Guide for nominators

National Clinical Excellence Awards: 2021 awards round

December 2020
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About this guide

This guide is for Accredited National Nominating Bodies and Specialist Societies who wish to support an application for a new national Clinical Excellence Award (CEA) with a ranking and citation. Applications for renewed awards cannot be ranked.

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

It explains how the scheme works, your role in the process, how awards are assessed and what changes have been made to the 2021 application process. 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 to rank applications and provide citations.

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

All citations and ranked lists must be submitted by 5pm on Thursday 18 March 2021.
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 Accredited National Nominating Bodies and Specialist Societies 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 sub-committee meetings, according to national and local restrictions or guidance. A hybrid approach may also 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 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 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 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 contracted by Public Health England and NHS England respectively, which 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 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 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 decide to allocate these groups in a different way.

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 normally 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. However, more awards may be made available this year to compensate for the suspension of last year’s round.

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 Chantelle Herbert at 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 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 is 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. 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 an award is approved, we will let the applicant and 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.

1.7 Running an open, honest scheme

1.7.1 You will 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 Accredited 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 Accredited 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 Accredited National Nominating Bodies

1.8.1 As part of the scoring process, our assessors consider the views of Accredited National Nominating Bodies and Specialist Societies, as expressed through ranked lists and citations. These are organisations such as the Medical Royal Colleges, Universities UK, the British Medical Association, the Medical Women’s Federation and the British International Doctors Association. There is a list of Accredited National Nominating Bodies on the ACCEA website.

1.8.2 All citations and ranked lists for national awards must be submitted by 5pm on Thursday 18 March 2021.
2. Making a citation or nomination

2.1 Who can provide a citation?

2.1.1 Citations should be submitted via the online system. Accredited National Nominating Bodies and Specialist Societies can submit them alongside a ranked list via their account. We will email you to instruct you on plans to confirm how you ensure that a fair and diverse representation of your members and specialty can seek and access support for national CEA applications and that your processes do not disadvantage any groups who share a protected characteristic.

2.1.2 Third party citations and employer rankings and citations have been disabled for the 2021 application process. Citations will only be provided by Accredited National Nominating Bodies and Specialist Societies for the new applications that they rank.

2.1.3 A completed citation must identify:

- The person completing the citation, as well as the body, that they represent
- A senior officer of the society who vouches for the institution’s approval of that citation.

2.2 Who can nominate?

2.2.1 Bodies known as Accredited National Nominating Bodies and Specialist Societies (see below – a list is published on the ACCEA website), submit ranked lists, assessing the relative excellence of a limited number of their members’ new applications – this number is determined by the size of their constituency.

2.2.2 Accredited bodies should submit a list of ranked names to ACCEA via the ACCEA online system.

2.2.3 A ranked list can only be submitted to ACCEA if there is a corresponding citation for each applicant.

2.3 Accredited national nominating bodies

2.3.1 ACCEA has designated a small number of national organisations that represent a specialty or a particular interest (such as equality and diversity) as “Accredited National Nominating Bodies”. We invite these organisations to support candidates through ranking and citations. Applications ranked by Accredited National Nominating Bodies are considered to have been nominated for awards. Rankings
and citations are considered by scorers to validate and contextualise the evidence presented in the associated application.

2.3.2 Accredited National Nominating Bodies should submit nominations for new awards in ranked order to the following formulae:

- For bronze awards, the number of nominations will not exceed 0.6% of consultants with no national award
- For silver awards, the number of nominations will not exceed 3.5% of the consultant member B/L9/bronze award holders
- For gold awards, the number of nominations will not exceed 3.5% of the consultant members holding silver awards, or two - whichever is the larger.

2.4 Accredited Specialist Societies

2.4.1 We define a Specialist Society as:

“A professional body that draws together consultants from within a specialty, for the purpose of improving the practice of that specialty, and to its research and educational activities.”

2.4.2 The number of nominations that a Specialist Society can make will depend on how large a society you are:

- For societies with up to 250 consultant members, no more than four bronze, two silver and one gold nominations
- For societies between 250 and 500 consultant members, a maximum of seven bronze, three silver and two gold nominations
- For societies with more than 500 consultant members, it depends on the award level:
  - Bronze: up-to-0.6% of the consultant members with no national award, or 8 – whichever is the larger
  - Silver: up-to-3.5% of the consultant member B/L9/bronze award holders or 4 – whichever is the larger
  - Gold: up-to-3.5% of the consultant members with silver awards or 2 – whichever is the larger
2.4.3 The process used should be publicised to all your members in sufficient time to allow applicants to prepare applications and should provide for self-nomination. You should ensure that your members are aware of processes for determining your ranked list.

2.4.4 As with those from Accredited National Nominating Boards, rankings and citations from Societies are considered by scorers to validate and contextualise the evidence presented in the associated application.

2.5 Nominations for platinum awards

2.5.1 Nominations for new platinum awards may be submitted through the online system by:

- The Academy of Medical Royal Colleges (AoMRC), on behalf of the Royal Colleges
- Universities UK (UUK) on behalf of the universities and research bodies

2.5.1 Nominations for platinum awards from Royal Colleges and Faculties should be submitted to the AoMRC. Nominations for platinum awards from universities and research bodies should be submitted through UUK.

2.5.2 UUK and AoMRC must submit their lists of nominations for platinum awards, alongside a citation for each person ranked by 5pm on Thursday 18 March 2021.

2.5.3 These will be considered by ACCEA Platinum scoring sub-committee members when scoring applications for recommendation to our governing Main Committee.

2.6 Governance

2.6.1 All nominating bodies must operate open, objective and transparent systems for consideration of applicants. It is good practice to involve consultants with and without a national award, and lay representatives.

2.6.2 In addition to their rankings and citations, we will ask Accredited National Nominating Bodies and Specialist Societies to provide the number of members who applied for support in 2021 and their total membership number. We will also request a brief statement confirming what processes are in place to assure equality and diversity in deciding who should achieve ranking, as well as assurance that overall membership reflects the diversity of the specialty.

2.7 Assessing an application
2.7.1 You should concentrate your evaluation on contributions to the specialty or appropriate grouping and the impact on the wider NHS, rather than assessing contributions to the local employer or your membership organisation.

2.7.2 Part 3 of this guide outlines the criteria that will be used for assessing the application, and you should refer to these when considering applications. You may also wish to use the advice on scoring that ACCEA provides for its sub-committees in the Guide to Assessors.

2.7.3 You should rank applications separately at bronze, silver and gold level. We only accept platinum nominations from the AoMRC and UUK.

Retire and return

2.7.4 New awards following retirement and return to work are made on the basis of work undertaken since the new contract began and applications will need to demonstrate impact and sustainability. Evidence that has already been recognised as part of a previous successful application award will not be considered again.

2.7.5 The dates when the work described was undertaken must be clearly stated and if this is continuation of work prior to retirement this must be specified. Any evidence offered for which the dates are unclear will be disregarded by the assessors. If evidence relates to continuation of work prior to retirement, then it should be made clear what has been done since the new contract.

2.7.6 If a national award is not held at the time of retirement, then an application can be made at bronze level. For applicants who held a national award or bronze-equivalent local level 9 at the time of retirement, applications can be made at or below that level. If an application for a national Clinical Excellence Award from a retire and returnee is unsuccessful, it will not be considered at another level.

2.7.7 Applicants must state the dates of their retirement and the commencement of their new contracts in their application. Applications will be assessed in competition with other applicants in the usual way.

2.8 How to submit a ranked list via the online system

2.8.1 You should submit a separate, ranked list for each award level except platinum. 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. If you do not have an account, please e-mail us leaving a contact telephone number.
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: Write citations

You must provide a citation for each new applicant on a ranked list. A ranked list will only be considered complete once every applicant on it has a citation submitted by the Accredited National Nominating Body. You must be logged into the system to submit the citation.

Step 4: 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.

2.9 Deadline for applications

2.9.1 All ranked lists and supporting citations must be submitted by 5pm on Thursday 18 March 2021. We cannot accept late submission.
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 is not enough information to make a judgement.

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, their 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 are:

- 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**