant to their application and where appropriate the level of remuneration, as well as listing activities for which they are not remunerated. If they receive any income from wider roles that may be relevant to the evidence provided in their application, such as editorial payments, roles or shareholdings in private companies (e.g. non-executive roles or senior positions in spin-off companies between academia/Trusts and the private sector), consultancy fees or lecture fees, these should be outlined in this section. There is no requirement to list private/wider income if it is not relevant to the evidence set out in the application.

4.2 Employer ratings

4.2.1 Employers are asked to rate applicants across each domain as follows:

- No commitment in this domain = X
- Has not delivered contractual obligations at a level expected = U
- Delivers contractual expectations at a level expected = C
- Some aspects of delivery clearly over and above expectations = P
- Outstanding delivery of service = E

4.2.2 They are also asked to provide an overall assessment of the applicant by selecting one of the following options:

- Supported
- Qualified support
- Not supported

4.2.3 The absence of employer support or qualified support may not necessarily be a bar to achieving an award. Assessors should review any supporting reasons provided by the employer and consider this alongside the evidence the applicant has provided in the domains.

4.2.4 Please refer to the Guide for Employers for more information on the role of employers in supporting applications.

4.3 Citations and rankings

4.3.1 Any individual or professional body may support applications for awards by making a written citation on behalf of an applicant. This should indicate their views on the applicants’ contribution. We recommend no more than 5 citations per application.

4.3.2 In addition to providing a citation, employers, National Nominating Bodies and Specialist Societies that are recognised by ACCEA may submit a ranked list for
those applicants that they employ or who are members of their organisation. Please refer to the Guide for Nominators for further information.

4.3.3 Each assessor considers the evidence presented on each application form carefully and consistently whilst following ACCEA guidance. Citations, rankings and employer statements are taken into account when verifying the evidence presented in the application and judging its importance. Achievements must be stated in the evidence presented against the five domains; evidence that is provided in citations or the employer statement, but not against the domains, cannot be scored.

4.4. DOMAIN 1 – DELIVERING A HIGH QUALITY SERVICE

- 0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment.)

- 2 (Meets contractual requirements)
  Performance in some aspects of the role could be assessed as ‘over and above’ expected standards. But generally, on the evidence provided, contractual obligations are fulfilled to competent standards and no more.

- 6 (Over and above contractual requirements)
  Some duties are performed in line with the criteria for ‘Excellent’, as below. However, on the evidence provided, most are delivered above contractual requirements, without being in the highest category. Outcome measures where available should be provided to demonstrate excellence in clinical practice

- 10 (Excellent)
  As well as demonstrating excellent outcome measures where these are available applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):
  
  o Contracted job is carried out to the highest standards. Evidence for this should come from benchmarking exercises or objective reviews by outside agencies. Where this is not available, there should be other evidence that the work undertaken is outstanding – in relation to service delivery and outcomes – when compared to that of peers
  
  o Personal role in service delivery by a team, with evidence of outstanding contribution, such as awards, audits or publications
Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers’ survey, or feedback on the service (external or peer review reports)

4.5 DOMAIN 2 - DEVELOPING A HIGH QUALITY SERVICE

- 0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)

- 2 (Meets contractual requirements)
  The applicant has fully achieved their service based goals and provided comprehensive services to a consistently high level. But there is no evidence of them making any major enhancements or improvements.

- 6 (Over and above contractual requirements)
  The applicant has made high quality service developments, improvements or innovations that have contributed to a better and more effective service delivery. This could be demonstrated by:
    - Improvement in service based on evidence
    - Improved outcomes (clinical effectiveness)
    - Greater cost effectiveness
    - Services becoming more patient centred and accessible
    - Benefits in prevention, diagnosis, treatment or models of care
  For this score, the activity could be at local level especially if in the face of difficult circumstances or constraints as well as at regional or national level.

- 10 (Excellent)
  In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this is not exhaustive):
    - Service innovation – introduction of new procedures, treatments, or service delivery, based on original research or development or effectively overcoming barriers to clinical effectiveness. This should be backed up by relevant, completed audit cycles or research that has
been adopted at regional, national or international level, with demonstrable change in evidence based practice

- Clinical governance – introduction or development of clinical governance approaches which have resulted in audited/published advances taken up elsewhere
- Leadership in the development of the applicant’s specialty at regional, national or international level. This should include evidence of wide participation in promoting the development of evidence based practice in the specialty, including patient and public involvement

4.6 DOMAIN 3 – LEADERSHIP AND MANAGING A HIGH QUALITY SERVICE

4.6.1 This domain covers achievements in clinical or medical academic management, administrative or advisory responsibilities.

- 0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)

- 2 (Meets contractual requirements)
  Applicants should receive this score if they provide evidence of successfully contributing to the running of a trust or unit, especially in difficult circumstances, and maintaining excellent staff relations – by encouraging colleagues in nursing and other professionals ancillary to medicine.

- 6 (Over and above contractual requirements)
  To score 6 points, applicants must show successful management skills, especially in innovative development and hard pressed services. They may also have been involved in recognised advisory committee work, at regional and particularly national level (especially if as secretary or chair). Other criteria that would merit this score include effective chairing of a trust or university committee as, for example, clinical director. Look also for examples of how applicants have carried out appraisals for peers/non-career grade doctors or been involved in major reviews, enquiries or investigations or as part of a College/Specialty Advisory Committee. ACCEA does not expect to reward membership of such committees in itself. You should look for evidence that the contribution made by the applicant has been over and above expectations and that they have described the impact they have had in each role.

- 10 (Excellent)
  In addition to some achievements acquiring a score of 6, applicants scoring 10 in this domain will have shown evidence of outstanding administrative
achievement in a leadership role – as confirmed by their employer and/or other citations. Medical directors and other clinical managers should not be given this score purely because they hold the post – there must be clear evidence that they have distinguished themselves by leadership in advancement of health policy and delivery.

Other evidence that could merit this score includes (this list is not exhaustive):

- Involvement in shaping national policy, aimed at modernising health services (might include effective chairing of an area or advisory committee of national importance)
- Successful directorship of a large nationally recognised unit, institute or supra-regional services
- Planning and delivery of area or nationwide services
- Other evidence from citations of exceptional activity and achievement

4.7 DOMAIN 4 – RESEARCH AND INNOVATION

4.7.1 Assessment of this domain will be influenced by the contract held and how time is allocated within the job plan for research and innovation. So, for an academic consultant, evidence will be measured against the output expected from the applicant’s peers. In determining this, consideration will be given to any citations submitted by the University Medical Dean or, for a recognised research body, its Chief Executive. If the applicant is an NHS consultant, any citation from the relevant Director of Research should also be taken into account.

4.7.2 Assessors should note evidence of the impact of research on improvement in healthcare and health.

- 0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)

- 2 (Meets contractual requirements)

If the applicant is an academic consultant, they should be considered by their employer to be “research active” – at a level commensurate with their contract. This rating would be based on the applicant’s research output and associated publications within the past five years.

If he or she is an NHS consultant, they will have undertaken clinical research, alone or in collaboration, which has resulted in publications. Or they may have
collaborated actively in basic research projects established by others. They may also have actively encouraged research by junior staff and supervised their work.

- **6 (Over and above contractual requirements)**
  There will be evidence of the applicant having made a sustained personal contribution in basic or clinical research which could be demonstrated by:

  - A lead or collaborative role, holding, or having held within the past five years, peer reviewed grants
  - A role as a major collaborator in clinical trials or other types of research
  - A publication record in peer reviewed journals within the past five years
  - Supervision now, or in the past five years, of doctorate/post-doctorate fellows
  - Other markers of research standing such as lectures/invited demonstrations
  - Development of a method, a tool or equipment, which contribute to the understanding of, or towards care delivery

- **10 (Excellent)**
  In addition to some or all of the achievements listed in 6, the applicant’s research work will be of considerable importance to the NHS by its influence on the understanding, management or prevention of disease. This could be demonstrated by evidence of the following (this list is not exhaustive):

  - Major peer reviewed grants held currently and/or within the last five years, for which the applicant is the principal investigator or main research lead. They should have included the title, duration and value
  - Contribution to research and the evidence/evaluative base for quality
  - Research publications in high citation journals
  - National or international presentations/lectures/demonstrations given on research.
  - Supervision of successful doctorate students, some of whom might have come on national or international fellowships
  - Patent of a significant innovation
  - Other peer determined markers of research eminence
4.8 DOMAIN 5 – TEACHING AND TRAINING

4.8.1 All consultants are expected to undertake teaching and training, and applicants must identify excellence that is over and above their contractual responsibilities beyond simply fulfilling the role.

4.8.2 Excellence may be demonstrated by leadership and innovation in teaching locally, nationally or internationally. This may include undergraduate and/or postgraduate examining and supervision of postgraduate degree students. A contribution to the education of other health and social care professionals is also relevant.

- 0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)

- 2 (Meets contractual requirements)
  Evidence of having fulfilled the teaching/training expectations identified in the job plan, in terms of quality and quantity.

- 6 (Over and above contractual requirements)
  Applicants could present evidence in the following areas:
  
  o The quality of teaching and/or training through regular audit and mechanisms such as 360 degree appraisal. This should include evidence of adaptation and modification, where appropriate, of these skills, as a result of this feedback
  
  o Involvement in quality assurance of teaching and evidence of success with regulatory bodies involved with teaching and training
  
  o High performance in formal roles such as working with under and postgraduate deans, and involvement with postgraduate educational programmes in roles such as head of training/programme director, regional adviser, clinical tutor etc

- 10 (Excellent)
  In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

  - Leadership and innovation in teaching, including
    o new course development
    o innovative assessment method
• introduction of new learning techniques
• authorship of successful textbooks or other media on teaching/training

• National and international educational leadership, such as presentations, invitations to lecture, peer reviewed and other publications on educational matters
• Innovation and trend setting in teaching and training, including examination processes, for a college, faculty, specialist society or other national professional bodies
5 Composition of sub-committees

5.1 Sub-committees

5.1.1 Each sub-committee has a lay Chair and a Medical Vice Chair.

5.1.2 Regional sub-committees normally have 24 members, comprising:

- **Professional members (50% of total)**, these will be consultants serving in the NHS or academic GPs. They are not appointed as representatives of any individual specialty or employer.

- **Employer members (25% of total)**, these will be chief executives, medical directors or HR directors, employed in NHS organisations. They are not appointed to represent the views of any particular organisation or employer.

- **Lay members (25% of total)**, these members will have up to date knowledge of the NHS, and informed lay involvement in healthcare and the patient’s perspective.

5.1.3 Chairs and Medical Vice Chairs of the regional sub-committees in England participate in the scoring of platinum applications and those referred to NRES.