ACCEA
ADVISORY COMMITTEE on CLINICAL EXCELLENCE AWARDS

Guide for assessors

National Clinical Excellence Awards: 2021 awards round

Published January 2021

Contents

About this guide

This guide is to inform scorers of national Clinical Excellence Award applications of the workings of the scheme and the scoring process.

It should be read by all Advisory Committee on Clinical Excellence Awards (ACCEA) scorers. It explains how the scheme works, your role in the process and what criteria you should be using to assess applications. Please use it as background information and as a reference guide when making your assessment.

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

Go to the national awards application system at nhsaccea.dh.gov.uk to ensure you can log in and score applications.

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

Applicants must submit their national award application by 5pm on Thursday 18 March 2021.

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

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 workloads 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 be possible to minimise face-to-face contact and travelling time for sub-committee members.

1. Introduction

1.1 ACCEA and the national Clinical Excellence Awards scheme

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

1.1.2 Health ministers agree a limited number of new awards each year and renew CEAs for applicants who meet the same standards. So, the selection process is very competitive.

1.1.3 The awards recognise applicants' achievements at a national level, over and above job expectations, in developing and delivering a high-quality clinical service. They reward 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 their approval.

1.2 How 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 the national scheme rewards

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 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 3 of this guide.

1.4 Overseas work and CEAs

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 Who assesses applications – our sub-committees

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

1.5.3 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

1.5.4 There are separate sub-committees for:

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

1.5.5 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.

1.5.6 Following the suspension of the 2020 competition and one-year extension of most awards that were due to expire on 31 March 2021, we expect an increased volume of applications to the 2021 competition. These will comprise two years’ worth of renewal applications and an increased volume of applications for progression and for new bronzes. Based on application volume, we may reallocate some sub-committee members to score in other regions this will also provide a degree of external scrutiny to sub-committees.

1.5.7 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 / lay members (25%)
- employers (25%)

1.5.8 We assess all applications using the same process (see part 2 of this guide) against the same criteria (see part 3).

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 information about us and the scheme at gov.uk/accea, including:

- a list of all national award holders
- personal statements from people getting new awards
- the members of our Main Committee and our sub-committees
- a list of national nominating bodies and specialist societies
- this guide
- a ‘Guide for applicants’ to help them to complete their 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
- minutes for the Main Committee’s meetings

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

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

1.9 Covid pandemic

1.9.1 Due to the exceptional impact of the pandemic, many clinicians will be working outside their normal areas and with increased pressures, either directly for affected patients or managing knock on effects on service delivery, education or research. Applicants may thus include COVID-related evidence. This should be given the same weight as all other evidence, noting that awards are for national impact and reflect sustained excellence over the five-year period. It is important to consider COVID evidence in the context of these exceptional circumstances and it should be scored in the same way as all other evidence. It would be expected that any changes in job plan during the pandemic be documented and explained fully in the relevant section of the form.

2. The assessment process

2.1 Summary

2.1.1 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 We inform applicants and their employers of the outcome of the competition.

2.2 Assessing applications

2.2.1 The scheme aims to be completely open and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive. Awards are also monitored to ensure that the scheme is implemented fairly. We report our findings in our Annual Reports.

2.2.2 All applications are scored by the relevant sub-committee (see 1.5.3 to 1.5.6). 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 the 2021 competition, depending on application volume, we may decide to allocate these groups in a different way.

2.2.3 As platinum applications are low in number, they are scored by a national sub-committee of regional sub-committee Chairs and Medical Vice-Chairs so that they can be better benchmarked.

2.2.4 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

2.2.5 Assessors score applications for new awards and renewals in all specialties, looking at applicants' achievements and taking account of citations and rankings from National Nominating bodies (See Part 3 for details on the assessment criteria for scoring). Only the Academy of Medical Royal Colleges and Universities UK can provide rankings and citations for platinum applications.

2.2.6 Scoring of applications is done online. Achievement is measured within the parameters of an individual's employment and recognises excellent service over-and-above the normal delivery of job plans, including the quality of delivery of contractual duties. There should be no discussion until you and all the other scorers have finalised and submitted their scores.

2.2.7 Applications are scored consistently within each group against this guidance. Therefore, a consultant who applies for a new award and submits a renewal application will receive two scores, which are not comparable or interchangeable.

2.2.8 In Wales, the process for assessing bronze applicants is different. Please contact chantelle.herbert001@gov.wales for more details.

2.3 From scoring to recommendation

2.3.2 Ordinarily, there are 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.

2.3.3 The number of these new awards allocated to each region and award level is determined by the proportion of new applications made that year in that region and at that level. This means that each region has the same proportionate chance of success for their applicants. This allocation is the 'indicative number' of awards. Following scoring, the top-ranked applications within each category are provisionally assigned these awards.

2.3.4 In Wales, new award numbers depend on the levels of the applications received and affordability within a fixed budget.

2.3.5 The role of the national Chair and Medical Director is to ensure ACCEA guidance and processes are applied consistently across the sub-committees and to confirm that all successful applicants meet the scheme's criteria.

2.3.6 Once main scoring is complete, the sub-committees, (except the Platinum scoring sub-committee), meet to discuss the provisionally successful new applications, as identified by the scoring and to discuss applications the national Chair and Medical Director nominate for discussion after their independent review. The aim of this process is to quality-check the scoring. All sub-committee members are free to raise any issues with any applications that are above the cut-off for success. Unsuccessful applications that fall 'below the cut-off' and renewal applications are **not** discussed.

2.3.7 We can manage this quality assurance phase via videoconference rather than physical sub-committee meetings, according to national and local restrictions or guidance at the time. A hybrid approach may also be possible to minimise face-to-face contact and travelling time for sub-committee members.

2.3.8 A representative from the ACCEA Secretariat will attend each sub-committee meeting and note the outcome.

2.3.9 Any new applications identified for re-scoring because of concerns raised, or which tie at the cut-off, are sent for scoring by the National Reserves ('NRES') committee. 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.

2.3.10 Following these processes, any applications for new awards that remain provisionally successful are recommended to ACCEA's Main Committee.

2.3.11 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, to smooth out year-on-year variation, the three-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.

2.3.12 Where a silver, gold or platinum (or equivalent) level renewal application does not score as highly as the lowest-ranked successful new application, we may still grant award. We will consider the applicant for a lower award level if their score is as high as the lowest-ranked successful new applicant at that level in the sub-committee region. We will not rescore the application – we will use the sub-committee's original score. Platinum applicants will be scored by the Platinum Sub-committee and benchmarked against the lowest successful new applicants in their geographic region.

2.4 From recommendation to outcome

2.4.1 Our Main Committee meets to scrutinise the year's competition and the lists of proposed new and renewed awards. It must be satisfied that ACCEA has run an open and fair competition.

2.4.2 Subject to this scrutiny, the sub-committees' recommendations are sent to the Department of Health and Social Care's Ministers and Welsh Government Ministers for final approval. If Ministers are content, ACCEA will inform applicants of their application outcome and notify their employers of any successful applications.

2.4.3 In England, if we do not renew a national award at its existing or a lower level, the applicant may be eligible for legacy local award based on the score received. Those consultants who lose their national award, but achieve a score of 27-or-above are eligible for a level 8 award; those scoring between 14 and 26.99 are eligible for a level 7 award. If the application scores less-than-14 the applicant is not eligible for a local award. There is no local award scheme in place for academic GPs.

2.4.4 Consultants should speak to their employer if they have any questions about their local award. Academic consultants should consult the trust that holds their honorary contract.

3. The application process

3.1 Evidence of positive impact on the NHS in England or Wales

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 Domain 1 – delivering a high-quality service

3.2.1 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
- providing a good experience for patients
- consistently looking for and introducing ways to improve their service.

3.2.2 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.

3.2.3 Applicants should include quantified measures if they can – like outcome data. They need to reflect the whole service they and their multi-professional team provide. They should 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 indicators for their specialty.

3.2.4 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.

3.2.5 Their evidence could show:

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

3.2.6 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 readily quantifiable evidence available in their specialty.

3.3 Domain 2 – delivering a high-quality service

3.3.1 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.

3.3.2 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, stating what they have contributed as part of a wider team if relevant. 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.

3.3.3 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 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 of healthcare plans or policies
- large reviews, inquiries or investigations
- national policies to modernise health services or professional practice.

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

3.4.1 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.

3.4.2 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 were involved in a 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.

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

3.5 Domain 4 – research and innovation

3.5.1 In this section, applicants should be clear what is over-and-above any research or academic expectations of their role and 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.

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

3.5.3 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 direct clinical benefits and made effective use of resources.

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

3.5.5 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

3.5.6 For this they should also include how their research is relevant to the health of patients and the public.

3.5.7 They could give details of:

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

3.5.8 They could include other examples of their status in their chosen research fields by demonstrating the 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.

3.5.9 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 – listing 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, or more rapid, cost effective and reliable diagnosis.

3.6 Domain 5 – teaching and training

3.6.1 In this section, applicants can give evidence to show their contribution to teaching and training. If any teaching or lecturing is externally or separately remunerated, they should state where this is the case.

3.6.2 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 textbooks or developing online 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 training

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

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

4. Scoring applications

4.1 Changes to applications in 2021

4.1.1 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.

4.1.2 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.

4.1.3 Renewal applications will not be supported by citations as has been the case in previous years. Unlike applications for new awards, Applications for renewals cannot form part of a ranked list. However, **where an application is for a new award and a renewal, it may include a ranking and citation. These should be discounted for the purposes of scoring the application for renewal**.

4.1.4 We have also 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

4.2 How to score applications

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

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

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

4.2.4 As part of the assessment process, you will score the domain sections of each application. A score of:

- **10** means the application is excellent

- **6** means the work is over-and-above contract terms
- **2** means the applicant meets their contract terms
- **0** means the applicant has have not met their contract terms or there's not enough information to make a judgement

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

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

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

4.2.8 The Job Plan section of the application form should list clearly and separately each direct clinical care, supporting and 'other' PA the applicant is paid for including, if relevant, a detailed breakdown of any 'academic' PAs (research, teaching, and university management responsibilities). It should state clearly which activities the NHS 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.

4.2.9 Applicants should also describe any other paid roles that are relevant to the evidence provided in the application: how many PAs they represent and for what activities. We do not need to know the amount paid.

4.2.10 If they receive any income (outside their job plan) from wider roles that may be relevant to the evidence provided in their application, such as editorial payments, consultancy or lecture fees, or roles or shareholdings in private companies (such as non-executive roles or senior positions in spin-off companies between academia/Trusts and the private sector), these should be outlined in this section.

Again, we do not need to know the amount paid and there is no requirement to list private/wider income if it is not relevant to the evidence set out in the application.

4.3 Employer sign-off

4.3.1 This year, we have removed the employer evidence ratings and the employer statement. However, employers will still provide an overall assessment of the application, choosing from:

- Supported
- Qualified Support
- Not Supported

If the employer selects ‘Qualified Support’ or ‘Unsupported’, they are asked to provide additional information.

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

4.3.3 The employer is then asked a series of yes/no questions regarding the applicant’s job plan, appraisal, conduct and any disciplinary action. Where an adverse selection is made, we ask them to provide further details.

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

4.4 Citations and rankings

4.4.1 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. Employer rankings and citations and third-party citations have been disabled.

4.4.2 A National Nominating Body and Specialist Society, recognised by ACCEA, will only provide citations for the new applications that they rank.

4.4.3 Renewal applications will not be supported by citations as has been the case in previous years. Unlike applications for new awards, Applications for renewals cannot form part of a ranked list. However, **where an application is for a new**

award and a renewal, it may include a ranking and citation. These should be discounted for the purposes of scoring the application for renewal.

4.4.4 Please refer to the Guide for Nominators for further information.

4.5 What can be scored

4.5.1 Each assessor should consider the evidence presented on each application form carefully and consistently whilst following this guidance. You should read the rankings and citations in order to validate and contextualise the evidence presented against the domains. A strong citation and ranking can only validate good evidence of national impact in the domains. It cannot compensate for poor evidence on the form.

4.6 Domain 1 – Delivering a High-Quality Service

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

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

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

  As well as demonstrating excellent outcome measures where these are available, applicants could show evidence of performance over-and-above the standard expected in one or more of the following (this list is not exhaustive):

  - Contracted job is carried out to the highest standards. Evidence for this should come from benchmarking exercises or objective reviews by outside agencies. Where this is not available, there should be other evidence that the work undertaken is outstanding – in relation to service delivery and outcomes – when compared to that of peers
  - Personal role in service delivery by a team, with evidence of outstanding contribution, such as awards, audits or publications

- Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers' survey, or feedback on the service (external or peer review reports).

4.7 Domain 2 - Developing a High-Quality Service

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

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

- **6 (Over and above contractual requirements)**

  The applicant has made high quality service developments, improvements or innovations that have contributed to a better and more effective service delivery. This could be demonstrated by:

  - Improvement in service based on evidence
  - Improved outcomes (clinical effectiveness)
  - Greater cost effectiveness
  - Services becoming more patient centred and accessible
  - Benefits in prevention, diagnosis, treatment or models of care

  For this score, the activity could be at local level especially if in the face of difficult circumstances or constraints as well as at regional or national level.

- **10 (Excellent)**

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

  - Service innovation – introduction of new procedures, treatments, or service delivery, based on original research or development or effectively overcoming barriers to clinical effectiveness. This should be backed up by relevant, completed audit cycles or research that has been adopted at regional, national or international level, with demonstrable change in evidence-based practice
  - Clinical governance – introduction or development of clinical governance approaches which have resulted in audited/published advances taken up elsewhere

- Leadership in the development of the applicant's specialty at regional, national or international level. This should include evidence of wide participation in promoting the development of evidence-based practice in the specialty, including patient and public involvement.

4.8 Domain 3 – Leadership and Managing a High-Quality Service

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

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

  Applicants should receive this score if they provide evidence of successfully contributing to the running of a trust or unit, especially in difficult circumstances, and maintaining excellent staff relations – by encouraging colleagues in nursing and other professional's ancillary to medicine.

- **6 (Over and above contractual requirements)**

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

- **10 (Excellent)**

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

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

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

4.9 Domain 4 – Research and Innovation

4.9.1 Assessment of this domain will be influenced by the contract held and how time is allocated within the job plan for research and innovation. So, for an academic consultant, evidence will be measured against the output expected from the applicant's peers.

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

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

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

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

- **6 (Over and above contractual requirements)**

  There will be evidence of the applicant having made a sustained personal contribution in basic or clinical research which could be demonstrated by:

  - A lead or collaborative role, holding, or having held within the past five years, peer reviewed grants
  - A role as a major collaborator in clinical trials or other types of research
  - A publication record in peer reviewed journals within the past five years

- Supervision now, or in the past five years, of doctorate/post-doctorate fellows
- Other markers of research standing such as lectures/invited demonstrations
- Development of a method, a tool or equipment, which contribute to the understanding of, or towards care delivery

- **10 (Excellent)**

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

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

4.10 Domain 5 – Teaching and Training

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

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

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

  Evidence of having fulfilled the teaching/training expectations identified in the job plan, in terms of quality and quantity.

- **6 (Over and above contractual requirements)**

  Applicants could present evidence in the following areas:

  - The quality of teaching and/or training through regular audit and mechanisms such as 360-degree appraisal. This should include evidence of adaptation and modification, where appropriate, of these skills, as a result of this feedback
  - Involvement in quality assurance of teaching and evidence of success with regulatory bodies involved with teaching and training
  - High performance in formal roles such as working with under and postgraduate deans, and involvement with postgraduate educational programmes in roles such as head of training/programme director, regional adviser, or clinical tutor

- **10 (Excellent)**

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

  - Leadership and innovation in teaching, including
    - new course development
    - innovative assessment method
    - introduction of new learning techniques
    - authorship of successful textbooks or other media on teaching/training
  - National and international educational leadership, such as presentations, invitations to lecture, peer reviewed and other publications on educational matters
  - Innovation and trend setting in teaching and training, including examination processes, for a college, faculty, specialist society or other national professional bodies.

4.11 Confidentiality

4.11.1 Clinical Excellence Award applications are confidential and the integrity of the scoring system is paramount. You should only confer with other sub-committee

members (who are not themselves applying) once you have scored the applications. If you have any concerns about an application or the scoring process, you should raise them with your committee's Chair, Medical Vice-Chair and with central ACCEA. Under no circumstances should you discuss the process with any of the applicants.

4.12 Conflicts of Interest

4.12.1 You should declare any conflicts of interest to the Secretariat as soon as they are known. To ensure the probity of the awards process, sub-committee members should not participate in the scoring or discussion of applications from close personal friends or family members.

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

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Advisory Committee on Clinical Excellence Awards

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