Guide for employers

National Clinical Excellence Awards:
2020 awards round

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About this guide

This guide is to aid employers in signing-off applications from NHS consultants and Academic GPs for new and renewed national Clinical Excellence Awards (CEA) and renewed Distinction Awards.

This guide covers national awards in England and Wales for the 2020 awards round only.

It should be read by anyone who is required to complete an employer’s statement. It explains how the scheme works, your role in the process and how awards are assessed. Please use it as background information and as a reference guide when supporting an application.

You can download this guide at gov.uk/accea.

Go to the national awards application system at nhsaccea.dh.gov.uk to ensure you can log in and, when notified, to complete employer sign-off

You can contact us at accea@dhsc.gov.uk

Applicants must submit their national award application by 5pm on Thursday 7 May 2020.
1. Introduction

1.1 ACCEA and the national Clinical Excellence Awards scheme

1.1.1 The Advisory Committee on Clinical Excellence Awards (ACCEA) runs the national CEA scheme for the Department of Health and Social Care (DHSC) in England and the Welsh Government.

1.1.2 Based on ACCEA’s recommendations, health ministers grant a limited number of new awards each year and renew CEAs for applicants who meet the same standards. So, the process for securing new and renewed awards is very competitive.

1.1.3 The awards recognise the high quality of clinical practice, leadership, research and innovation, and teaching undertaken by eligible doctors and dentists in the NHS in England and Wales. They specifically recognise the dissemination and implementation of that work and its impact on the wider NHS and on public health.

1.1.4 There are 4 levels of national award – bronze, silver, gold and platinum.

1.2 How do local awards work?

1.2.1 Local CEA 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.

1.3 What does the national scheme reward?

1.3.1 The scheme rewards people who deliver more than the standards expected of a consultant or academic GP fulfilling the requirements of their role. Applicants need to give local, regional, national or international evidence across the following five areas:

- Delivering a high-quality service
- Developing a high-quality service
- Leading and managing a high-quality service
- Research and innovation
- Teaching and training
1.3.2 These 5 ‘domains’ are discussed in Part 3 of this guide.

1.4 Do we give awards for overseas work?

1.4.1 Work in other countries is not directly relevant for an award, and we cannot consider it on its own. However, where applicants can show that their overseas work helped the NHS and public health directly, they can use this evidence to support their application.

1.5 How do we assess applications?

1.5.1 We run the scheme fairly and openly. We offer every applicant an equal opportunity and consider applications on merit. We include our analysis of each year’s competition in our annual report.

1.5.2 We assess all applications against the same criteria (see part 3 of this guide). There is guidance for assessors on how to judge applications against these criteria at [gov.uk/accea](http://gov.uk/accea).

1.5.3 When we look at renewing distinction awards, we score them against the criteria for the same type of CEA. So, a:

- B level distinction award is equivalent to a **bronze** CEA
- A level distinction award is equivalent to a **gold** CEA
- A+ level distinction award equivalent to a **platinum** CEA

1.5.4 Our sub-committees are regional groups that assess new and renewal applications for national awards for most applicants in their area. They assess what applicants have achieved and delivered against the expectations of their contract as described in their job plan, recognising excellent service over-and-above this.

1.5.5 There are 13 regional ACCEA sub-committees in England that assess applications for national awards. The regions are:

- 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

1.5.6 There are separate sub-committees for:

• Wales
• DHSC and arm’s length bodies
• platinum applications

1.5.7 The sub-committees consider all applications in their area, except for those from public health consultants and academic GPs, which are assessed by the DHSC sub-committee, where they can be better benchmarked. Platinum applications are scored nationally for the same reason. Specialist societies and nominating bodies also submit:

• citations – statements supporting applications from their members
• ranked lists – recommendations for who should get an award in priority order

1.5.8 Sub-committee members come from a range of backgrounds, with experience and expertise in many different areas. They assess and score applications independently. All the individual scores for an application are averaged and then ranked against the other applications at the same award level. The top-scoring applications for each award level are provisionally allocated a CEA. Each sub-committee is made up of:

• medical and dental professionals (50%)
- non-medical professionals (25%)
- employers (25%)

1.5.9 Each sub-committee is divided into 2 groups:
- group 1 scores B and bronze renewals, and new bronze applications
- group 2 scores A renewals, and new and renewal silver and gold applications

1.5.10 The 2 groups score applications consistently against published guidance. So, if a consultant applies for a renewed award and a new award, they will get 2 separate scores. As there are only 300 new national CEAs available each year in England, the number of new CEAs available in each region is based upon the proportion of new applications made in that year in that region. Each region has the same proportionate chance of success for their applicants.

1.5.11 For a renewal application to be successful, it must achieve at least the same score as: the lowest successful new application at that award level in that region for that year; or, the 3-year rolling average of lowest successful scores for that award level in that region, whichever is the lower. The cut-off scores are different across different regions and award levels.

1.5.12 In Wales, the process for assessing bronze applications is slightly different. Please contact the Wales Secretariat for more details.

1.5.13 A national sub-committee, comprising the non-medical Chairs and Medical Vice-Chairs of the regional sub-committees, scores applications for platinum awards. The platinum sub-committee then considers these scores, as well as recommendations for platinum awards from the Academy of Medical Royal Colleges and Universities UK.

1.5.14 Here’s a summary of the assessment process.

a. Our sub-committees score the applications and the lists of provisionally successful applications are produced.

b. Our Chair and Medical Director review all the applications recommended for a new award. After their review, applications where questions arise, or clarification may be helpful, are discussed at sub-committee meetings as part of our quality and governance review.

c. Applications that are tied at the cut-off point for new bronze, silver or gold awards are automatically referred for rescoring by the National Reserve sub-
committee (NRES). Similarly, applications where outstanding questions cannot be resolved are also referred to NRES for rescoring. NRES is made up of the Chairs and Medical Vice-Chairs of the regional sub-committees, who, as our most experienced scorers, act as a quality assurance mechanism.

d. Our Chair and Medical Director recommend applications for new and renewed awards to our Main Committee, based on sub-committee and NRES scores.

e. English recommendations go to DHSC ministers and recommendations from the Wales sub-committee go to Welsh ministers for final approval.

f. If an award is approved, we will let the applicant know before informing you (the employer).

1.6 Local awards and commitment awards

1.6.1 We do not have any say in local awards in England or commitment awards in Wales.

1.7 Running an open, honest scheme

1.7.1 You'll find information about us and the scheme at gov.uk/accea, including:

- a list of all national award holders
- personal statements from people getting new awards
- the members of our Main Committee and our sub-committees
- a list of national nominating bodies and specialist societies
- this guide
- a ‘Guide for assessors’ about how to assess and score applications
- a ‘Guide for applicants’ to help them to complete their applications
- a ‘Guide for nominators’ for national nominating bodies, specialist societies and any individual or professional body that supports new applications
- annual reports about each awards round
- minutes for the Main Committee’s meetings
1.8 If an applicant has a disability

1.8.1 As you will be aware, in line with the Equality Act 2010, employers must consider making reasonable adjustments for employees with disabilities. These are changes to, for example, processes to make sure people with disabilities can do their job.

1.8.2 If an applicant has a disability, any reasonable adjustments they have agreed with you should be explained in the job plan section of the application form.

1.8.3 We treat all applications equally and use the same scoring criteria for everyone.

1.9 Extenuating circumstances

1.9.1 The current national CEA scheme is expected to undergo reform after the 2020 round.

1.9.2 Subject to ministerial approval, we are planning to introduce a new scheme from 2021 and we expect to consult on the design of the new scheme in spring 2020. One area for consultation is whether renewals of national CEAs will continue.

1.9.3 If there are extenuating circumstances that may affect an applicant’s ability to submit a successful renewal application, they should please let us know as soon as possible and before the application closing date to enable us to support and treat them fairly. Once an application has been submitted and scored, the applicant cannot then ask for us to consider extenuating circumstances.

1.9.4 Each case will be treated on its own merits and the outcomes from each case would be based on the rules relating to the current scheme.

1.9.5 Awards successfully renewed in the 2020 competition will last 5 years.
2. Your role in the awards process

2.1 Identifying suitable applicants

2.1.1 As an employer, you should consider how to encourage your eligible staff to apply for an award.

2.1.2 Part 3 outlines the criteria that will be used to assess the application, and you should refer to these when considering possible applicants.

2.1.3 You should not offer the prospect of an award as an incentive for recruitment or retention.

2.2 Contributing to an application for a new national award or renewal of a national award

2.2.1 When a consultant or academic GP employed by your organisation applies for a new bronze, silver, gold, or platinum award and/or a renewal of their existing award, the Chief Executive or nominated deputy will need to complete the employer statement and assess the evidence presented in the application against the five domains.

2.2.2 Your statement is the formal view of the applicant's merits and is therefore crucial to their application. Consultants and academic GPs cannot submit applications for national awards without a supporting employer statement. It is important you respond promptly to the request to contribute to the employer statement, so that the consultant does not miss the deadline.

2.2.3 For a renewal application to be successful, it must achieve at least the same score as: the lowest successful new application at that award level in that region for that year; or, the 3-year rolling average of lowest successful scores for that award level in that region, whichever is the lower. The cut-off scores are different across different regions and award levels.

2.2.4 If you or the applicant consider there are any extenuating circumstances that may affect their ability to submit a successful renewal application, they should please let us know as soon as possible and before the application closing date to enable us to support and treat them fairly. If a new or renewal application is submitted, you should mention any extenuating circumstances in your employer statement. We may contact you to request further information.

2.2.5 Read the following before completing any employer statement:
General

- You should complete assessments in the employer statement according to the criteria (see part 3).

- You should complete the assessment for all applicants objectively, even if not ranked by your Trust.

- Where your consultants are applying for both renewal of an existing award and progression to a higher award it would be helpful if you could be explicit about your support for each application as they are considered separately, and it is possible that you may support the renewal of an award but not progression.

- Do not use these assessments to compare the applicant with other consultants you are supporting or give them a ranking (see section 2.3 for how to provide a separate ranking for all applicants from your organisation, which enables you to comment on their relative merits).

- You have a duty of candour and are obliged to inform ACCEA of any misleading information in the application form.

Performance and disciplinary

- You should tell us about any factors such as ongoing contractual or professional difficulties in the free text part of the statement.

- You must inform us on the application form of any ongoing or upheld investigations or disciplinary procedures against the applicant from the last 5 years. This would include any investigations by external bodies such as the General Medical Council, General Dental Council, or National Clinical Advisory Service. It would also include any restrictions on practice, complaints against performance or conduct that the employer is formally investigating.

- You should inform ACCEA immediately if an applicant becomes the subject of any such action whilst we are considering the application. We will note any active disciplinary process and await the outcome so that any appropriate action can then be taken in consultation with you and the applicant.

- If your Trust is in Special Measures, as determined by the Care Quality Commission, your consultants and academic GPs are eligible to apply for awards. However, as part of the employer statement, you will be asked to comment on whether each applicant contributed to the failings that led to this status. This would then be carefully considered as part of the assessment of the relevant application. In the event that a scoring sub-committee recommends an
individual with Board-level responsibility (such as an eligible Medical Director) in a Trust in special measures for an award, we will submit a paper to our Main Committee for decision.

2.2.6 Employer statements must be completed online at www.nhsaccea.dh.gov.uk/

Please follow the steps below:

Step 1: Logging on to the system

The Chief Executive will receive an email stating that a consultant has applied for an award and/or for the renewal of an award and that they will need to login to complete Part 2 of the application. The email will provide instructions on how to obtain an account and a link to the ACCEA application. If you have used the system before, the username and password will be the same as in previous years.

Step 2: Viewing applications

Once logged in, the Chief Executive or nominated deputy can view all applications awaiting completion of the employer statement. They are able to select an applicant, view Part 1 (as read-only), and complete Part 2. At any stage, the Chief Executive or nominated deputy can save their work and log back in later to continue.

If they find a mistake within the application, they can return it to the applicant with a message. The applicant can then correct the application but will then need to re-submit this to the Chief Executive (the Chief Executive’s contribution will have been saved).

Step 3: Finalising the Employer Contribution

Once the Chief Executive or nominated deputy is satisfied with Part 2, they should submit it back to the applicant.

The applicant then decides whether to submit their application to ACCEA – only applicants can submit the finalised forms.

2.2.7 Trusts who employ clinical academics should liaise with the appropriate universities to ensure that their views can be taken into account in the employer statement. The university can submit a separate citation in support of the application.

2.2.8 To be eligible for an award, consultants must have an annual appraisal. You will be asked to confirm whether the applicant has had a satisfactory appraisal during the previous 12 months. If an annual appraisal exercise has not taken place, you
will need to confirm that the applicant has made reasonable efforts to have an appraisal.

2.2.9 Although we do not need information about the appraisal itself, we expect employers to confirm that applicants participated satisfactorily in the appraisal process, have fully participated in job planning, met contractual obligations and complied with the Private Practice Code of Conduct. An applicant may have met the required standard of job planning without necessarily having an agreed job plan in place, for example where mediation is taking place.

2.3 Employer ranked lists

2.3.1 You should submit a separate, ranked order of merit at each level except platinum. A ranked list will only be accepted if an employer statement for each applicant has been provided. This should be done via the online system as follows:

Step 1: Logging on to the system

You will need to log in to access the system at [www.nhsaccea.dh.gov.uk/](http://www.nhsaccea.dh.gov.uk/)

Step 2: Create ranked list

Once logged in, you may create one ranked list for each national award level (except platinum). You can add consultants to a list by searching for their surname or GMC/GDC number. You may change or amend the rankings at any point up until final submission. You can save a draft version of the ranked list and return to complete it later.

Step 3: Submit ranked list

You will only be able to submit your list once all the applicants on it have begun an application on the online system. Once you have submitted your list it can no longer be amended.

2.4 Deadline for applications

2.4.1 All applications and supporting documents must be submitted by 5pm on Thursday 7 May 2020. Forms received after that time will not be accepted, under any circumstances.

2.5 The future of renewals

2.5.1 The current national CEA scheme is expected to undergo reform after the 2020 round.
2.5.2 Subject to ministerial approval, we are planning to introduce a new scheme from 2021 and we expect to consult on the design of the new scheme in spring 2020. One area for consultation is whether renewals of national CEAs will continue.

2.6 If an applicant fails to renew

2.6.1 In 2020, we are expecting renewal applications from people who got awards in:

- 2016
- 2011
- 2006
- 2001

2.6.2 Any of these awards that are not renewed, either because the holder does not apply to renew, or because the application does not meet the standards, will end on 31 March 2021. If there are special circumstances you think we should consider, like ill health, the applicant should please tell us before the application closing date (see section 1.9).

2.6.3 Where a silver, gold or platinum (or distinction award equivalent) level renewal application does not score as well as the lowest-ranked successful new applicant, the applicant may still receive an award. We will consider them for a lower award level if their score is as high as the lowest-ranked successful new applicant at that level in the sub-committee region. We will not re-score the application – we will use the sub-committee's original score.

2.6.4 If the applicant fails to achieve a renewed national award, we have agreed with the BMA that a local award (which, for these consultants, are pensionable) should be granted based on the application score. Those consultants who lose their national award, but 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. If the application scores less-than-14 it is not eligible for a local award. There is currently no local award scheme in place for academic GPs.
3. The assessment criteria

3.1 Highlighting achievements in five key areas

3.1.1 Clinical excellence is about providing high-quality services to the patient. It is also about improving the clinical outcomes for as many patients as possible by using resources efficiently and making services more productive. Applicants need to show our assessors evidence of how they have made services more efficient and productive, and improved quality at the same time, as well as demonstrating their role as an enabler and leader of health provision, prevention and policy development and implementation.

3.1.2 Applicants do not need to show they have achieved over-and-above expected standards in all 5 domains – a lot will depend on the type and nature of their post.

3.2 Assessing applications

3.2.1 Our Guide for Assessors has comprehensive information about how we score an application. As part of the assessment process, sub-committee members score the domain sections of each application. A score of:

- 10 means the application is excellent
- 6 denotes work that is ‘over and above’ contract terms
- 2 means the applicant meets their contract terms
- 0 means the applicant has have not met their contract terms or there’s not enough information to make a judgement

3.2.2 As the employer, you will also score each domain using the following ratings:

- X No commitment in this domain
- U Does not deliver to contract expectations
- C Delivers contract terms
- P Some aspects of delivery clearly over-and-above expectations
- E Outstanding service delivery

3.2.3 When giving your overall assessment of the applicant you can choose from:
• Supported

• Qualified Support

• Not Supported

3.2.4 If you choose qualified support or not supported, please provide further information to explain this position.

3.3 Domain 1 – delivering a high-quality service

3.3.1 In this section, applicants should give evidence of what they have achieved when it comes to:

• providing a safe service

• making sure their service has measurable, effective clinical outcomes, based on delivery of high technical and clinical standards of service

• giving patients a good experience

• consistently looking for and introducing ways to improve their service

3.3.2 They should explain which activities relate to their clinical services where they are paid for by the NHS, and to other aspects of their work as a consultant or academic GP.

3.3.3 Applicants should include quantified measures if they can – like outcome data. They need to reflect the whole service they and their team provide. They should use indicators for quality improvement or quality standards, and other reference data sources in England or the Healthcare Standards for Wales, specifically where they can give performance data against indicators for their specialty.

3.3.4 For good patient experience, applicants should show how they have ensured their patients are cared for with compassion, integrity and dignity and how they have demonstrated commitment to patients’ safety and wellbeing.

3.3.5 Their evidence could show:

• their excellent standards for dealing with patients, relatives and staff – including surveys or collated 360-degree feedback to show how they gave patients dignity in care and won their trust
their excellent work in preventative medicine and public health, for example, in alcohol abuse, stopping smoking and preventing injury

that they use NHS resources effectively

3.3.6 They should give evidence of the quality and breadth of their service from audits or assessments by patients, peers, your organisation (as employer), or outside bodies. It will not affect their chances if there is less evidence available in their specialty.

3.4 Domain 2 – delivering a high-quality service

3.4.1 In this section, applicants should show how they have significantly improved the clinical effectiveness of their local services, or a related clinical service in the wider NHS. This includes making services better, safer and more cost effective.

3.4.2 They should make their evidence as measurable as they can, giving dates for all activities. They should make their personal contribution clear, not just their department’s contribution. They should give specific examples of any changes they made after the results of an audit or contributed to as part of governance reviews. They should be clear how these activities contributed to wider change in the NHS.

3.4.3 Evidence could, for example, cover the impact of the applicant’s work on:

- developing and running audit cycles or plans for evidence-based practice to make the service measurably better

- national or local clinical audits and national confidential enquiries

- developing and using diagnostic and other tools and techniques to find barriers to clinical effectiveness, and ways to overcome them and implement new ways of working

- analysing and managing risk – this could include details of specific improvements or how they lowered risk and improved safety

- providing a better service, with proof of the effect it has had – for example, how their service has become more patient-centred and accessible

- improving the service after speaking to patients

- redesigning a service to be more productive, efficient and better quality
• developing new healthcare plans or policies

• large reviews, inquiries or investigations

• national policies to modernise health services or professional practice

3.5 Domain 3 – leadership and managing a high-quality service

3.5.1 In this section, applicants should show how they have made a significant personal contribution to leading and managing a local service, or developing national or international health policy.

3.5.2 They should describe the impact they have had and outcomes they have generated in the specific roles they list. Their evidence can include, but is not limited to, proof of:

• their effective leadership techniques and processes – giving specific examples of how they improved the quality of care for their patients and where other parts of the NHS may have benefitted

• change management programmes or service innovations they have led – showing how they made the service more effective, productive or efficient for patients, public and staff

• excellent leadership in developing and providing preventative medicine, including working across organisational or professional boundaries with other agencies, like local councils and the voluntary sector, demonstrating the outcomes or impacts that have been delivered

• how they helped staff or teams improve patient care – giving specific examples, like mentoring or coaching (if they work in England, they could mention the guidance on talent and leadership planning)

• any ambassador or change champion roles, for example if they got involved in public consultation or their job involved explaining complex issues and how this translated into changes in practice

• how they developed a clear, shared vision and desire for change – for example, showing how they invested in new ways of working and handled behaviour that got in the way and delivered the change desired

• how they helped staff into senior leadership roles by removing barriers, encouraging diversity and achieving equality and inclusion outcomes
• how they contributed to developing patient-focused services
• achievements through any committee membership (membership alone is not enough)
• the effects of their team leadership where they had full or joint responsibility or took turns with other leaders
• any leadership role to do with clinical governance, including developing and implementing policies or services or implementing change programmes.

3.5.3 Applicants should Include evidence of their contribution, the source of any data they give, and relevant dates.

3.6 Domain 4 – research and innovation

3.6.1 In this section, applicants should give evidence of how they have contributed to research and/or supported innovation. This includes developing the evidence base for measuring how quality has improved.

3.6.2 In the section on references, they should give details of achievements like published papers.

3.6.3 They should explain what they have achieved to date and what they hope to achieve, and give supporting evidence. For example, giving details of new evidence-based techniques, innovative systems or service models they have developed that others have adopted. They should explain how they have found better ways to deliver benefits. And at the same time, kept waste to a minimum and stayed flexible and open to change.

3.6.4 They could also explain how they have improved public engagement in research and innovation or encouraged new ways of thinking when it comes to improving patient services.

3.6.5 They should describe the actual or potential effect of their research (including laboratory research) and any new techniques they have developed and their benefits on:
• health service practice
• health service policy
• developing health services
3.6.6 For this they should also include how their research is relevant to the health of patients and the public.

3.6.7 They could give details of:

- large trials or evaluations (including systematic reviews) they have led or co-investigated, and published in the last 5 years
- how they have contributed as a research leader, and how they have helped and supervised other people’s research

3.6.8 They could include other examples of their status in their chosen research fields and what impact their work has had. For example, if they’re:

- a member of any review boards of national funding agencies
- office bearer for learned societies or professorships

They could also:

- list any grants they have personally – not just department grants
- describe peer-reviewed publications, chapters or books they have written or edited – list their editorial activity for each one (for example, senior editor)
- give details if they played a major part in research studies in more than one centre, for example personally recruiting lots of people to large clinical trials
- include evidence of outstanding research that has led to new ways of preventing illness and injury

3.7 Domain 5 – teaching and training

3.7.1 In this section, applicants can give evidence to show their contribution to teaching and training.

3.7.2 They should give evidence of the impact of excellent work they have done in any of the following categories. We do not expect them to give examples for all categories.

a. Quality of teaching

This can be any medical undergraduate teaching, particularly if this is outside their job plan. They should give evidence of student feedback or other teacher quality
assessments that show their students’ views as well as how their teaching has had a positive impact on healthcare.

b. **Leadership and innovation in teaching**

This might include evidence of:

- developing a new course
- innovative assessment methods
- introducing new learning facilities
- writing successful text books or other teaching media
- contributing to postgraduate education and life-long learning
- contributing to teaching in other UK centres or abroad
- developing innovative training methods

c. **Scholarship, evaluation and research**

Evidence could include:

- presentations
- invitations to lecture
- peer-reviewed and other publications on education
- education in other health and social care professions

d. **Teaching the public – for example about good health and disease prevention.**

e. **College or university success in teaching audits**

Applicants should explain if they helped a college or university succeed in regulatory body and quality assessment audits for teaching. This could include undergraduate or postgraduate exams or supervising postgraduate students.

f. **Personal commitment to developing their teaching skills**

They could include evidence of Higher Education Academy membership and any courses they have done.
g. **Unrecognised or non-mainstream contributions**

This could be any other teaching or educational commitment and workload that is not recognised in other ways.

h. **Excellence and innovation in teaching about preventing illness and injury**

3.8 **Additional information for Domains 3, 4 and 5**

3.8.1 If applicants wish to include extra detail for domains 3, 4 and 5, they can use an extra form with a bigger word count. Instead of filling in the domain field, they will use the additional space in the online application form.

3.8.2 There's a maximum number of extra forms allowed for national awards. For:

- bronze and silver, applicants can fill in 1 extra form
- gold applicants can fill in 2 extra forms
- platinum applicants can fill in 3 extra forms

3.8.3 Applicants do not have to fill in extra forms.
4. **Change in circumstances of current award holders**

4.1 **You must tell us if an award holder’s circumstances change**

4.1.1 Award holders and their employers must tell us if there are any changes to their employment, as it may affect their award. They should fill in our change in employment circumstances form at [gov.uk/accea](http://gov.uk/accea).

4.1.2 If they do not tell us when their circumstances change, it could affect whether they can keep their award or what they and your organisation are paid. Any payments made since the change in circumstances may be reclaimed.

4.1.3 Below are some of the main changes you need to tell us about. This is not a full list and you should tell us if anything else significant changes.

4.2 **Letting us know if an award holder’s specialty, job or job plan changes**

4.2.1 Award holders should let us know if:

- they stop practising in the field they got their award
- they change job or employer
- there is a significant change to their job plan – including fewer sessions

4.2.2 Award holders should tell us as soon as the change has been agreed locally. We will consider how it affects their award. We may also review their award earlier (subject to the introduction of a reformed national CEA scheme) if they change job, or their job plan changes significantly.

4.2.3 If an award holder does get a new job plan, they should please send us a copy to consider and approve. If they do not tell us their job plan has changed, it could put their award at risk.

4.2.4 If they go part time, we will pay their award pro rata.

4.2.5 If they stop practising in the field they got their award and start a full or part-time general management post, it could impact on their award. They should consult their HR department and contact us to see if they can keep getting the full financial value. If they no longer meet the criteria in part 2 of the [Guide for Applicants](http://Guide for Applicants), their payments normally stop.
4.2.6 If they go back to clinical work after a full-time general management role, we may re-instate their award after a review.

4.3 Leave or secondments

4.3.1 The current national CEA scheme is expected to undergo reform after the 2020 round and the information in this section is subject to the introduction of any new scheme.

4.3.2 Subject to ministerial approval, we are planning to introduce a new scheme from 2021 and we expect to consult on the design of the new scheme in spring 2020. One area for consultation is whether renewals of national CEAs will continue.

4.3.3 Award holders should be aware of this potential change if they are planning to take unpaid leave or a secondment or sabbatical.

Unpaid leave

4.3.4 We do not pay any awards during unpaid leave. If an award holder takes unpaid leave for more than a year, our Medical Director will decide whether their award can be reinstated.

Maternity leave, parental leave and adoption leave

4.3.5 If an award holder takes maternity, parental or adoption leave, they will get their award payments during any period of paid leave from their employer.

Secondments

4.3.6 If an award holder is on full-time secondment to a post with an employer that does not qualify under the CEA scheme, we will suspend their award. They will not be able to renew their award during this period either.

4.3.7 We would advise award holders to speak to their HR department before they start their secondment to make arrangements for protecting their award and start collecting it again after their secondment has finished.

4.3.8 If they are seconded part time and continue some work from their original contract part time, they may be eligible for a pro rata award payment. They should tell us their plans before they start their secondment, so we can agree the arrangements.

4.3.9 If they are on secondment for less than a year, they will resume receipt of their award once the secondment has ended.
4.3.10 If they are due to renew their award while they are on secondment, they can apply in the next applicable awards round. We may use our discretion to grant an extension to the renewal period to give them time to gather suitable evidence when they come back to the NHS.

4.3.11 If the secondment is longer than a year, we will consider whether to re-instate their award if they go back to the NHS and their role remains eligible.

4.3.12 If they are away between 1 and 5 years, they can apply to have their award re-instated. We will specify the renewal period of the re-instated award. Generally, if they are away for 5 years or more, they must reapply at bronze level. If they return to work in a government department or government-sponsored role, they may be able to get the same level award as they had before.

4.3.13 If they are going to start their secondment during their renewal year, we may be able to extend their award. We will use the same criteria as we do for people who retire and return to work. This is at the discretion of ACCEA and each case will be judged on its merits and any precedents.

4.3.14 If they are seconded to the Independent Sector Treatment programme, or similar, while they still have their NHS consultant contract, they can apply to renew their award.

**Sabbaticals**

4.3.15 If an award holder is planning a sabbatical, they should speak to their HR department and contact us to agree what happens with their award. To retain the award, they must prove their sabbatical will be of benefit to the NHS. Otherwise, we will consider suspending their award until they return.

**Prolonged absence from the NHS**

4.3.16 If, for any reason, an award holder has been on a prolonged absence and not practised their specialty in the NHS for more than a year, we will review whether their award can be re-instated.

**Leaving the NHS during an award round**

4.3.17 To qualify for an award, an applicant must be employed as a consultant in the NHS on 1 April in the award year.

4.3.18 If they are made redundant or they retire during an award round, and before we announce the award results, we will withdraw their application.
4.4 **Tell us if they retire or claim their pension**

4.4.1 As soon as an award holder is in receipt of any pension payments, they no longer qualify for their national award. This includes payments from the NHS Pension Scheme, University Superannuation Scheme or transferred-out benefits. However, they can apply to re-enter the scheme or any schemes that replace it (see 2.1.9 of the [Guide for Applicants](#)).

4.4.2 They must tell us the date they retire or claim their pension (see 2.1.7 to 2.1.11 of the Guide for Applicants).

4.5 **Tell us if they start being investigated**

4.5.1 As set out at section 1.9, award holders and their employers must tell us as soon as they know, of any investigations, disciplinary procedures or legal action against them.

4.5.2 You must keep us up to date about any developments and the outcomes of any investigations. We will decide if they will affect the application or award. We always use an ‘innocent unless proven otherwise’ approach.
5. **Appeals**

5.1 **Appeals for national awards**

5.1.1 We handle all appeals for new national awards and their renewal.

5.1.2 To appeal, the applicant should email us at accea@dhsc.gov.uk. They should tell us why they believe the assessment process was unfair and give evidence.

5.2 **Reasons for appeal**

5.2.1 Applicants can request an appeal if they think we did not follow the right processes when we assessed their application. They cannot appeal because they disagree with our judgement.

5.2.2 They can appeal if they think:

- the committee did not consider all the supporting information or documents they correctly sent with the application
- irrelevant information was taken into account
- they were discriminated against because of, for example, their gender, ethnicity or age
- the usual evaluation processes were not followed
- the committee or any of its members showed bias or had a conflict of interest (where someone involved in a decision could be affected by the result)

5.2.3 They should send their appeal against our decision either by Friday 22 January 2021 or within 4 weeks of when we announce the award results – whichever is later.

5.3 **How we handle appeals**

5.3.1 Our Chair and Medical Director will look at their evidence and the processes that were followed to decide if an appeal is justified. They will then ask a panel of two sub-committee members (one medical and one non-medical) who were not involved in their application, to review their proposed decision to ensure it is robust. If there are no grounds for appeal, the applicant will get a letter to tell them why.
5.3.2 If there are grounds for appeal, and we cannot resolve the problem informally, we will set up a formal appeal.

5.3.3 A separate panel of people who did not assess the appellant’s application or the decision to progress the appeal will consider this. The panel will include:

- a medical or dental professional
- an employer
- a non-professional member as chairperson

They will look at:

- the appeal
- the documents that set out our agreed assessment process
- a written statement of what the scoring committee did when they considered the application

5.3.4 The appellant can see all the documents the panel considers. They can also send more written statements about their appeal and what they believe happened.

5.3.5 The panel does not usually hear oral evidence. However, the appellant can apply for an oral hearing in writing. The chairperson of the panel will decide if they can have one.

5.4 The timeline for appeals

5.4.1 We try to resolve appeals within the timeline in 5.6, below. However, if there are any delays, we will let the applicant know.

5.5 If their appeal is successful

5.5.1 If an appeal is successful, our Chair and Medical Director will consider the best way to put things right. For example, they may extend their award for a year if the application was for a renewal. Or they may decide to re-score an application for a new award. Their decision will be consistent with other similar appeals.

5.5.2 Even if an appeal against the process is successful, the appellant may not get their renewal or a new award. If this happens, we will write to them to tell them why.
5.6 The national appeals process

5.6.1 Here is an outline of the process:

a. When we get a request to appeal, we will respond within 5 working days to acknowledge its receipt.

b. Our Chair and Medical Director will review the case and decide whether there are grounds for a formal appeal.

c. Within 20 working days of the date we got in touch, our Chair and Medical Director will let the applicant know if there will be a formal appeal.

d. If there is a formal appeal, we will set up a panel and agree a date for them to meet, within 20 working days.

e. When our Chair and Medical Director hear what the panel has decided, they will let the appellant know the final decision within 20 working days.

f. In all cases, the panel’s decision is final.