



Guide for applicants

National Clinical Excellence Awards: 2021 awards round

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About this guide

This guide is for NHS consultants and academic GPs who want to apply for a new Clinical Excellence Award (CEA) or renew their existing CEA or distinction award.

This guide covers the 2021 national Clinical Excellence Awards competition in England and Wales.

In this guide, you will find out:

- how the award scheme works
- who qualifies for an award
- how to apply for an award
- how we will assess your application
- how to appeal against our decision

You can download this guide at [gov.uk/accea](https://www.gov.uk/accea).

Please read all the information carefully and use the guide when you prepare your application.

Sending your application

You must send us your application for a national award by 5pm on Thursday 18 March 2021.

Go to the national awards application system at nhsaccea.dh.gov.uk.

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

Please note: changes to the application and scoring process

ACCEA is mindful of the challenges facing the NHS as a result of the Coronavirus pandemic, delays and backlogs to regular NHS work and seasonal pressures. As such, in consultation with professional bodies we have agreed to simplify some aspects of the award scheme to reduce the burden on applicants, employers and scorers. We have made the following changes to the application process for 2021:

- We have removed the additional forms for domains 3, 4 and 5, increasing the character limit on the main form, so requiring only a single form to be submitted for scoring.
- We have removed third-party citations. This year, citations will only be provided by our national nominating bodies for new award applications and only for those applicants ranked by them in their prioritisation exercises. This will reduce time taken for applicants to solicit citations and for scorers to evaluate them.
- We have removed the employer evidence ratings and the employer statement. Employer sign-off will be limited to answering a series of yes/no statements and stating a level of support for the application. This reduces the time for employers to process applications and scorers to assess each application. Employers will, however, be required to provide explanatory text when an application is not supported.
- We have extended the timescale for applications and aim to extend the scoring window. By providing more time for these activities, more applicants should have the opportunity to apply and there will be more time to ensure robust scoring and quality assurance governance of the awards.
- We will evaluate the number of applications to be scored in each region and may adjust scoring groups and numbers across regions to balance the workload and optimise committee diversity. This will ensure enough scorers are available to assess each application.
- We can manage our quality assurance governance phase via videoconference rather than physical subcommittee meetings, according to national and local restrictions or guidance. A hybrid approach may also be possible to minimise face-to-face contact and travelling time for sub-committee members.

1. Introduction

1.1 ACCEA and the 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 Health ministers agree a limited number of new awards, so the selection process is very competitive.
- 1.1.3 You can apply for a new award or to renew an existing award. To be considered, you need to show what you have achieved at a national level, over and above your job expectations, in developing and delivering a high-quality clinical service. You also need to demonstrate your commitment to, and nationally-relevant impact on, improving the NHS through leadership, research and innovation and teaching and training.
- 1.1.4 There is one online application form for all the national awards, enabling everyone who applies to highlight their contributions in the same way.
- 1.1.5 Based on the strength of the applications, our regional sub-committees and our Main Committee recommend applicants for national awards to health ministers for them to approve.

1.2 How do national awards relate to local awards?

- 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.
- 1.2.2 National awards are awarded by ACCEA. They recognise the high quality of clinical practice, leadership, research and innovation, and teaching and training undertaken 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. There is no requirement to hold any local award to be able to apply for a national award.
- 1.2.3 There are four levels of national award: bronze, silver, gold and platinum.

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 post. If you apply, you need to give evidence of impact 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 5 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, if you can show your overseas work helped the NHS and public health directly, you can use evidence to support your application.

1.5 How will we assess your application?

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 5 of this guide). There is also detailed guidance for assessors on how to judge applications against these criteria at gov.uk/accea.

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

- B level distinction award is treated as a bronze CEA
- A level distinction award is treated as a gold CEA
- A+ level distinction award is treated as 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. Based on

application workload and to provide balance and a degree of external scrutiny across committees, we may reallocate some sub-committee members to score in other regions. They assess what you have achieved and delivered against the expectations of your contract as described in your job plan, recognising excellence through impact 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 contracted by Public Health England

and NHS England respectively. These are assessed by the DHSC sub-committee, where they can be better benchmarked. Platinum applications are scored nationally for the same reason.

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 generally made up of:

- medical and dental professionals (50%)
- non-medical professionals / lay members (25%)
- employers (25%)

1.5.9 Each sub-committee is normally divided into 2 groups:

- group 1 scores bronze renewals and new bronze applications
- group 2 scores new and renewal silver and gold applications

For 2021, depending on the number of applications we receive, we may allocate these scoring groups in a different way.

1.5.10 Each group scores applications consistently against published guidance. So, if you apply for a renewed award *and* a new award, you will receive two separate scores. There are, at present, 300 new national CEAs available each year in England. However, as the 2020 scheme was suspended, more awards will be made available this year, with the final numbers subject to factors including the quality of the applications.

1.5.11 The number of new CEAs available in each region is based upon the proportion of new applications made that year in that region.

1.5.12 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 the lowest successful scores for that award level in that region, whichever is the lower. The cut-off scores vary across different regions and award levels. See Part 4 of this guide.

1.5.13 If you successfully renew your award, it will last 5 years from 1 April 2022, unless your award was extended by one year in the suspended 2020 award round. In this

case, your award will last 4 years from 1 April 2022. Any awards expiring after the introduction of any new scheme will be subject to existing rules during a transitional period and previously agreed Schedule 30 arrangements.

- 1.5.14 In Wales, the process for assessing bronze applicants is different. Please [contact Chantelle Herbert at the Wales Secretariat](#) for more details.
- 1.5.15 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 from the Academy of Medical Royal Colleges and Universities UK.
- 1.5.16 Here is a summary of the assessment process.
- a. Our sub-committees score the applications, resulting in a list of applications ranked according to score. The highest scoring applications that fall within the allocated 'indicative number' of awards to be granted at each level in each region are flagged as provisionally successful.
 - b. Our Chair and Medical Director review all the provisionally successful applications recommended for a new award. After their review, applications where questions arise, or clarification may be helpful, are discussed at the regional 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. Subject to Main Committee scrutiny, English recommendations go to DHSC ministers and recommendations from the Wales sub-committee go to Welsh ministers for final approval.
 - f. If your award is approved, we will let you and your employer know.

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. For more information about these awards, please contact your employer.

1.7 Running an open, honest scheme

1.7.1 You will find all the information about us and the scheme at [gov.uk/accea](https://www.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 employers' to help them to sign-off 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
- summaries of the minutes for the Main Committee's meetings

1.8 If you have a disability

1.8.1 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 you have a disability, any reasonable adjustments you agree with your employer should be explained in your job plan.

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 2021 round.
- 1.9.2 Subject to approval, we are planning to introduce a new scheme from 2022 and we expect to consult formally on the design of the new scheme in due course. One area for consultation is whether national CEAs will continue to be renewable.
- 1.9.3 If there are extenuating circumstances that you believe may affect your ability to submit a successful renewal application, please let us know as soon as possible and before the application closing date to enable us to support and treat you fairly. Once you have submitted your application and it has been scored, you 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.

2. Qualifying for an award

2.1 Who can apply for an award?

- 2.1.1 You can apply for a CEA if you are a fully registered medical or dental practitioner on the General Dental Council (GDC) specialist list or General Medical Council (GMC) specialist or GP register. You must be fully registered with a licence to practise and have been a permanent NHS consultant or academic GP in a permanent clinical academic role in higher education (at the same level as a senior lecturer or above) for a year on 1 April in the award year. The year does not include time spent as a locum, but you can give evidence from your achievements as a locum in the same role.
- 2.1.2 In all cases cited below, you must be on an NHS consultant contract expressed in Programmed Activities (PAs) or on an academic contract expressed in an equivalent pay scale to be eligible. Consultants working in Wales, must be on an NHS consultant contract expressed in Sessions. If you are in any doubt about your eligibility please contact us.
- 2.1.3 You will qualify if you are:
- a employed by an NHS organisation (in England or Wales), DHSC or its arm's length bodies, a university, medical or dental school, local authority, or are employed by similar Welsh Government-associated organisations. Applications from employees of other organisations may be eligible. Please contact us if you need any clarification.
 - b An academic GP, if your responsibilities are the same as consultant clinical academic staff and you are fully registered with a licence to practise. You can apply for awards if you:
 - work at least half your hours as an academic GP
 - are a practising clinician providing some direct NHS services
 - do at least 5 PAs or equivalent sessions that help the NHS, including teaching and clinical research.
 - c A consultant or a dental practitioner with an honorary NHS contract, who is fully registered with a licence to practise. Whether you qualify for an award depends on your contribution to the NHS for more than direct patient care. If you are a full-time academic consultant, you will qualify for a full award if you carry out at least 5 programmed clinical activities or equivalent sessions that

help the NHS. This includes teaching and clinical research. If you do fewer than 5, you will qualify for part of the award.

- d A fully registered public health consultant on the GMC specialist register or on the GDC specialist list, with a licence to practise.
- e A postgraduate dean, fully registered with the GMC or GDC, with a licence to practise, who competed for the role against GPs and consultants, and is responsible for postgraduate trainees across all specialties.
- f A consultant or academic GP later employed as a dean or head of school in medicine or dentistry, fully registered with the GMC or GDC, with a licence to practise. You can apply for an award based on your work in this post.
- g A consultant, fully registered with the GMC or GDC, with a licence to practise, working as an NHS trust clinical or medical director, or a similar level medical manager post. If you are unsure whether you are eligible, contact us and we will assess your contractual contribution over-and-above your expected duties as well as your contractual status. If the majority of your work is in a management role, you can still qualify if you have an active consultant contract with a specific clinical or clinical leadership role and continue to renew your licence to practise. If you move into general management and/or have a management contract outside the consultant pay scale, you do not qualify for an award.

2.1.4 As an NHS consultant, it does not make a difference if you have agreed to national terms and conditions of service or other terms with an individual trust.

2.1.5 The Ministry of Defence runs its own Clinical Excellence Award scheme. We are pleased to recognise eligible NHS employee contributions, over-and-above the expected standards, to military medical and dental services.

If you work part time, you can still apply for an award. If you are successful, we will pay you a proportion of the award, which depends on your hours.

2.2 Retirement

2.2.1 If you retire during an awards round, and before we announce the results, we will consider your application withdrawn.

2.2.2 If you are due to renew in 2021 and expect to retire up-to-6 months after your award is due to expire in March 2022, we may consider extending your award, without you having to apply for a renewal. Please tell us your actual retirement date before the 2021 awards round closes on 18 March 2021. We will need to

confirm to you that you will not need to apply for a renewal and that your award will be valid until you retire. If your retirement plans change, please let us know as soon as possible. We may need to review or withdraw your award.

- 2.2.3 Your award is consolidated with your pension, which means it is taken into account when your pension is calculated. Awards stop when you retire or claim your pension. If you take all or part of your pension (from the NHS Pension Scheme, Universities Superannuation Scheme or transferred-out benefits), you do not qualify for your existing award. If you return to work on a permanent NHS consultant contract, retaining or regaining full registration with a licence to practise, you can reapply for a new award.
- 2.2.4 If you apply for a new award when you come back to work, we will only consider what you have achieved since your new contract started. We will not consider evidence you used to apply for your last award, evidence from before your new contract date or evidence that is not clearly dated. If you are continuing the work you were doing before you retired, please tell us and make it clear what you have achieved since you started your new contract.
- 2.2.5 If you did not have a national award when you retired, you can apply for a bronze award. If you had a national award or a (bronze-equivalent) level 9 local award when you retired, you can apply for the same level of new national award or below, but as indicated above, be aware that only evidence from your new contract can be considered. If your national award application is unsuccessful, we will not consider it for another level of award. Please give the date you retired and the date your new contract started in your application.

2.3 How to apply for a higher award

- 2.3.1 You do not need to hold local award points to apply for a bronze award if you meet the eligibility criteria. If, however, you have discretionary points or a local award level 1 to 8 in England, a commitment award in Wales, or no award, you can apply for a bronze award.
- 2.3.2 If you have a bronze, local level 9 or B distinction award, you can apply for a silver.
- 2.3.3 If you have a silver, you can apply for a gold.
- 2.3.4 If you have a gold or an A distinction award, you can apply for a platinum.
- 2.3.5 If you have discretionary points or a distinction or commitment award, and you get a CEA, your other award payments will stop.

2.4 Issues that may stop you qualifying for an award

2.4.1 You do not qualify for an award if you are:

- not on the consultant pay scale as expressed in Programmed Activities or an equivalent
- a locum consultant – if you become a permanent consultant, you can use evidence from your locum role in your application
- a consultant who primarily works in general management (such as a chief executive, general manager, chief operating officer, or a senior university office-holder), without a specific clinical role
- Not fully registered with a licence to practise.

2.4.2 Investigations into your work and disciplinary or legal action against you can affect your award or application. That includes interim (temporary) or final court orders or penalties relating to your professional or personal conduct that may reflect badly on your judgement or the expected standards of the profession. You must let us know about any investigations or sanctions by your employer or professional regulator (GMC / GDC) and their progression, interim and final decisions and any sanctions. We will look at each case individually, but we may remove your award if there are adverse outcomes following investigations or disciplinary measures. See 3.4.1 for more details.

2.4.3 We ask about your organisation's latest inspection outcome. If you work in a trust in special measures, we expect you to comment on the any relevance of this to your role. We will also ask your employer to check they are happy with your response when they sign off your application. If you are on the board of a trust in special measures and you are recommended for an award, we will inform our Main Committee.

3. The application process

3.1 Filling in your application

- 3.1.1 You must fill in your own application form – nobody else can do it for you.
- 3.1.2 If you are applying for a new national award or to renew a national clinical excellence or distinction award, you will need to apply online at nhsacceca.dh.gov.uk.
- 3.1.3 You may find it helpful to draft and amend your application before you apply: you can download a copy of the form at gov.uk/accea.
- 3.1.4 When you apply, please select the NHS or arm's length body that holds your substantive or honorary contract, and your specialty, so that the right sub-committee considers your application. If you give the wrong Trust or organisation, your application may not be considered for an award.

3.2 Getting support for your application

- 3.2.1 We cannot accept applications without sign-off from your employer. They will need to complete the shortened part 2 of your application.
- 3.2.2 If you work for a university, the chief executive of the Trust where you hold an honorary contract, or their nominated deputy, should complete this section.
- 3.2.3 If you are applying for a new award, you can seek support from a Royal College or specialist society of which you are member. See our list of approved nominating bodies [here](#). They may choose to rank your application in comparison with other applicant members and provide you with a supporting citation. If you plan to seek such support, we would advise contacting the relevant organisation in good time, to establish what their processes involve, and the timelines.

3.3 How appraisals fit into the process

- 3.3.1 To qualify for an award, you must have an annual appraisal. Your employer must confirm whether you have done this in the 12 months before your application. If you have not, they should confirm you tried to have an appraisal. We recognise that this may have been delayed by the pandemic. If so, they should state this.
- 3.3.2 We do not need information about the appraisal. However, you will only qualify if your employer confirms that you:

- took part in the appraisal process
- took part in job planning
- met the terms of your contract
- followed the 'Private Practice Code of Conduct'.

3.3.3 You may have met the standard for job planning even if you have not got an agreed job plan. For example, if mediation is taking place. Explain this to your employer if they are delaying their sign-off for this reason.

3.4 Telling us about investigations or disciplinary action

3.4.1 On your application form, you must tell us if:

- you are being investigated about your work by your employer, the GMC or GDC
- you are going through disciplinary procedures
- successful legal action has been taken against you for your clinical practice, where you admitted responsibility or were found guilty in court
- there are **any** civil or legal proceedings against you which reflect upon your behaviour, judgement or professional standing and may subsequently be referred to the GMC / GDC
- you have faced any of these things in the last 5 years.

3.4.2 The information you need to give includes details of:

- any investigations by external bodies, such as GMC, GDC or the National Clinical Assessment Service (NCAS)
- restrictions on your practice
- complaints against your performance or behaviour that your employer is formally investigating
- the results of any finished investigations.

3.4.3 We will record this information, but it will not be available to assessors and will not have a negative effect on your score.

3.4.4 For live investigations, we use an 'innocent unless proven otherwise' approach. We may, however, choose to wait until the investigations are over to review the outcome of your application. If we then give you an award, we will backdate it to the date it would have otherwise been awarded.

3.4.5 If you start to be investigated or to go through disciplinary procedures after you apply, and before we announce the awards, you must tell us immediately.

3.4.6 If you do not tell us about any such issues, we will be concerned about your commitment to transparency. We reserve the right to cancel your application or withdraw your award.

3.5 The timetable for national awards

3.5.1 You must submit your online national Clinical Excellence application to us by 5pm on Thursday 18 March 2021. You will not be able to apply after that, no matter why you missed the deadline.

3.5.2 The indicative timetable for the 2021 national awards round is below. This may need to change based on the impact of the pandemic and we will keep it under regular review:

- **7 December 2020** – application process opens at nhsaccea.dh.gov.uk
- **5pm on 18 March 2021** – the deadline for all applications for new awards and renewals, plus citations and nominations, through the online system
- **April to June 2021** – sub-committees consider applications
- **July to September 2021** – governance phase and limited re-scoring exercise (see.1.5.16)
- **late November 2021** – our Main Committee considers recommendations
- **December 2021** – ministers asked to approve recommendations
- **December 2021** – we tell applicants if they are successful or not
- **January 2022** – we publish the names of new award holders and their personal statements
- **21 January 2022** – the deadline for appeals
- **Spring 2022** – when we publish our annual report on the 2021 awards round

3.6 Things to remember when you apply

3.6.1 When you apply:

- start your application early to allow enough time to get sign off from your employer and engage with any relevant local trust, nominating body or university pre-selection processes.
- give as much attention to detail to a renewal application as you would to an application for a new award – renewals are scored alongside new awards.

3.6.2 When you fill in your application form:

- follow the steps in this guide (see 3.7.1)
- give clear dates for your achievements – if the dates are not clear, this will affect your score
- for a new bronze award, concentrate on evidence from the last 5 years
- for a renewal, make it clear what you have achieved and how your work has progressed since the date of your last new award
- if your last award was less than 5 years ago, give evidence since your last award and be clear about what you have achieved since then
- if your last award was more than 5 years ago, concentrate on evidence from the last 5 years (but you can give evidence from the date of your last award)
- for a higher award, show a 'step up' from your current level – the higher the award, the more you should highlight the effect of your achievements nationally and internationally
- do not repeat information from old applications – our assessors compare your new and previous applications and will check for repeated information, which could affect your score
- write society and group names in full – do not use acronyms because sub-committee members reading the application may not be familiar with them. The same applies to other 'medical' abbreviations, such as those used for diseases, operative procedures, or diagnostic techniques
- give measurable information (like outcome data) wherever you can and quote the dates, source and relevant benchmarks

- explain the impact you had in all the roles you list – just being in a position, such as an ‘officer’ in a College or specialist society, does not in itself justify an award
- use a new line for each entry, and consider using bullet points to make the information clearer and easier to read
- check your employer's email address with your trust administrator before you fill in their details
- you cannot sign electronically – just type your name in the relevant box
- be aware that we may ask for more information if anything is unclear in your application.

3.6.3 If there are special circumstances that could affect your renewal application, like ill health, tell us as soon as possible before the deadline. We may consider extending your award.

3.7 The different stages of your application

3.7.1 Read this entire guide before starting your application. Follow this section when you fill in your application. Remember to save your work regularly.

Part 1 of your application

Step 1: Sign in to the system

If it is your first time using the system:

- a. Go to nhsaccea.dh.gov.uk
- b. Select 'New Consultant Account Request'
- c. Fill in all the sections
- d. Select 'Submit'
- e. You will receive an email from ACCEA when your request has been processed.

If you already have an account:

- a. Go to nhsaccea.dh.gov.uk

- b. Sign in with your username and password. Remember they are case sensitive.

If you forget your password:

- a. Select 'Forgot Password'
- b. Give your 'trusted email address' (the one you registered with) – the system will bring up your account
- c. Select 'Reset Password' – the system will email you a link to reset your password
- d. Click on the email link to reset your password within 24 hours
- e. If you do not click the link within 24 hours, start these steps again.

If you forget your username:

- a. Select 'Forgot Username'
- b. Follow the same process as resetting your password, above.

Step 2: Agree we can publish your personal statement

We will publish your personal statement if you get an award. You can opt out of this in very rare circumstances.

If you do not object, leave the drop-down box as 'no objection'

If you object, select 'objection' in the drop-down box, then type in your reason.

Step 3: Choose your main employer's country

Select 'England' or 'Wales'.

Step 4: Awards and eligibility

- a. Confirm if this is a new application, a renewal or both
- b. If you have taken part of your pension and or retired, declare it here and give the date
- c. If you received a new CEA within the last three years (2018 or 2019), let us know

- d. If a previous CEA was withdrawn, tell us
- e. Enter the details of any awards you have
- f. Choose the award level you are applying for.

You can change these details at any stage before you send your application.

Step 5: Give your details

- a. Enter your email address – make sure it is up to date and active
- b. Check your personal statement information
- c. Check the level of award you are applying for.

If you filled in any of the 'My Profile' section of the online system, these details will automatically be copied to the 'Applicants' Details' page.

Step 6: Your qualification details

- a. Let us know the date of your first appointment as a consultant or to another eligible role
- b. Confirm whether you are a fully registered professional and hold a licence to practise
- c. Give details of your specialty
- d. List your qualifications.

Step 7: Your employment details

- a. List your employers, starting with your main employer.
- b. If you are employed by a university, select your NHS employer as the main employer. For applications being considered through Public Health England (PHE), please select the relevant PHE regional employer. Your main employer will check and confirm your application.
- c. Select your contract type.

Pre-2003 contract:

- OPT= Occasional Part Time (1-9 Programmed Activities)

- MPT= Max Part Time (10 PAs)
- WT= Whole Time (11+ PAs)

Current consultant contract:

- PTNew= 1-9 PAs
- WTNew= 10+ PAs.

d. List the roles you have held as a consultant.

Step 8: Your personal statement

- a. Give up to 4 examples that summarise your case for an award. Your personal statement will help assessors understand your case for an award, but it is not scored, so include any achievements in the relevant domain statements as well
- b. Include whether you have held a national award before, and when
- c. If your application is successful, we will publish your personal statement on our website. You can opt out of this in rare circumstances.

Step 9: Your job plan

- a. Let us know how many programmed activities or sessions you undertake and their categorisation
- b. Clearly list each direct clinical care, supporting and 'other' PA you get paid for including, if relevant, a detailed breakdown of any 'academic' PAs (research, teaching, and university management responsibilities). It is helpful to bullet point your activities. This is essential to ensure scorers are able to assess work over-and-above your job plan. If it is not clear to them, it may affect your score
- c. Make it clear which activities your NHS Trust pays for directly and which, if any, are paid for by others, such as a university, Research Council, the National Institute for Health Research (NIHR), other research funder, or Deanery
- d. Do not list your day-to-day activities. Instead, broadly describe your working week for each post you hold. For example, consultant surgeon, clinical director, senior lecturer or specialist society officer

- e. Describe any other paid roles that are relevant to the evidence provided in your application: how many PAs they represent and what you get paid for. We do not need to know the amount you are paid
- f. Let us know if you undertake any unpaid work
- g. Tell us if you receive any additional income (outside your job plan) and how it relates to your evidence. For example, editorial payments, consultancy or lecture fees, roles or shareholdings in private companies (such as non-executive roles or senior positions in spin-off companies between academia and trusts and the private sector). We do not need to know the amount you are paid
- h. There is no requirement to list private/wider income if it is not relevant to the evidence set out in your application.

Here is an example of how to fill in the job plan section:

"Obstetrician and Gynaecologist

I have an 11 PA contract, split into 8.5 direct clinical care PAs and 2.5 supporting professional activities. My direct clinical care time is spent leading antenatal clinics, gynaecology clinics, both obstetric and gynaecology theatre lists and labour ward rounds. I attend or lead meetings to support this clinical care, such as case reviews, governance meetings, multi-disciplinary team meetings and safety meetings. As a consultant, I also take teaching and training sessions and help develop training. I am on call at the weekends 1 in 4 weeks.

I am the lead for reducing hospital-acquired infections within my department, reducing the need for caesarean births, improving the screening process for gynae-related cancers, and working towards becoming an examiner for my college.

I follow my job plan, although my actual activities may take longer than my contracted hours."

Step 10: Domains 1 to 5

In this section, fill in the details for each of the 5 domains. See part 5 of this guide for what you need to include for each one.

When you fill in a domain screen, select 'Next' to take you to the next one.

Step 11: The employer's section

This section is for your employer to fill in – you cannot add anything. You need to submit your application to them.

You can also see where a Royal College or specialist society has submitted a citation to support your application. Only Nominating Body citations for their ranked applicants are permitted in 2021 and can be submitted up to the application close date even if you have already submitted your application.

Keep selecting 'Next' until you come to the 'Verification of Completion' page.

Step 12: Ratings and inspections

Applicants working in England:

- a. Let us know your Trust's most recent Care Quality Commission (CQC) rating and, where applicable, the rating for your service
- b. Let us know the date of that inspection or rating
- c. Comment, if possible, on the relevance and impact of your role in relation to these ratings.

Applicants working in Wales:

- a. Provide a link to your organisation's most recent Healthcare Inspectorate Wales (HIW) report and provide a summary of the findings
- b. Let us know the date of the inspection
- c. Comment on the relevance and impact of your role to the investigation and any subsequent improvement plan.

Services not falling under CQC or HIW:

- a. Provide details of any other service inspection, or, if your employer is not subject to inspection, explain why.

Step 13: Confirm that you have filled everything in

Check you have filled in all sections of the form. You can go back through the form using the menu on the left-hand side of the screen. The system will also let you know if you have not filled everything in when you select 'Submit to Employer'.

Check all the information you have given is correct and you have declared any relevant information required. When you are happy, select 'Submit to Employer'.

Part 2 of your application – your employer’s contribution

When you select 'Submit to Employer', they will get an email saying your application is waiting for their sign-off.

They will have their own username and password, so they can sign in to read your application and complete their sign-off.

If they find a mistake in your application, they can send it back to you. You can then make any changes and send it back to them.

Step 14: Reviewing

When your employer has filled in their section, they will send your application back to you. You can then see their level of support in a 'read only' format.

Step 15: Sending us your application

If you are happy with the employer sign-off and the rest of your application, select 'Submit to ACCEA'.

You are responsible for sending your application to us – no one else can send it for you.

You cannot send your application without part 2 of the form from your chief executive or their nominated deputy.

You will know we received your application when the 'Step in Action' progress bar on the top half of the screen says 'Submitted to ACCEA' in bold.

4. More information about applying to renew an award

4.1 The future of renewals

- 4.1.1 The current national CEA scheme is expected to undergo reform after the 2021 round.
- 4.1.2 Subject to ministerial approval, we are planning to introduce a new scheme from 2022 and we expect to consult on the design of the new scheme in early Spring 2021. One area for consultation is whether national CEAs will continue to be renewable. Any awards expiring after the introduction of any new scheme will be subject to existing rules during a transitional period and previously agreed Schedule 30 arrangements.

4.2 The timing of your renewal application

- 4.2.1 Post-2021, this section is subject to the introduction of a new national CEA scheme.
- 4.2.2 You must apply to renew your CEA or distinction award. It will only be renewed if you continue to meet the standards required. See section 3.6 for relevant information.
- 4.2.3 Awards are granted for 5 years. However, the first renewal takes place after 4 years, and further renewals are then every 5 years. For example, under the present scheme, a new bronze is awarded in the 2017 awards round. The award runs from 1 April 2017 to 31 March 2022. To ensure that the award is renewed in advance of expiry, renewal takes place in the 2021 awards round. If the award is renewed, it is extended for 5 years to 31 March 2027 and renewal would be due in 2026. However, if a new national CEA scheme is introduced from 2022, there may be no further renewals.
- 4.2.4 If your award was due to be renewed in the suspended 2020 competition and extended by one year, you are due to apply for renewal of your award in the 2021 competition. If your renewal application is successful, your award will be renewed for 4 years instead of the usual 5. Subject to the introduction of a new national CEA scheme, your award would be due for further renewal in the 2025 competition.
- 4.2.5 We rely on you to maintain an up-to-date email address in your ACCEA record. It is your responsibility to apply for your renewal at the right time.

4.2.6 In 2021, we are expecting renewal applications from people who received awards in:

- 2017
- 2012
- 2007
- 2002

We are also expecting applications from those award holders whose awards were extended for a year following the suspension of the 2020 competition.

If you are renewing outside the usual cycle, we will have told you your new renewal date.

4.2.7 We can review awards at any other time. For example, if:

- you make significant changes to your job or job plan
- you face disciplinary action from external bodies like the GMC, GDC or NCAS
- you are taken to court and found guilty.

You must inform ACCEA about any such circumstances.

4.3 How the renewal application works

4.3.1 We compare renewals against the standard of applications for new awards at the same level, in the same region. We do not judge renewals against each other because there is no limit to the number of awards we can renew. If your renewal application meets the standards, we will renew your award.

4.3.2 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 vary across different regions and award levels.

4.3.3 You can choose to renew your silver, gold or platinum award at the same level or at a lower level. Decide which level you think your supporting evidence fits best. We will only score your renewal application at the level you apply for.

- 4.3.4 In your application, concentrate on your achievements and their impact in the last 5 years. You must give dates. You can include earlier activities if your contributions in this area have continued to evolve and they show your ongoing commitment to improving the NHS in that period.
- 4.3.5 Give as much detail for your renewal as you would for a new award. Renewal applications are rigorously assessed against the criteria for each domain, in the same way as a new award.
- 4.3.6 If your silver, gold or platinum (or equivalent) level renewal application does not score as highly as the lowest-ranked successful new applicant, you could still receive an award. We will consider you for a lower award level if your score is as high as the lowest-ranked successful new applicant at that level in your sub-committee region. We will not rescore your application – we will use the sub-committee's original score.
- 4.3.7 In England, if you do not achieve a renewed national award, under the current arrangements you may be eligible for a legacy local award based on the score for your application. 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 your application scores less-than-14 you will not be eligible for a local award. There is no local award scheme in place for academic GPs.
- 4.3.8 You should speak to your employer if you have any questions about your local award. Academic consultants should consult the Trust that holds their honorary contract.
- 4.3.9 If you do not apply to renew in the 2021 awards round, or you do not meet the standards, your award will end on 31 March 2022. If there are special circumstances you or your employer think we should consider, like ill health, tell us when you apply and before the application closing date (see section 1.9).
- 4.3.10 If you do not renew your award in the 2021 awards round, you will not be eligible to apply to renew in the next round. However, you can apply for a new award if you continue to meet the eligibility criteria, subject to the introduction of any new CEA scheme.

5. The assessment criteria

5.1 Evidence of how your work positively affects the NHS in England or Wales

- 5.1.1 Clinical excellence is about providing high-quality services to the patient in front of you. It is also about improving the clinical outcomes for as many patients as possible by using resources efficiently and making your services more productive. You need to show our assessors evidence of how you made services more efficient and productive, and improved quality at the same time, as well as demonstrating your role as an enabler and leader of health provision, prevention and policy development and implementation.
- 5.1.2 Our assessors need to be sure your achievements are relevant. They need to know what dates they occurred or if you are still doing the activities you list. Make the dates of your achievements clear. If you do not, our assessors will not be able to score them.
- 5.1.3 Detail your achievements in the 'Domain' section of the application form. We will assess your application on these details.
- 5.1.4 As you fill in the 'Domain' section of the application, remember:
- you do not need to show you have achieved over-and-above expected standards in all 5 domains – a lot will depend on the type and nature of your post
 - you could get a national award based on an excellent local or regional contribution if it has made an impact on the wider NHS
 - to highlight the most important examples of your work, including local and regional work, focusing on national and international impacts wherever possible
 - to describe the impact you have had in any roles you list, including acknowledging the contribution of other members of the multi-professional team
 - to make it clear when your roles started and ended, or if they are ongoing.
- 5.1.5 List your achievements against the original aims in your job plan or personal development plan.

5.1.6 Do not include evidence you gave for an earlier award – unless it shows you have built on or consolidated your previous achievements.

5.1.7 It will help your application if you give quantified data, particularly outcome measures, that:

- show what you have achieved since your last award or renewal – whichever is most recent
- show the progress you have made over the last 5 years if you are applying for a bronze award
- include relevant dates, sources and appropriate benchmarks.

If your work is subject to national audit processes, include this information too where possible.

5.1.8 Committee members score the domain sections. A score of:

- **10** means your application is excellent
- **6** means your work is over-and-above your contract terms
- **2** means you have met the terms of your contract
- **0** means you have not met the terms of your contract or there is not enough information to make a judgement.

5.2 What information to include in each domain

5.2.1 There are 5 domains. Group your achievements in line with each one and avoid repetition across domains unless the evidence shows different aspects of your work that is relevant to the domain. In all cases, it is important to include dates.

5.2.2 We recognise the extraordinary requirements of the COVID-19 pandemic and the work that many consultants and academic GPs (and multiple other healthcare workers) have contributed. You may choose to include evidence related to this, as part of your evidence over prior years. In this case, as with all other evidence, concentrate on the impact of your contributions over-and-above your expected role in the pandemic and across the entire 5-year period in each domain. Such contributions may relate to the delivery of care for COVID patients, or COVID-related trial work, but recognition will also be given for efforts made to maintain other key clinical services, research activities and teaching and training during the pandemic period. The next few pages show what you could include.

Domain 1 – providing a high-quality service

5.2.3 In this section, give evidence of what you have achieved in relation to:

- providing a safe service
- making sure your service has measurable, effective clinical outcomes, based on delivery of high technical and clinical standards of service
- providing a good experience for patients
- consistently looking for and introducing ways to improve your service.

5.2.4 Explain which activities relate to your clinical services where you are paid by the NHS, and to other aspects of your work as a consultant.

5.2.5 Include quantified measures if you can – like outcome data. These need to reflect the whole service you and your multi-professional team provide. Use validated indicators for quality improvement or quality standards, and other reference data sources in England or the Healthcare Standards for Wales, ideally providing performance data against benchmark or national indicators for your specialty.

5.2.6 For good patient experience, show how you have ensured your patients are cared for with compassion, integrity and dignity and how you have demonstrated commitment to their safety and wellbeing.

5.2.7 Your evidence could show:

- your excellent standards for dealing with patients, relatives and staff. Surveys or collated 360-degree feedback to show how you gave patients quality care and won their trust, and earned the respect of colleagues, may be helpful in validating this
- your excellent work in preventative medicine and public health, for example, in alcohol abuse, vaccination programmes, stopping smoking and preventing injury
- you use NHS resources effectively.

5.2.8 Give evidence of the quality and breadth of your service from audits or assessments by patients, peers, your employer or outside bodies. It will not affect your chances if there is less readily quantifiable evidence available in your specialty.

- 5.2.9 Quote the source of the information you give and include the relevant dates. Here are some examples.

*“In an analysis of mixed arterial interventions (20**), our vascular unit had relative risk of death 0.61 in the UK and the third largest arterial series in the country. My contribution to this outcome was...”*

*“Data from the intensive care national audit (ICNARC) (May 20**), shows our unit is one of the top ten for survival with a standardised mortality ratio (SMR) of 0.65, meaning 60 patients lived who were expected to die. This performance has improved steadily since 20** when our SMR was 1.35. My contribution to this outcome was...”*

“I have set up a short stay programme which has the lowest length of stay for hip replacements in England – 2.7 days as against the England average of 6.1 days... 67% of patients are home after 2 nights... 98.5% patient satisfaction service... readmission rate of 5.1% as compared to the regional average of 7%.”

- 5.2.10 Give national or regional benchmark comparisons wherever you can. For example, Standard Mortality Ratios, peri-operative complication rates, MRSA, *C. difficile* rates, venous thromboembolism (VTE) prevention, or length of stay data.

Domain 2 – developing a high-quality service

- 5.2.11 In this section, show how you have significantly improved the clinical effectiveness of your local services, or a related clinical service in the wider NHS. This includes making services better, safer and more cost effective.
- 5.2.12 Make your evidence as measurable as you can, giving dates for all activities. Make your personal contribution clear, not just your department’s contribution, stating what you have contributed as part of a wider team if relevant. Give specific examples of any changes you made after the results of an audit or contributed to as part of governance reviews. Be clear how these activities contributed to wider change in the NHS.
- 5.2.13 Your evidence could, for example, cover the impact of your 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 – you could include details of specific improvements or how you lowered risk and improved safety
- providing a better service, with proof of the effect it has had – for example, how your service has become more patient centred and accessible
- improving the service after speaking to patients or setting up and engaging with patient support groups
- redesigning a service to be more productive and efficient, with no decrease in the quality
- developing new health or healthcare plans or policies
- large reviews, inquiries or investigations
- national policies to modernise health services or professional practice.

5.2.14 If you can, give audit or research evidence to show where you have improved a service. Quote the sources and relevant dates. You do not have to have done the audits or research yourself. Show what changes you made, alone or in a team, with evidence they were high quality and useful to the NHS.

For example:

“The development of a gastro intestinal bleed service has resulted in excellent outcomes. Mortality 2% vs. 7.1% nationally. Risk standardised mortality ratio (SMR) of 0.58 National Audit. My contribution to this outcome was...”

“I have an international reputation for complex aortic surgery and thoracic abdominal aneurysms. Our unit has the largest practice in the UK. We pioneered a hybrid open and endovascular operation for aneurysms involving the thoracic and abdominal aorta: first 75 cases elective mortality of 12.5%, elective and urgent of 16%. The world’s best reported results have mortality of 13%. Our thoracic aortic stent programme is the largest in UK with mortality of 3.8%. My contribution to these outcomes was...”

“I have developed a continuous patient pathway with GP services for all preadmission clinics and day case surgery patients, ensuring: venous

*thromboembolism (VTE) risk assessment, appropriate thromboprophylaxis (including an extended duration component) with bleeding and VTE incidence, prevalence and follow-up data. This is already improving our understanding and awareness of the issue but also stimulating us to work with GP colleagues to streamline the process. We estimate that, in the area piloted, ** bed days have been saved over the 6-month period of the pilot.”*

*“I used multi-disciplinary team working to effect systemic change throughout our unit, saving nearly 1,000 bed days. This reduced the requirement for elective beds by 25%...I developed two half session theatre days. This has greatly improved theatre efficiency...I helped set up and develop the Orthopaedic Outreach Team which greatly reduced length of stay and was highly commended in the 20** HSJ Awards.”*

Domain 3 – leadership and managing a high-quality service

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

5.2.16 Describe the impact you have had and outcomes you have generated in the specific roles you list. Your evidence can include, but is not limited to, proof of:

- your effective leadership techniques and processes – give specific examples of how you improved the quality of care for your patients and where other parts of the NHS may have benefitted
- change management programmes or service innovations you have led – show 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 you helped staff or teams improve patient care – give specific examples, like mentoring or coaching (if you work in England, you could mention the guidance on talent and leadership planning)
- any ambassador or change champion roles, for example if you were involved in a public consultation or your job involved explaining complex issues and how this translated into changes in practice

- how you developed a clear, shared vision and desire for change – for example, show how you invested in new ways of working and handled behaviour that got in the way and delivered the change desired
- how you helped staff into senior leadership roles by removing barriers, encouraging diversity and achieving equality and inclusion outcomes
- how you contributed to developing patient-focused services
- achievements through any committee membership (membership alone is not enough)
- the effects of your team leadership where you 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.

5.2.17 Include evidence of your contribution, the source of any data you give, and relevant dates. Here are some examples.

At local level:

*“As the lead obstetrician for Delivery Suite I have improved normal labour and birth. The team’s work was recognised by winning the All Parliamentary Group for Maternity Services Award for 20**. This work has been shortlisted for the Royal College of Midwives’ annual award.*

“I continue to lead the weekly obstetric risk management meeting. The reduction in reportable incidents when this meeting was established has continued.

“I undertook a detailed review and redesign of the antenatal clinic service which has improved patient waiting times.”

At national level:

*“In my role as chairperson of the regional neonatal network between 20** and 20**, I championed the rationalisation of beds and care levels across acute hospitals. As a result, transfers of neonates for clinical and non-clinical reasons have reduced by 10%. See data below.”*

5.2.18 Do not include your work or roles in education, such as chairperson of a training committee. You should include that information in Domain 5.

Domain 4 – research and innovation

- 5.2.19 In this section, be clear what is over-and-above any research or academic expectations of your role and give evidence of how you have contributed to research and/or supported innovation. This includes developing the evidence base for measuring how quality has improved.
- 5.2.20 In the section on references, give details of achievements such as published peer-reviewed papers – not the names of referees.
- 5.2.21 On a separate line, explain what you have achieved to date and what you hope to achieve, and give supporting evidence. For example, give details of new evidence-based techniques, innovative systems or service models you have developed that others have adopted. Explain how you have found better ways to deliver direct clinical benefits, and made effective use of resources
- 5.2.22 You could also explain how you have improved patient and public engagement in research and innovation or encouraged new ways of thinking when it comes to improving patient services.
- 5.2.23 You should describe the actual or potential effect of your research (including laboratory research) and any new techniques you have developed and their benefits on:
- health service practice
 - health service policy
 - developing health services.
- 5.2.24 For this you should also include how your research is relevant to the health of patients and the public.
- 5.2.25 You could give details of:
- large trials or evaluations (including systematic reviews) you have led or co-investigated, and published in the last 5 years
 - how you have contributed as a research leader, and how you have helped and supervised other people's research and mentored new investigators.
- 5.2.26 You could include other examples of your status in your chosen research fields by demonstrating the impact your work has had. For example, if you are:

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

You could also:

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

5.2.27 Here are some examples to give you an idea of what to include:

“As Director of Research and Development (R&D) in the last 3 years, I have positioned the trust as one of the leading 5 NHS research centres in the country, and developed a research service to support clinicians with robust governance processes, a clinical trials office, a research design service, and funding for research time.”

“My research is in stroke, which is a public health priority for prevention and improvement of care. The development of a public health model for chronic disease using stroke is relevant to assessing needs and evaluating innovative models of care. My R&D leadership role has enabled academic and clinical organisations to develop joint National Institute for Health Research (NIHR) centres in biomedical and health services research and training for population and patient benefit.”

“I have developed booking systems for use in emergency and trauma theatre settings. These secure systems allow cases to be booked into emergency theatres from anywhere in the hospital, informing all emergency staff of pending cases and their preparedness. The system links with hospital investigation reporting systems allowing blood investigations for each patient to be accessed. In addition, the traumas booking system can be linked to a radiological teaching package. When a fracture type is booked onto the system, the booking doctor is offered the opportunity to look at the system of classification for that fracture type and

*to review teaching radiographs of each type. The system won a 20** national Theatre Innovation Award for IT.”*

Domain 5 – teaching and training

5.2.28 In this section, give evidence to show your contribution to teaching and training. If any teaching or lecturing is externally or separately remunerated, please state where this is the case.

5.2.29 Give evidence of the impact of excellent work you have done in any of the following categories. We do not expect you to give examples for all categories.

a. Quality of teaching

This can be any medical undergraduate teaching, particularly if it is outside your job plan. Give evidence of student feedback or other teacher quality assessments that show your students' views as well as how your teaching has had a positive impact on healthcare.

b. Leadership and innovation in teaching and training

This might include evidence of:

- developing a new course
- innovative assessment methods
- introducing new learning facilities
- writing successful textbooks or developing on-line teaching/training modules or an app
- contributing to postgraduate education and life-long learning
- contributing to teaching and assessment in other UK centres or abroad
- developing other innovative training methods, such as simulation-based

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. Educating and informing patients and public
- Promoting good health and disease prevention within the community.
 - Facilitating the development of patient-support groups at a regional or national level
 - Supporting patient and public involvement in research.
- e. College or university success in teaching audits

Explain if you 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 your teaching skills

You could include evidence of Higher Education Academy membership and any courses you have completed.

- g. Unexpected 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

5.2.30 Here are some examples to give you an idea of what to include.

*“My course for **** (20** to **), innovative in its integrated health systems and active learning approaches, has sought and used intensive feedback to enable modification of the course before wider roll out. It is approved for continuing professional development by ****, and shows significant gains in knowledge and skills, and excellent participant feedback.”*

*“Principal Internal Examiner for final MB examinations at ****. I am responsible for ensuring the written and clinical parts of the examination are constructed, blueprinted to the curriculum and then standard set. I oversee the work of the examination leads for these sections. I personally write exam questions and examine for first and resit examinations. I am Chairman of the Final MB board which considers extenuating circumstances and receives reports from external examiners.”*

6. If you want to appeal

6.1 Appeals for national awards

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

6.1.2 To appeal, email us at accea@dhsc.gov.uk. Tell us why you believe the assessment process was unfair and give evidence.

6.2 Reasons you can appeal

6.2.1 You can request an appeal if you think we did not follow the right processes when we assessed your application. You cannot appeal because you disagree with our judgement.

6.2.2 You can appeal if:

- the committee did not consider all the supporting information or documents you correctly sent with the application
- irrelevant information was taken into account
- you were discriminated against because of, for example, your 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).

6.2.3 Send your appeal for a national award either by Friday 21 January 2022 or within 4 weeks of when we inform you of the award results – whichever is later.

6.3 How we handle appeals

6.3.1. Our Chair and Medical Director will look at your evidence and the processes that were followed, to decide if your 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 your application, to review their proposed decision to ensure it is robust. If it is decided that there are no grounds for appeal, you will receive a letter to tell you why.

6.3.2. If there are grounds for appeal, and we cannot resolve the problem informally, we will set up a formal appeal.

6.3.3. A separate panel of people who did not assess your 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:

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

6.3.4. You can see all the documents the panel considers. You can also send more written statements about your appeal and what you believe happened.

6.3.5. The panel does not usually hear oral evidence. However, you can apply for an oral hearing in writing. The panel chair will decide whether you can have one.

6.4 The timeline for appeals

6.4.1 We try to resolve appeals within the timeline in 6.6, below. However, if there are any delays, we will let you know.

6.5 If your appeal is successful

6.5.1 If your appeal is successful, our Chair and Medical Director will consider the best way to put things right. For example, they may extend your award for a year if you applied for a renewal. Or, they may decide to rescore your application for a new award. Their decision will be consistent with other similar appeals.

6.5.2 Even if your appeal against the process is successful, you may not get your renewal or a new award. If this happens, we will write to you to tell you why.

6.6 The national appeals process

6.6.1 Here is an outline of the process:

- a. When we get your request to appeal, we will contact you within 5 working days to acknowledge its receipt.
- b. Our Chair and Medical Director will review your case and decide whether you have grounds for a formal appeal.
- c. Within 20 working days of the date we got in touch, our Chair and Medical Director will let you 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 you know the final decision within 20 working days.
- f. In all cases, the panel's decision is final.

7. Complaints and Freedom of Information requests

7.1 How to complain

7.1.1 We can only handle complaints about the work, staff and levels of service provided by ACCEA. You can email us at accea@dhsc.gov.uk.

7.1.2 We will not accept complaints relating to awards decisions. For information on how to appeal a decision, please see section 6.

7.1.3 If you want to make a formal complaint about ACCEA, we will need:

- a clear, detailed description of what your complaint is about
- copies of any letters or emails related to the complaint
- your email address (so we can reply).

7.1.4 When you have made your complaint, we will:

- send an email to let you know that we have received it.

7.1.5 Our complaints process has 3 stages:

- Stage 1 – complaints go to the team leader of the ACCEA Secretariat, who will liaise with the relevant sub-committee Chair, if necessary. The team leader will investigate, with a target of responding to your complaint within 20 working days
- Stage 2 – complaints are investigated by the Senior Civil Servant responsible for ACCEA. They will investigate with a target of responding to your complaint within 20 working days
- Stage 3 – complaints are investigated by a Senior Civil Servant who is independent of the individual or team that your complaint references. They will investigate with a target of responding to your complaint within 20 working days.

7.2 What to do if you are not satisfied

7.2.1 At each stage of our complaints process, you will be provided with the information to escalate your complaint if you are unhappy with the response that you receive.

7.2.2 If, after following the 3 stages of our complaints process, you are not satisfied with the outcome of your formal complaint, you can ask [your local MP](#) to refer it to the Parliamentary and Health Service Ombudsman.

7.2.3 You have to go through your MP – you cannot approach the ombudsman directly. The ombudsman investigates complaints where government departments or other public bodies have not acted properly or fairly, or have provided a poor service. Government departments have to co-operate with the ombudsman by law.

7.3 Appealing against a decision by the ombudsman

7.3.1 If you are unhappy with the ombudsman's decision, you can [appeal directly to the ombudsman](#).

7.4 How to make a Freedom of Information request

7.4.1 If you want to make a Freedom of Information Request, please contact the Department of Health and Social Care's Ministerial Correspondence and Public Enquiries Unit. You will find all the details on [gov.uk](#).

8. If your circumstances change when you have an award

8.1 You must tell us if your circumstances change

8.1.1 You must tell us if there are any changes to your employment, as they may affect your award. Please fill in our change in employment circumstances form at gov.uk/accea.

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

8.1.3 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.

8.2 Tell us if your specialty, job or job plan changes

8.2.1 Let us know if:

- you stop practising in the field in which you obtained your award
- you change your job or employer
- there is a significant change to your job plan – including a reduction in the number of programmed activities or sessions.

8.2.2 Tell us as soon as the change has been agreed locally. We will consider how it affects your award. We will also review your award earlier if you change your job, or your job plan changes significantly.

8.2.3 If you agree a new job plan, please send us a copy to consider and approve. If you do not tell us your job plan has changed, it could put your award at risk.

8.2.4 If you start working less than full time, we will pay your award pro rata.

8.2.5 If you stop practising in the field you got your award and start a full or part-time general management post, it could affect your award. Speak to your employer and contact us to see if you can keep getting the full financial value. If you no longer meet the criteria in part 2 of this guide, your payments normally stop.

8.2.6 If you go back to clinical work after a full-time general management role, we may consider re-instating your award.

8.3 Leave or secondments

8.3.1 The current national CEA scheme is expected to undergo reform after the 2021 round and the information in this section is subject to the introduction of any new scheme

8.3.2 Subject to approval, we are planning to introduce a new scheme from 2022 and we expect to consult on the design of the new scheme in early Spring 2021. One area for consultation is whether national CEAs will continue to be renewable.

8.3.3 You should be aware of this potential change if you are planning to take unpaid leave or a secondment or sabbatical.

Unpaid leave

8.3.4 We do not pay any awards during unpaid leave. If you take unpaid leave for more than a year, our Medical Director will decide whether your award can be reinstated.

Maternity leave, parental leave and adoption leave

8.3.5 If you have an award and go on maternity, parental or adoption leave, you will receive your award payments during any period of paid leave from your employer.

Secondments

8.3.6 If you are on full-time secondment to a post with an employer that does not qualify under the CEA scheme, we will suspend your award. You will not be able to renew your award during this period either.

8.3.7 Speak to your employer before you start your secondment to make arrangements for protecting your award and start collecting it again after your secondment has finished.

8.3.8 If you are seconded part time and continue some work from your original contract part time, you may be eligible for a pro rata award payment. Tell us your plans before you start your secondment, so we can agree the arrangements.

8.3.9 If you are on secondment for less than a year, you will resume receipt of your award once the secondment has ended.

- 8.3.10 If you are due to renew your award while you are on secondment, you can apply in the next applicable awards round. ACCEA may use its discretion to grant an extension to the renewal period to give you time to gather suitable evidence when you come back to the NHS.
- 8.3.11 If the secondment is longer than a year, we will consider whether to re-instate your award if you go back to the NHS and your role remains eligible.
- 8.3.12 If you are away between 1 and 5 years, you can apply to have your award re-instated. We will specify the renewal period of the re-instated award. Generally, if you are away for 5 years or more, you must reapply at bronze level. If you return to work in a government department or government-sponsored role, you may be able to get the same level award as you had before.
- 8.3.13 If you are going to start your secondment during your renewal year, we may be able to extend your 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.
- 8.3.14 If you are seconded to the Independent Sector Treatment programme, or similar, while you still have your NHS consultant contract, you can apply to renew your award.

Sabbaticals

- 8.3.15 If you are planning a sabbatical, you must speak to your employer and contact us to agree what happens with your award. To retain the award, you must prove your sabbatical will be of benefit to the NHS. Otherwise, we will consider suspending your award until you return.

Prolonged absence from the NHS

- 8.3.16 If, for any reason, you have been on a prolonged absence and not practised your specialty in the NHS for more than a year, we will review whether your award can be re-instated.

Leaving the NHS during an award round

- 8.3.17 To qualify for an award, you must be employed as a consultant in the NHS on 1 April in the award year.
- 8.3.18 If you are made redundant or you retire during an award round, and before we announce the award results, we will withdraw your application.

8.4 Tell us if you retire or claim your pension

- 8.4.1 If you are in receipt of any pension payments, you no longer qualify for your national award. This includes payments from the NHS Pension Scheme, University Superannuation Scheme or transferred-out benefits. However, you can apply to re-enter the scheme or any schemes that replace it (see 2.2.3 for details).
- 8.4.2 You must tell us the date you retire or claim your pension (see section 2.2).

8.5 Tell us if you start being investigated

- 8.5.1 As set out at 2.4.2 and 3.4.1, you must tell us, as soon as you know, of any investigations, disciplinary procedures or legal action against you.
- 8.5.2 You must keep us up to date about any developments and the outcomes of any investigations. We will decide if they will affect your application or award. We always use an 'innocent unless proven otherwise' approach.

9. False statements or possible fraud

9.1.1 If we find any evidence of a false statement or fraud, we will take suitable action. This may include passing the details to:

- your employer(s)
- the GMC or GDC
- the NHS Counter Fraud Authority.

10. Your data

- 10.1.1 The Advisory Committee on Clinical Excellence Awards (ACCEA) collects data for the specific purpose of running the national Clinical Excellence Awards scheme and has [its own privacy notice](#).
- 10.1.2 Information about how the Department of Health and Social Care (DHSC), the data controller for ACCEA, handles your information [is also available](#).

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Advisory Committee on Clinical Excellence Awards

www.gov.uk/accea

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