



ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS



ANNUAL REPORT

(Covering the 2013 Awards Round)

May 2015



Report is available from the ACCEA website at <http://www.dh.gov.uk>

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Foreword

We were appointed in April 2014, and have been primarily focussed on the delivery of the 2014 Clinical Excellence Award Scheme. Our predecessors, Jonathan Montgomery and Richard Williams, along with the Secretariat, and all those who work within the ACCEA sub-committees, Trusts, specialist societies, national nominating bodies worked hard to ensure the 2013 award round was completed successfully. We thank them, and are pleased to summarise the final outcomes of the 2013 round in this report.

Bill Worth
Chair

Mary Armitage
Medical Director

Introduction

- i. This is the tenth annual report of the Advisory Committee on Clinical Excellence Awards (ACCEA) in England and Wales.
- ii. The Committee's Terms of Reference are:

To advise Health Ministers on the making of clinical excellence awards to consultants working in the NHS as defined in guidance by

- *ensuring that the criteria against which candidates will be assessed reflect achievement over and above what is normally expected contractually;*
- *overseeing the process by which all nominations will be judged, taking account of advice given by its regional sub-committees for level 9 (national) – 11 (Bronze, Silver and Gold) awards;*
- *considering all nominations for Level 12 (Platinum) awards taking advice from the sub-committees on any relevant local information available;*
- *recommending consultants for levels 9 (national) – 12 (Bronze, Silver, Gold and Platinum) awards with regard to the available funding, taking account of advice from the Chair and Medical Director and regional sub-committees;*
- *recommending consultants for continuation of their awards through the review process taking account of advice from the Chair and Medical Director and regional sub-committees;*
- *overseeing and monitoring that systems are in place to enable consultants to make appeals against the process, and for any concerns and complaints to be considered;*
- *considering the need for development of the Scheme; and*
- *considering other business relevant to the development and delivery of the Scheme.*

- iii. These functions are supported by a network of employer based awards committees and regional sub-committees and the ACCEA Secretariat which is hosted by the Department of Health. ACCEA is responsible for the operation of the Clinical Excellence Awards Scheme only in England and Wales. The Scottish Advisory Committee on Distinction Awards and the Northern Ireland Clinical Excellence Awards Scheme are responsible for the operation of the Awards Schemes in Scotland and Northern Ireland. Both the Scottish and the Northern Ireland Committees publish their own reports.
- iv. ACCEA maintains close contact with the Ministry of Defence Clinical Excellence Awards Committee, whose final meeting is chaired by the ACCEA Chair and attended by the ACCEA Medical Director and by two lay members from the ACCEA Main Committee. However, the Ministry of Defence Scheme remains separate and is not the responsibility of ACCEA.
- v. In 2013, 1817 consultants in England and Wales completed new applications on our web-based submission system. 1683 consultants completed new applications in England. 2519 completed new and renewal applications in England and Wales, compared with 2313 in 2012. The regional sub-committees reviewed and scored all the new and renewal applications against the published criteria. Following this first

stage of sifting, the Chair and Medical Director scrutinised all the applications recommended for consideration by the subcommittees together with the nominations from the national nominating bodies, and discussed them with the relevant subcommittees.

- vi. In the 2013 Awards Round year 317 awards were made for England and Wales as against 318 in 2012, 316 in 2011, 317 in 2010 and 601 in 2009.

Section 1: Distribution of Awards

Introduction

1.1. In the 2013 Awards Round, the number of new awards was again held to 2010 levels, with a total of 317 awards made for England and Wales.

1.2. All applications received by ACCEA were considered by the relevant ACCEA sub-committees, which shortlisted the best against an indicative number set for recommendations, derived from the proportion of eligible consultants working in the relevant area, with adjustment for the number of applications. An independent shortlisting process was carried out by the recognised 'National Nominating Bodies'. All applications that were shortlisted by either of these routes were considered directly by the Chair and Medical Director.

1.3. Following that consideration, the Chair and Medical Director accepted the advice of the regional sub-committees that some of the applications that were shortlisted by NNB fell below the standard for an award at the relevant level.

1.4. Where the Chair and Medical Director were not clear whether the sub-committee's assessment should be accepted, the applications were discussed at a 'final meeting' with the relevant sub-committee. If following this meeting, the Chair and Medical Director accepted the advice of the sub-committee that the standard had not been met, then the application was not considered further. If on discussion with the sub-committee it was agreed that those shortlisted applications met the national standard, then they were submitted to the main ACCEA for recommendation to the Minister for an award.

1.5. In some cases, where discussion at the 'final meeting' with the regional sub-committee did not resolve the issue or where candidates' application forms were considered to be borderline, they were placed in the National Reserve (NRes) pool. All candidates in the NRes pool were re-scored by the NRes subcommittee, which is made up of experienced Chairs and Medical Vice-Chairs from across the regional sub-committees. The NRes process was introduced in 2012 to provide further assurance of objectivity and to ensure that the status of an application could not be determined solely by the opinion of the Chair and Medical Director. It also allows some national benchmarking. This addressed a criticism in the DDRB's review of the Scheme.¹ Following re-scoring by the N Res subcommittee, the highest scoring applications were included in the final submission to the main ACCEA for recommendation to the Minister for an award.

1.6. ACCEA believes that this rigorous process has identified the most deserving candidates from the field of applicants in another highly competitive year.

The 2013 Awards

1.7. From the final shortlists, 162 Bronze, 100 Silver, 41 Gold and 14 Platinum awards were made in 2013 Awards Round in England and Wales. A list of the individuals granted awards was made public through the ACCEA website.

1.8. Table 1a and b detail the distribution of the new awards in England and Wales across the award levels.

¹Review Body on Doctors' and Dentists' Remuneration: Review of compensation levels, incentives and the clinical excellence and distinction award schemes for NHS Consultants Paragraph 9.39

Table 1a New Awards in England 2013

New Awards	2013
Platinum	13
Gold	39
Silver	95
Bronze	153

Table 1b New Awards in Wales 2013

New Awards	2013
Platinum	1
Gold	2
Silver	5
Bronze	9

- 1.9. The pattern of these Awards, by region and specialty, is set out in tables 2 and 3.

Table 2 (Awards by Region and Award Level) for 2013

Region	Bronze	Silver	Gold	Platinum	Total
CHES and MER	7	5	2	0	14
DEPT of HEALTH	4	2	1	1	8
EAST ENG	13	9	2	0	24
EAST MID	10	6	4	0	20
LON NE	14	9	4	1	28
LON NW	7	6	4	2	19
LON STH	13	6	5	0	24
NTH EAST	10	5	2	0	17
NTH WEST	12	8	3	1	24
SOUTH	13	8	3	2	25
STH EAST	8	5	1	0	14
STH WEST	14	10	1	4	29
WALES	9	5	2	1	17
WEST MID	13	6	3	1	23
YORK and HUM	15	10	4	1	30
TOTAL	162	100	41	14	317

Table 3 (awards by Specialty and Award Level) for 2013

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	2	0	5	0	7
Anaesthetics	8	5	3	1	17
Clinical Oncology	1	3	2	0	6
Dental	4	1	1	1	7
Emergency Medicine	3	1	0	0	4

Medicine	63	42	14	3	122
Obs and Gynaecology	6	2	1	0	9
Ophthalmology	5	7	0	1	13
Paediatrics	16	7	1	0	24
Pathology	5	7	2	4	18
Psychiatry	13	8	3	2	26
Public Health Dentistry	5	1	1	0	7
Radiology	6	1	1	0	8
Surgery	25	15	7	2	49
TOTAL	162	100	41	14	317

Applications for Awards

Table 4: Success Rates of New Award Applications in England and Wales 2013

	Applications	Awards	Success Rate (%)
Platinum	60	14	23.33%
Gold	224	41	18.30%
Silver	730	100	13.70%
Bronze	803	162	20.17%

Distribution of New National Awards

1.10. Tables indicating the spread of awards at each level by specialty and by region are set out in Appendix I.

1.11. The principal guarantee of fairness to all consultants irrespective of gender, ethnic background, age, region of work, type of workplace and specialty lies in the objectivity and robustness of procedures. However, it is important to consider the outcomes of these processes in order to assess whether the distribution of awards gives assurance that the Clinical Excellence Awards Scheme has operated fairly.

1.12. We have analysed this year's awards by level, specialty, regional sub-committee, age, gender, ethnicity and time (either in post or since last award) to award. We have looked at the success rate of awards as a proportion of applicants. In relation to speciality and gender, the analysis indicates that apparent disparities are mainly due to small numbers of applicants from underrepresented groups rather than applications being less successful.

1.13. ACCEA does not currently hold data on disability, sexual orientation, or religion.

1.14. Historically ACCEA has not been able to access the diversity data for Welsh applicants. The following data are for England only.

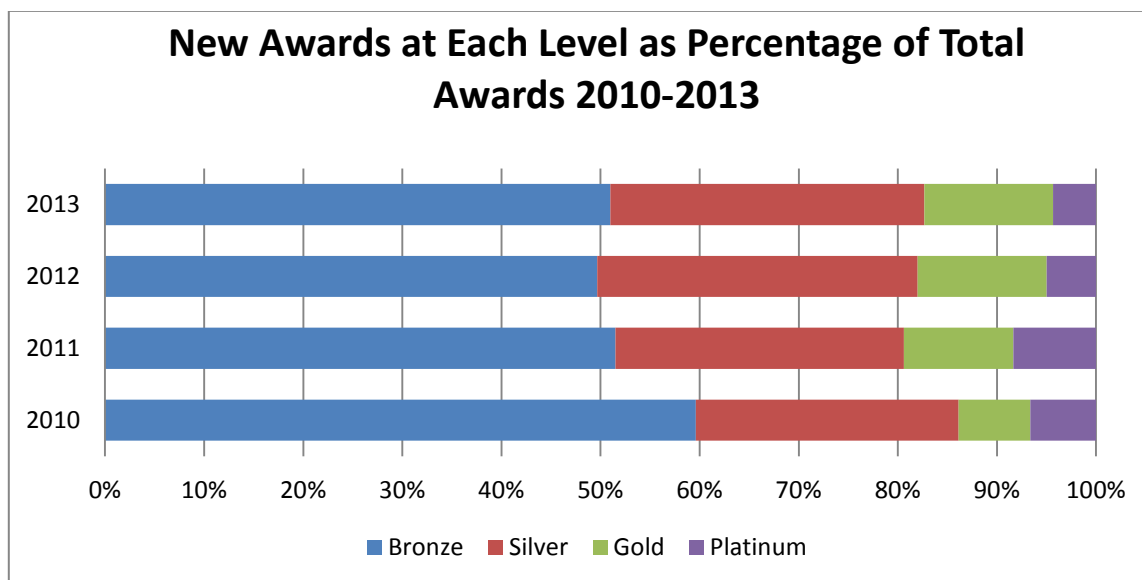
Level

1.15. In the 2013 Awards Round, national award numbers in England were held to 300 as they had been in the 2010, 2011 and 2012 Awards Rounds.² This has made direct comparisons of the number of awards with years prior to 2010 problematic. Figure 1

shows the new awards, by award level, as a percentage of all new awards in the last four award years.

1.16. It can be seen that over the past three years half of all new awards are at bronze level, with silver awards representing about one third of the total. Over the last two years platinum awards represent about 5% and gold awards just over 10%.

Figure 1: New Awards as a Percentage of all Awards 2010-2013



1.17. In order to understand better the progression to silver of consultants holding local or national awards, ACCEA has reported on the number of applications and the corresponding success rates of consultants holding L9, Bs and Bronze awards. The following two tables show the number of applications and new silver awards to L9, compared with B and Bronze for 2012 and 2013.

Table 5: Silver 2013 Applications

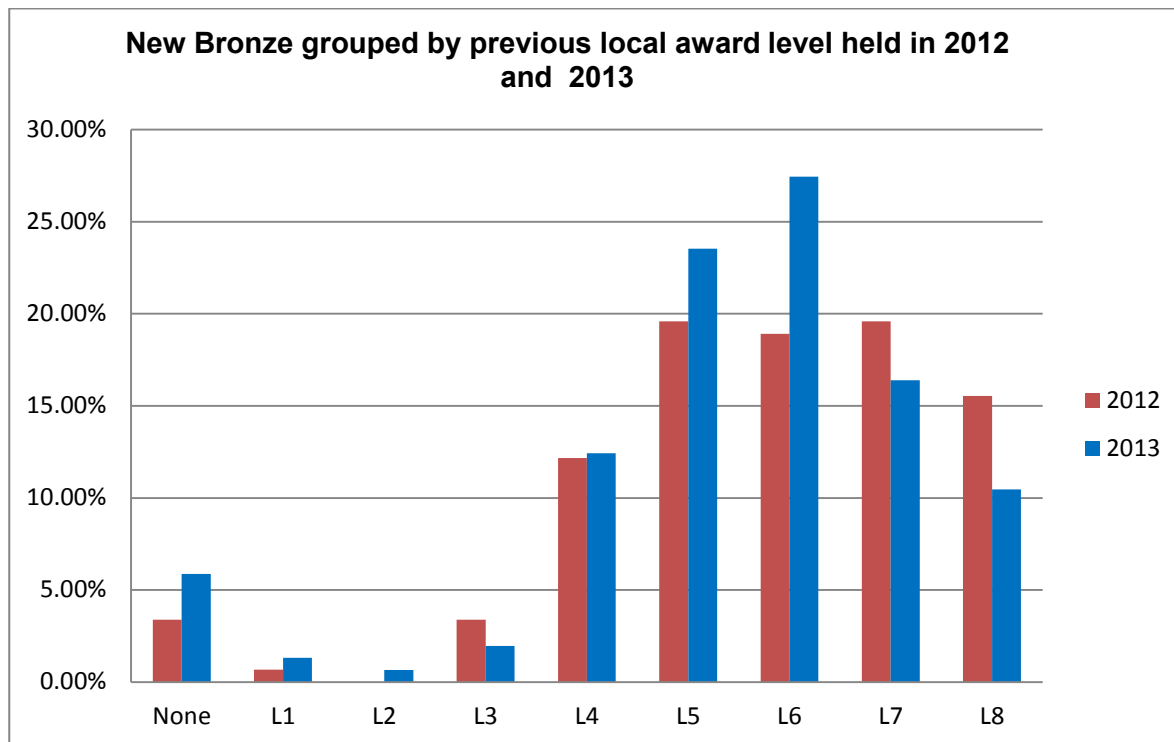
Award level	Application No	New Silver awards	% Successful Applicants
B	42	4	9.52
L9	127	14	11.02
Bronze	561	82	14.62
Total	730	100	13.69

Table 6: Silver 2012 applications

Award level	Application No	New Silver awards	% Successful Applicants
B	72	4	5.56
L9	155	8	5.16
Bronze	584	91	15.58
Total	811	103	12.70

Bronze award holders represent about half the eligible cohort for silver, and an increasing proportion of applicants. In 2013, the success rate of applicants was across the three cohorts, shows bronzes are still the most successful.

Figure 2 shows the previous levels of Clinical Excellence Awards held by consultants in England who received a Bronze award in 2012 and 2013.



1.18. In 2013 Level 6 was the commonest level for consultants granted a new bronze award, and over the past few years the majority of awards have been gained at Levels 5,6 and 7. It remains unusual for consultants to achieve a bronze award with less than a Level 4 local award.

1.19. Figure 3a shows consultants in England receiving a new Bronze award in 2013 by their time as a consultant. It remains the case that very few consultants are granted new Bronze awards with less than seven years' service. A comparison of the number of years of service cohorts is shown in Figure 3b. This indicates that while early progression is possible for outstanding candidates, the majority of consultants require at least 12 years' service to build a body of work of the necessary standard and sustainability for national excellence awards.

Figure 3a: Consultants in England receiving a new Bronze award in 2013 time as a consultant

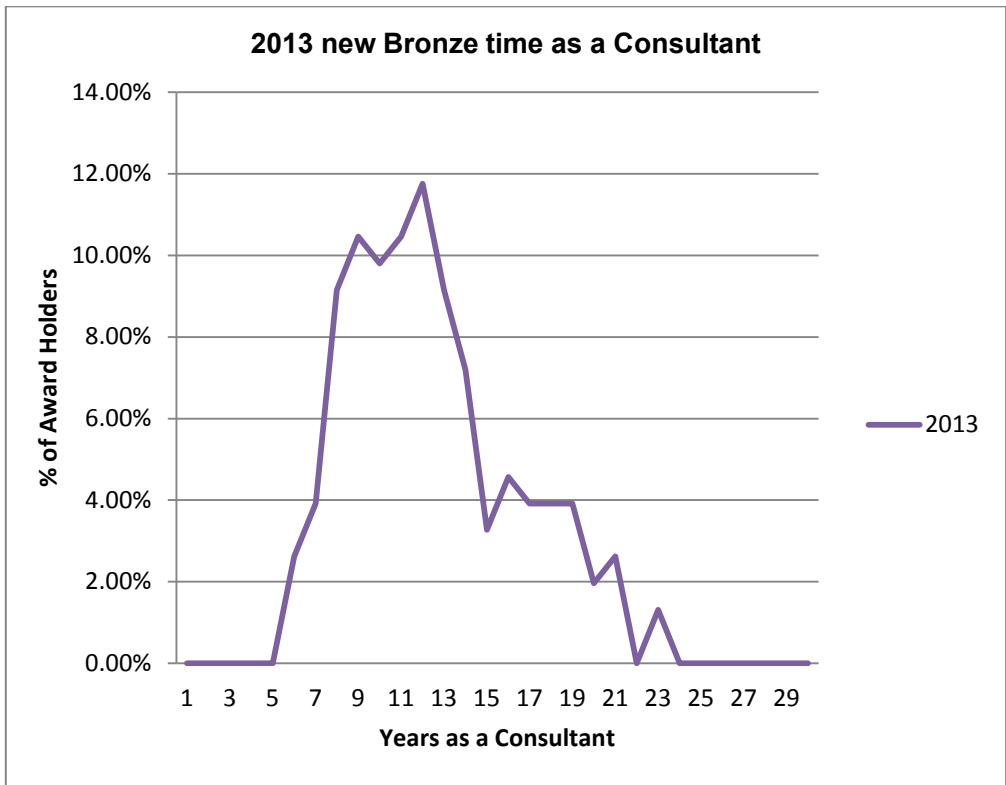
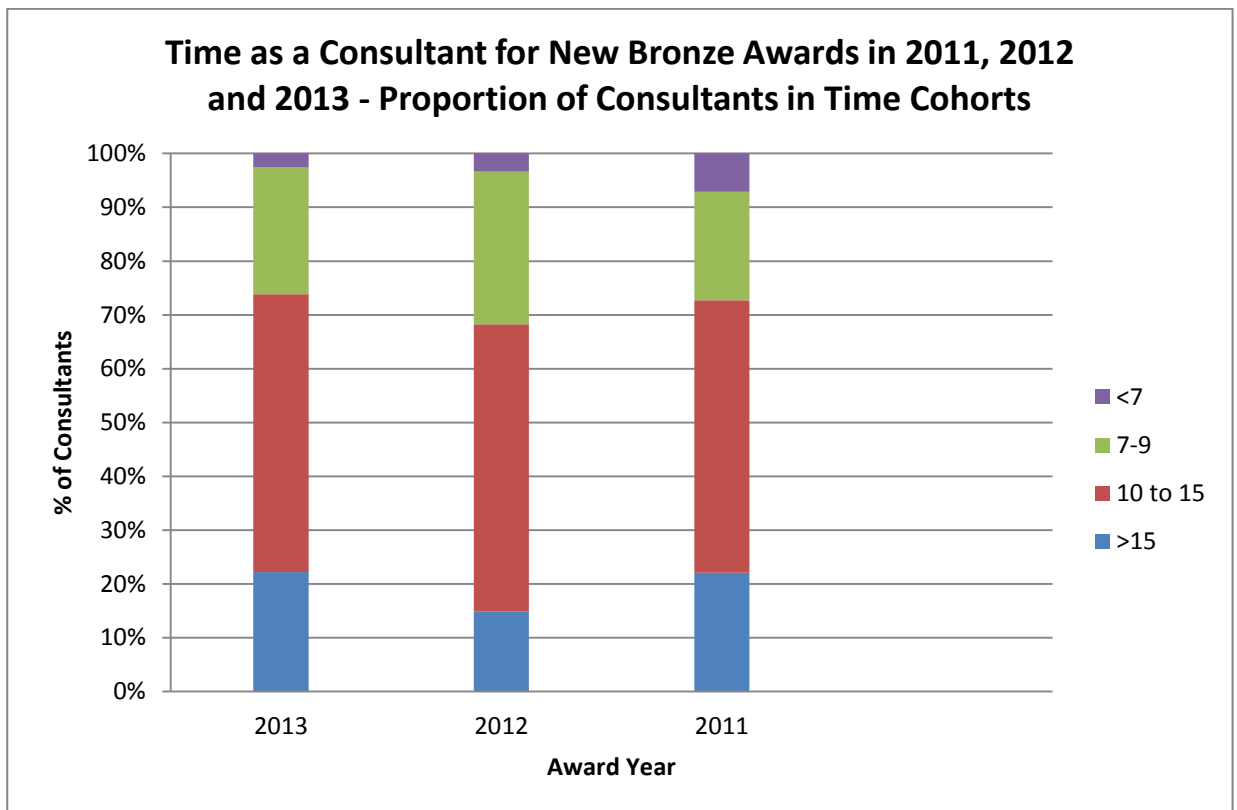


Figure 3b: Consultants in England receiving a new Bronze award in 2011, 2012 and 2013 – Proportion of new award holders in ‘time as a consultant’ cohorts



The following three figures show the interval between awards for those consultants in England progressing to higher awards in 2012 and 2013. These continue to show that very few consultants progress to a higher award in less than four years. In the last four award rounds, only one consultant has progressed to a higher award (from bronze to silver) in two years. A similar picture is seen at new gold award level, where it is unusual to progress at three years, and there have been no progressions at two years or less in the last four award rounds. However, progression to silver or to gold awards is most frequent at four years. There is a greater spread of time to progress to a platinum award.

Figure 4a: Consultants in England receiving a new Silver award in 2012 and 2013 by time since receiving L9, Bronze or B

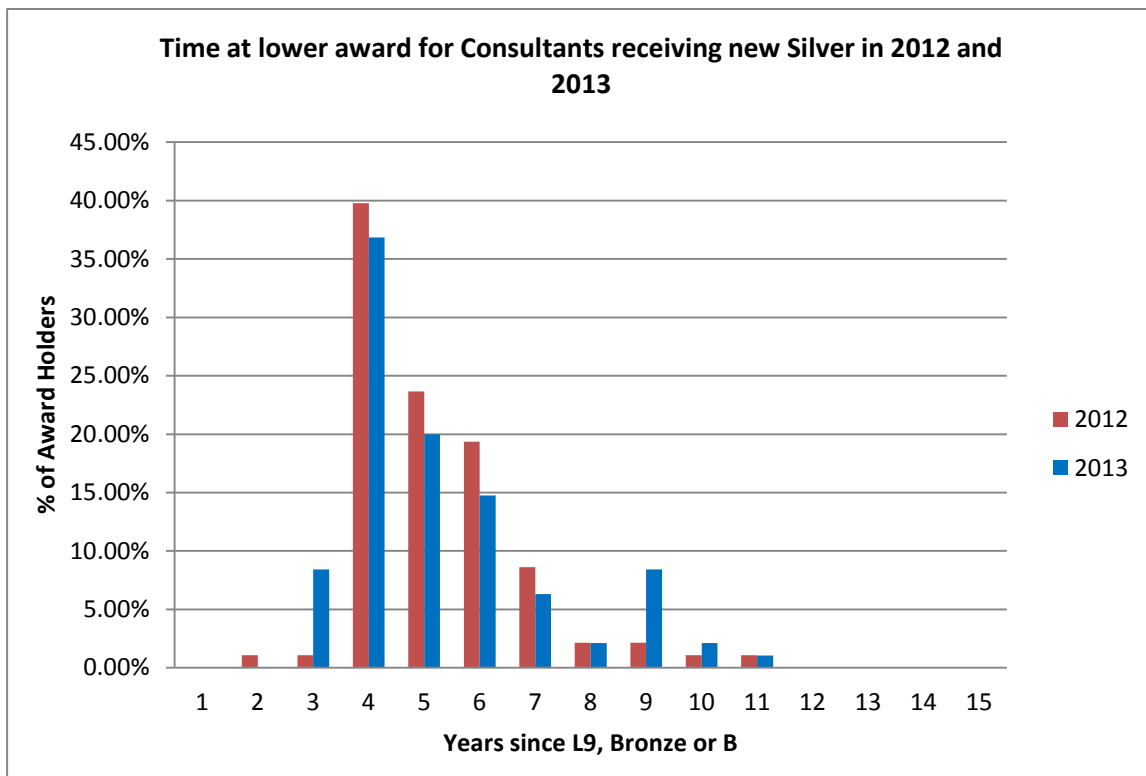


Figure 4b: Consultants in England receiving a new Gold award in 2012 and 2013 by time since receiving Silver or B

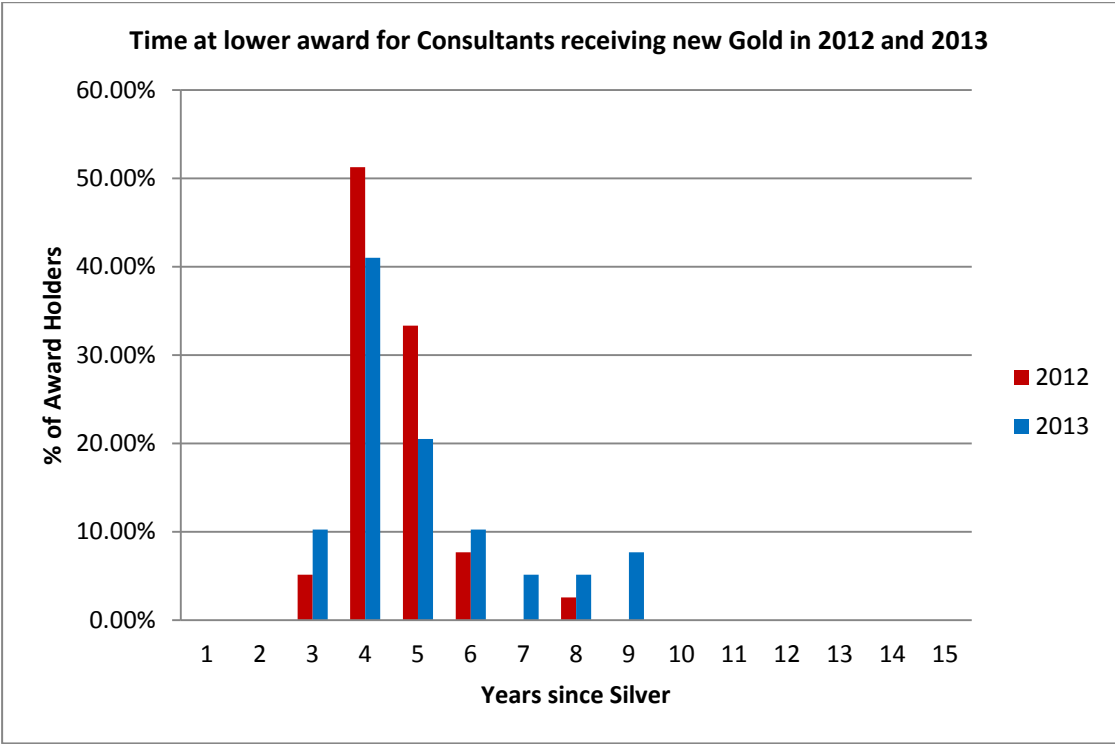
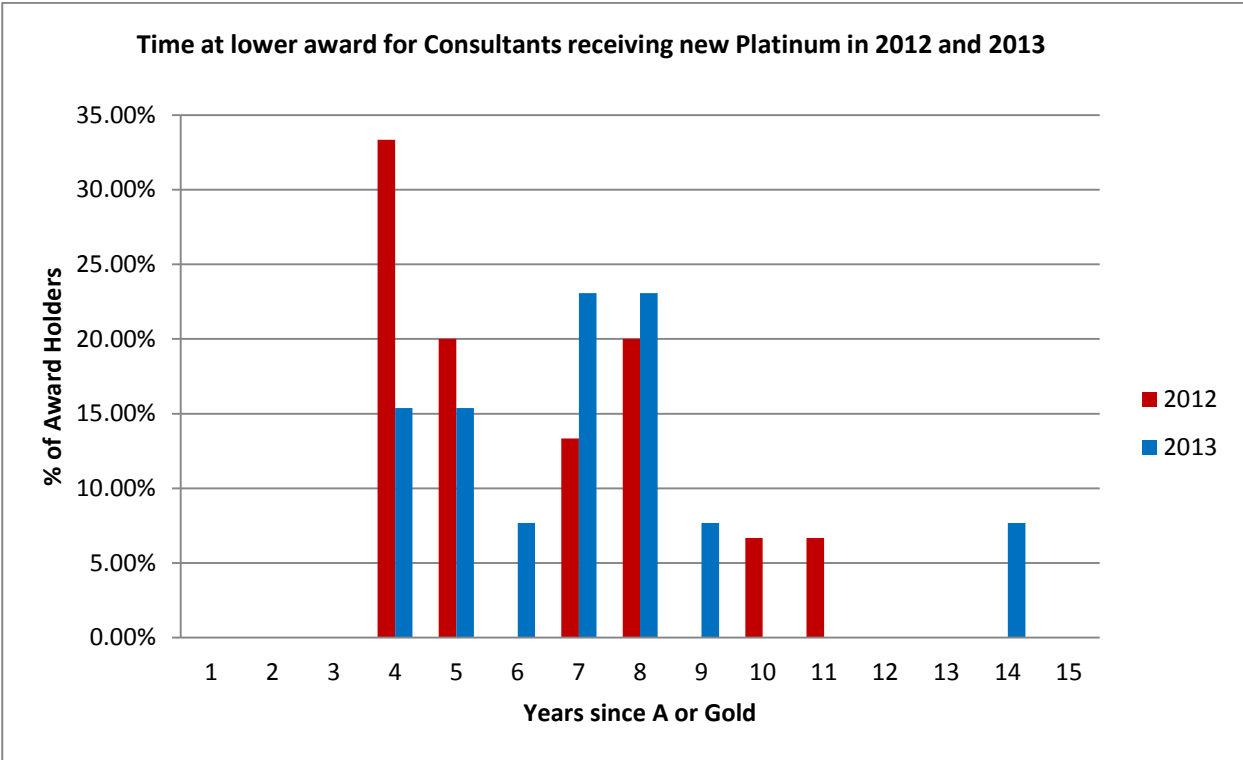


Figure 4c: Consultants in England receiving a new Platinum award 2012 and 2013 by time since receiving Gold or A



Specialty

1.20. Table 3 on page 5 shows the distribution of all levels of new awards across the specialties. Table 7 below provides a detailed analysis of the Bronze award level, showing the number of consultants who received awards in 2013 by specialty, and the percentage of applicants from each specialty who succeeded.

Table 7: 2013 Bronze Awards by Specialty – England

Specialty	No. of Applications	No. of Bronze Awards	% of Apps succeeding
Academic GP	14	2	14.29%
Anaesthetics	59	7	11.86%
Clinical Oncology	11	1	9.09%
Dental	19	3	15.79%
Emergency Medicine	11	3	27.27%
Medicine	210	61	28.71%
Obs and Gynaecology	20	6	30%
Occupational Medicine	1	0	0
Ophthalmology	16	5	31.25%
Paediatrics	83	14	16.87%
Pathology	45	4	8.89%
Psychiatry	43	13	30.23%
Public Health Dentistry	2	0	0
Public Health Medicine	19	5	26.32%
Radiology	37	6	16.22%
Surgery	124	23	18.55%
Total	714	153	21.32%

Age

1.21. The mean age of awardees in 2010-2013 is shown in Table 8 below. The mean ages appear to be settling into a relatively stable pattern, with age of around 48 years at Bronze, 52 years at Silver, 55 years at Gold, and 57 years at Platinum.

Table 8: Age of Awardees 2010 - 2013

	Age of Awardees (mean as 1 st April on award year)			
	2010	2011	2012	2013
Bronze	48.4	48.2	48.58	48.93
Silver	51.3	52.5	52.05	51.74
Gold	55	55.1	54.46	54.16
Platinum	56	56	57.4	58.08

Gender

1.22. The distribution of all awards considered against all applications in 2007-2013 among women is shown in Table 9. This shows that there are a continued low number of applications from female consultants.

Table 9: Number of Women Consultants Receiving New Awards in England 2007 -2013 compared to Male Consultants

England	2007	2008	2009	2010	2011	2012	2013
Total no of applicants	1944	1889	1773	1980	1908	1813	1682
No of women applicants	320	301	305	366	358	311	320
No of male applicants	1624	1588	1468	1614	1550	1502	1362

Total no of awards	531	544	566	300	300	300	300
No of women new awards	100	93	107	59	73	49	53
No of male new awards	431	451	459	241	227	251	247
Success rate male* %	26.54%	28.40%	31.06%	14.93%	14.65%	16.71%	18.13%
Success rate women* %	31.25%	30.90%	35.08%	16.12%	20.39%	15.76%	16.56%

*success rate of new awards compared to number of male/female applicants

ACCEA takes the issue of gender equality very seriously, and has undertaken specific analyses on the application rates and success rates of women over a number of years. These data demonstrate that whilst women are overall much less likely to apply for an award, when they do apply they are generally as competitive and successful as men.

New awards at each level by gender and the success rate are shown in Table 10 below.

Table 10 (New Awards in England by Level and by Gender) for 2013

Award Level	Gender	No. of Applications	No. of Awards	% of Applicants Succeeding
Bronze	Female	162	28	17.28%
	Male	553	125	22.60%
	All	716	153	21.32%
Silver	Female	118	18	15.25%
	Male	578	77	13.32%
	All	696	95	13.65%
Gold	Female	31	4	12.90%
	Male	183	35	19.13%
	All	214	39	18.22%
Platinum	Female	9	3	33.33%
	Male	48	10	20.83%
	All	57	13	22.81%

Ethnicity

1.23. The number of consultants from Black and Minority Ethnic (BME) groups receiving a national award, considered against the number of applications is shown in Table 11.

Table 11: Number of BME consultants receiving a national award in England in 2007-2013

	2007	2008	2009	2010	2011	2012	2013
Total number of applicants	1944	1889	1773	1980	1908	1813	1817
No. of BME applicants (% of total applicants)	252 (13%)	253 (13.4%)	263 (14.8%)	298 (15.1%)	274 (14.4%)	299 (16.49%)	313 (17.23%)
Total awards	565	544	566	300	299	301	300
No. of awards to BME consultants (% of total awards)	67 (11.9%)	66 (12.1%)	82 (14.5%)	46 (15.3%)	42 (14.0%)	42 (13.95%)	53 (16.93%)

1.24. Table 12 shows the success rates of these BME applicants against White and Not Stated in 2013. These figures are broken down by award level in Table 13 below.

Table 12: Success rates of applicants by ethnicity 2013

	Not Stated	BME	White
Total number of applicants	42	313	1461
Total number of awards	5	53	260
Success rate of applicants	11.90%	16.93%	17.80%

1.25. The proportion of successful BME awardees is comparable with the proportion of BME applicants.

Table 13 Number of BME consultants in England and Wales receiving a national award in 2013

Award level	Ethnicity		No. of Applications		%		Actually Awarded		%	
Bronze	White		622		77.45		134		82.72	
	BME		160		19.93		26		16.04	
		Asian or Asian British		119		14.82		19		11.73
		Black or Black British		12		1.50		0		0
		Chinese or Other Ethnic Group		18		2.24		4		2.46
		Mixed		11		1.37		3		1.85
		Not Stated	(803)	21		2.62		2		1.24
Silver	White		586		80.27		78		78.00	
	BME		127		17.40		19		19.00	
		Asian or Asian British		100		13.70		18		18.00
		Black or Black British		4		0.55		1		1.00
		Chinese or Other Ethnic Group		10		1.37		0		
		Mixed		13		1.78		0		
	Not Stated	(703)	17		2.47		3		3.00	
Gold	White		199		88.82		34		80.95	
	BME		21		9.38		8		19.05	
		Asian or Asian British		19		8.48		7		16.67
		Black or Black British		0		0		0		0
		Chinese or Other Ethnic Group		1		0.45		0		0
		Mixed		1		0.45		1		2.38
	Not Stated	(224)	4		1.79		0		0.00	
Platinum	White		55		89.29		14		100.00	
	BME		5		8.33		0		0.00	
		Asian or Asian British		0		0		0		0
		Black or Black British		1		1.67		0		0
		Chinese or Other Ethnic Group		3		5.00		0		0
		Mixed		1		1.66		0		0
	Not Stated	(60)	0		0		0		0.00	

1.26. In 2009, ACCEA reported that, the proportion of successful applications between white and non-white consultants, while broadly similar at Bronze and Platinum levels, showed significant disparity at Silver and Gold level.³ Since 2009, there has been an improvement in the success rate at Silver and Gold levels. In 2013, BME applicants were relatively more successful than white consultants at Silver and Gold level, although slightly less successful this year at bronze level. At Platinum level in 2012 the number of successful BME applicants dropped from 4 to 1, and in 2013 there were only five BME applicants and no awards, with 14 awards made to white consultants

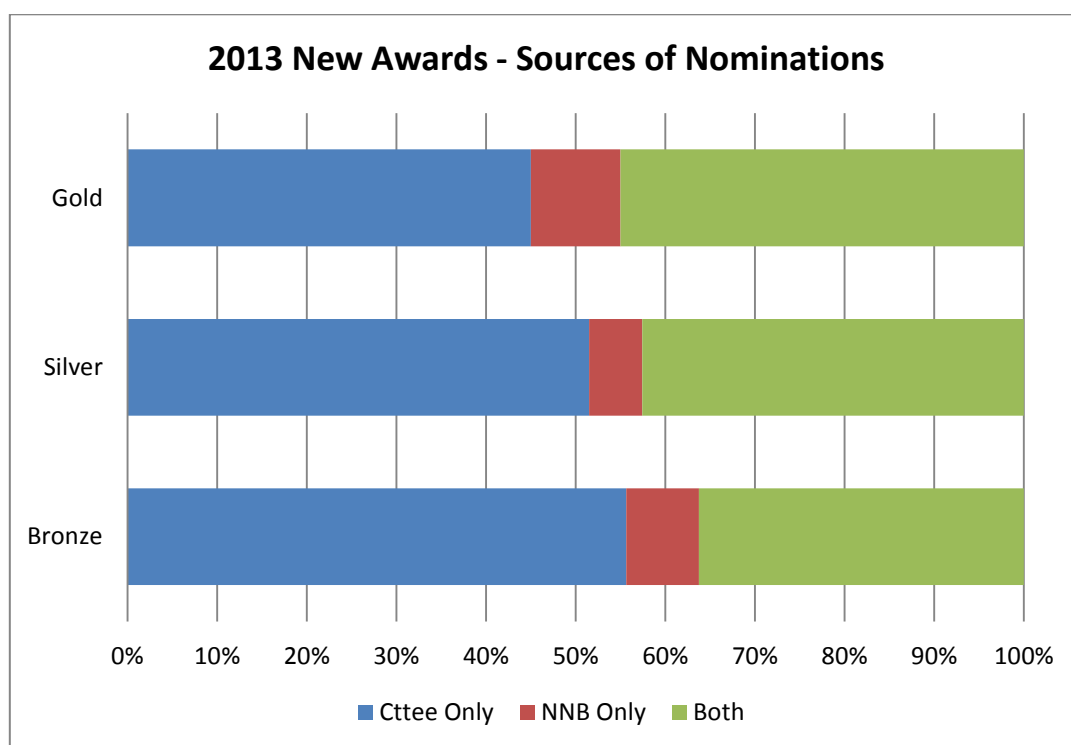
³ ACCEA Annual Report 2009, pg 20.

1.27. In Table 13 applications are shown by the main Ethnic Origin groups.⁴ As in previous years, the largest BME category remains Asian or Asian British, and the numbers in the other categories are small, making detailed analyses less reliable.

Sources of Nominations

1.28. In the past few years, ACCEA has reported on the source of nominations of successful applicants. Figure 5 shows the percentage of new awardees that were shortlisted only by a sub-committee, only by a NNB, or by both. This indicates that approximately 40% of awards went to applicants who were shortlisted by both routes. Applicants were unlikely to succeed if shortlisted only by a NNB, although this was more common at Gold level.

Figure 5: Sources of all national award nominations held by 2013 awardees



Applications for Renewals

1.29. Distinction Awards, and Bronze, Silver, Gold and Platinum Clinical Excellence Awards, are normally renewed every five years. Distinction Award holders who have retired and returned to service, and have successfully had their award reinstated, were renewed annually to ensure that ACCEA is satisfied that their excellence continues. From January 2014 the rules changed, and consultants with distinction awards are no longer able to apply for re-instatement of their award after retirement. No consultant will hold a reinstated Distinction Award after 31 March 2015. However, it is open to any retired Distinction Award holder who has returned to work to apply for a Clinical Excellence Award.

1.30. In order to strengthen its processes for assessing renewal applications, and a continued desire by ACCEA to ensure the probity of its awards, ACCEA introduced a

⁴ The current coding methodology is the same as that used in the NHS.

scoring system for all renewal applications in the 2011 Awards Round and scoring continued in the 2012 and 2013 Award Rounds. The scoring system and criteria for excellence are the same as for the new awards.

1.31. The scoring process allowed each regional sub-committee to compare the renewal scores with the scores obtained by new applications at the same or similar levels. In the 2013 Round, under the current five-year renewal procedures, the committees considered the awards given to consultants in 2009, 2004 and 1999.

1.32. In total ACCEA considered 701 applications to renew existing Clinical Excellence and Distinction Awards. Of these 21 consultants retired within the year and therefore did not submit a renewal application. The majority of consultants 641 produced good evidence of continuing excellence and were successfully renewed, or had successfully applied for progression to a higher award. One case from 'retire and return' applicants successfully produced good evidence of continuing excellence and was renewed for two years.

1.33. There was 1 case where, due to illness ACCEA gave the consultant the opportunity to resubmit renewal papers in the 2014 Round. In a further 39 cases, consultants failed to provide sufficient evidence of awardable clinical contribution to justify continuation of the awards and their awards were withdrawn.

Indicative Numbers 2013

1.34. For 2013, ACCEA set indicative numbers in order to generate 300 recommendations for awards in England and 17 in Wales.

1.35. The Secretariat analysed the distribution of consultants at each level of national award across the regions, and calculated this proportionally to arrive at the indicative number.

Table 14 2013 Indicative Numbers

Region	Bronze	Silver	Gold	Platinum	Total
CM	7	5	2	0	14
DH	4	2	1	1	8
EE	13	9	2	0	24
EM	10	6	4	0	20
LNE	14	9	4	1	28
LNW	7	6	4	2	19
LS	13	6	5	0	24
NE	10	5	2	0	17
NW	12	8	3	1	24
SE	12	9	3	2	26
STH	8	5	1	0	14
SW	14	10	1	4	29
WM	13	6	3	1	23
YH	15	10	4	1	30
Totals	152	96	39	13	300

Wales	9	5	2	1	17
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1.36. ACCEA made members aware that the indicative figures might have to be adjusted once the funding decisions were known.

The Distribution of Awards in Payment

1.37. ACCEA continues to develop a database that records all levels of awards. In January 2010, the ACCEA database linked with the NHS Electronic Staff Record (ESR). The ESR records the core employee information of all NHS staff and ACCEA now draws employer, contract and (local) award details on consultants directly from the ESR database. However, ACCEA is reliant upon Trusts to accurately record and update the key data. It should also be noted that there is not a uniform manner in which Trusts record honorary consultants. The data below should therefore be considered with these caveats in mind.

1.38. Table 15 shows the distribution of awards of all levels across the Scheme as of February 2015.

Table 15: Number and Percentage of Consultants with Clinical Excellence Awards

AWARDS RECORDED IN PAYMENT AT February 2015		
Level	Number of Award Holders	Value (£)
Platinum	153	75,796
A+	42	75,889
Gold	242	58,305
A	75	55,924
Silver	767	46,644
Bronze	1645	35,484
B	183	31,959
L9	1529	35,484
L8	848	29,570
L7	1071	23,656
L6	1355	17,742
L5	1712	14,785
L4	2106	11,828
L3	2641	8,871
L2	3524	5,914
L1	4456	2,957
None	16665	0

Note: The total consultant population in England is 39014. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff.

Wales runs a separate system of local commitment awards. ACCEA does not hold information of these consultants

1.39. Table 16 below shows the distribution of clinical excellence awards held at Level 9 or higher in 2012 and 2013.

Table 16 Number of National Awards

	AWARDS RECORDED IN PAYMENT SEPTEMBER 2012	AWARDS RECORDED IN PAYMENT DECEMBER 2013	CHANGE IN NUMBER OF AWARDS RECORDED
Level	Number	Number	
Platinum	157	151	-6

A+	69	56	-13
Gold	243	240	-3
A	153	123	-30
Silver	719	711	-8
Bronze	1776	1748	-28
B	359	285	-74
L9	1486	1603	117
ALL	4962	4917	-45

1.40. This shows a small increase in the overall number of awards held at L9. Distinction Award numbers continue to reduce due to retirement and over a third of distinction award holders have left the Scheme since 2010. A decrease in clinical excellence awards at every level has not previously been seen. Since the 2010 Awards Round, Ministers have held the total number of new awards in England at 300, which was less than the levels witnessed in previous years; this factor explains, in part, the decrease in the number of award holders.

Section 2: Employer Based Awards

It is not mandatory for Trusts to respond to the request for information from ACCEA, on their Employer Based Award schemes. The response rate has fallen in recent years, and is now so low, that no analyses have been undertaken.

Section 3: Reports on the National Scheme

Appeals, Concerns and Complaints

Appeals

3.1 The Guide to Applications (new and renewal) and Existing Award Holders gives details of the appeals process for National Awards and the Guide to Employer Based Awards gives details of the appeals process for Employer Based Awards. There is no right of appeal against the substance of a decision made by the relevant committees, but if consultants feel that procedures have not been followed, or there is evidence that the process has not been objective, then they can ask for a review.

3.2 For Employer Based Awards, there has been a two-stage appeal. If a consultant believes that there has been a process failure within their trust they should lodge a complaint with their employer. This should be sent in writing, detailing the reason why they feel the procedure was not correctly followed. Once this process has been exhausted and if the consultant is still dissatisfied they could appeal directly to the Chair of ACCEA.

3.2 When an appeal against Employer Based Awards processes is received by the Secretariat it is considered in the first instance by the ACCEA Chair or Medical Director. If there are valid grounds for appeal, the Medical Vice Chair (MVC) of the appropriate regional sub-committee is asked to investigate and provide a report to the Chair. The Chair will then make a decision based on this report and if necessary, establish an appeal panel.

3.3 If consultants make an appeal against the process for national awards, they should send a letter to the ACCEA Chair detailing where they consider the process has failed. Where concerns cannot be resolved informally, a panel of people not previously involved in the application is appointed to consider the appeal. The panel includes a professional member (medical or dental), an employer member and a lay member as the Chair. They are asked to look at the complaint, the documents setting out prescribed procedures, and a written statement of the procedure actually followed by the committee in question.

3.4 Following the investigation, the Chair of the panel will send a report to the Chair of ACCEA with a recommendation.

Appeals from the 2013 Round

3.5 There are no outstanding national appeals against the 2013 Round. ACCEA received fifteen notifications of intention to appeal. Six were treated as information requests as there was no evidence provided to process to appeal. Seven were considered informally, and no case for formal appeal process found. Two proceeded to formal appeal. None of the appeals were upheld.

3.6 2013 Round national appeals are as follows:

Table 17 2013 National Awards Appeals

Date received by ACCEA	Summary of appeal grounds	Current status
14/04/14	<ul style="list-style-type: none"> Number of scorers not sufficient 	Appeal not upheld after rescoring took place
17/04/14	<ul style="list-style-type: none"> Disability not taken into account 	Formal appeal conducted. Appeal not upheld although ACCEA will be updating guidance on disability for 2015 awards round
23/04/14	<ul style="list-style-type: none"> Dissatisfied with outcome 	Appeal not upheld
07/05/14	<ul style="list-style-type: none"> Failure to consider citation 	Appeal not upheld. Citation reviewed as part of review process
09/05/14	<ul style="list-style-type: none"> Failure to consider citation Evaluation process not given proper weight in evaluating domains 	Formal appeal conducted. Appeal not upheld. Citation reviewed as part of review process and evaluation process appropriately followed.
14/05/14	<ul style="list-style-type: none"> Dissatisfied with outcome 	Appeal not upheld
15/05/14	<ul style="list-style-type: none"> Did not adequately consider material submitted 	Appeal not upheld. Evaluation process appropriately followed.
27/05/14	<ul style="list-style-type: none"> Dissatisfied with outcome 	Appeal not upheld
29/05/14	<ul style="list-style-type: none"> Bias against specialty 	Appeal not upheld. No bias identified

3.7 Employer Based Awards appeals received by the Secretariat following the 2013 have all been resolved, see Table 18.

Concerns and Complaints

3.8 A number of concerns have been raised with ACCEA over the last twelve months, including:

- a consultant requested we revise the scoring process so that excellence in the best domain is weighted rather than at present where excellence needs to be achieved across all domains
- Removal of award due to GMC restriction on practice

Conclusion

3.11. It should be noted that as of 16 June 2014 ACCEA no longer deal with appeals on Employer Based Awards.

Table 18 Employer Based Awards Appeals

Date received by ACCEA	Summary of appeal grounds	Current status
2/9/2013	<ul style="list-style-type: none"> • Dissatisfied with outcome • Some of local appeal panel's findings are factually wrong 	Appeal not upheld
12/09/2013	<ul style="list-style-type: none"> • Dissatisfied with outcome • Not properly evaluated 	Appeal not upheld. No issues with the evaluation process identified
10/9/2013	<ul style="list-style-type: none"> • Procedures not followed • Bias and conflict of interest 	Appeal not upheld. No breaches found.
14/10/2013	<ul style="list-style-type: none"> • Did not consider material appropriately • Procedure not followed 	Appeal not upheld. No breaches found
17/10/2013	<ul style="list-style-type: none"> • Dissatisfied with outcome 	Appeal not upheld
22/11/2013	<ul style="list-style-type: none"> • Part-time hours not properly accounted for 	Appeal closed no further information received from appellant
7/1/2014	<ul style="list-style-type: none"> • Issue of bias related to one panel member 	Appeal not upheld.
6/3/2014	<ul style="list-style-type: none"> • Issues of fairness of process 	Local appeal process has not been resolved
10/4/2014	<ul style="list-style-type: none"> • Trust ranking flawed • Did not consider material appropriately 	Appeal not upheld no issues with the ranking system or process found

Committee Membership in 2013

3.1. Due to the DDRB review of the Awards Scheme, and the uncertainty surrounding future rounds and the structure of the committees, the decision was taken to seek extensions to the term of appointment of all committee members due to stand down in 2012. This allowed ACCEA to retain the knowledge and experience of its members through the period of uncertainty. Recruitment and training recommenced for the 2014 round, with continued emphasis on promoting diversity.

Diversity

3.2. It was reported in the 2008 Annual Report that the Medical Women's Federation (MWF) continued to express concerns that women are under-represented on ACCEA's regional sub-committees. As a result, ACCEA began to analyse membership of the sub-committees.

3.3. Figures 6 a+b illustrate the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2013 Awards Round, together with any vacancies.

3.4. These figures show that despite improvements in the numbers of female members since 2009, there remains a significant gender imbalance in the professional and employer categories.

Figure 6a: Gender Distribution on Regional Sub-Committee in 2013 Awards Round

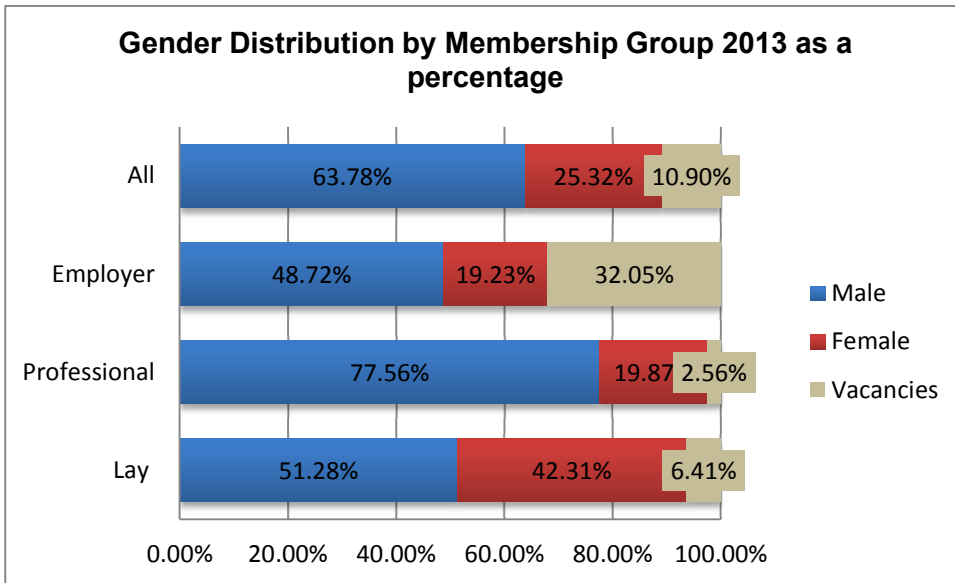
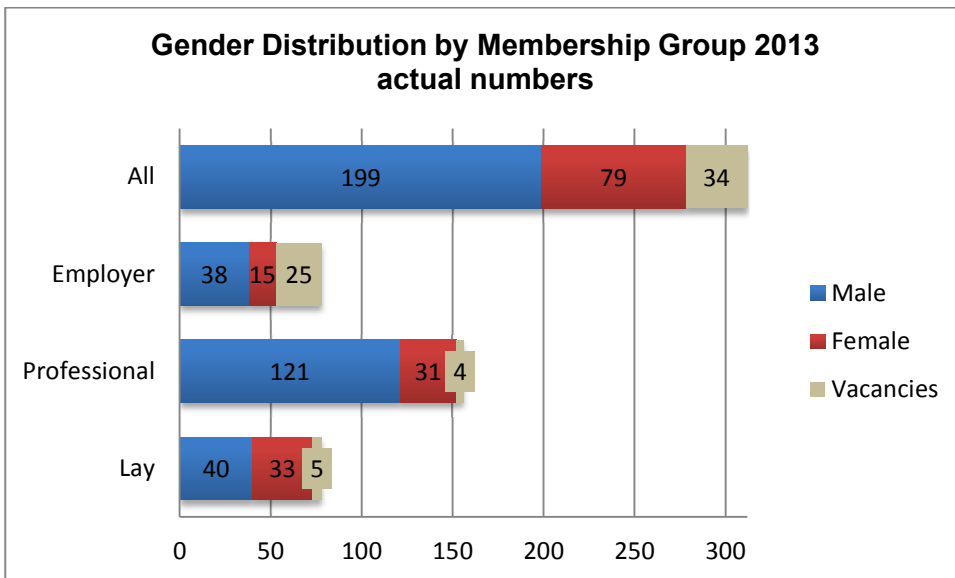


Figure 6b: Gender Distribution by Membership Group in 2013 Awards Round



Section 4: Development of the Scheme

4.1. ACCEA has continued to develop and improve the current CEA scheme through the 2013 Awards Round.

Removal of Pay Protection

4.2. Following consultation with stakeholders, the Department of Health asked ACCEA to change the rules relating to pay protection. From 1 October 2014 pay protection will no longer be applicable to any award that is, or has previously been, withdrawn or not renewed.

4.3. Consultants who were due to submit a renewal application in the 2013 round did not receive the financial value of the award from 1 October 2014 if their renewal application was not renewed due either to there being insufficient evidence to justify renewal or the non-submission of an application.

Distinction Award holders returning to work

4.4. Following consultation with stakeholders the Department of Health have asked ACCEA to change the business rules relating to the reinstatement of Distinction Awards following a return to NHS work after retirement. From 1 January 2014 consultants with Distinction Awards were no longer be able to apply for reinstatement of their award after retirement. In addition, any consultants who, in January 2014, held a reinstated Distinction award following retirement cease to receive this award from 31 March 2015. Consultants retiring and then returning to work after 1 January 2014 are able to apply to re-enter the CEA Scheme as Clinical Excellence Award holders are currently able to.

Citations for renewals

4.5. Citations to support renewals applications were introduced for the first time in the 2013 national awards round. Bodies providing citations for renewals were not asked to score or rank renewal applications.

Changes to the 2013 Guides

Transparency

4.6. A new section explaining that ACCEA operates the Scheme in a transparent manner has been introduced and detailing material available on its website.

Eligibility

4.7. The eligibility section takes account of the structural changes made on 1 April 2013 to the NHS. This section holds an updated list of employer organisations, the introduction of revalidation and licences to practise, and contains information on public health consultants. It also deals with consultants who have retired but have returned to work on a contract that makes them eligible for a new award.

Distinction Award holders returning to work

4.8. The new section states that no new retire and return applications can be made from 1 January 2014. It also indicates that no consultants will be able to hold a reinstated Distinction Award from 1 April 2015. Consultants may be eligible to apply for new Clinical Excellence Awards.

Investigations and disciplinary procedures

4.9. ACCEA has amended the 2013 Round guides to indicate what an existing award holder or applicant needs to do if they are subject to investigations or disciplinary action. ACCEA has also clarified the fact that a GMC/GDC finding of impaired practice or outstanding warning removes eligibility for an award. Consultants are also required to inform ACCEA of successful litigation that relates to their clinical practice in which there is an admission of liability or liability is proven in court.

Requirements for renewal applications

4.10. The importance of presenting strong evidence of continuing excellence in renewal applications is highlighted in the 2013 guides and the evaluation process for such applications is explained.

Citations for renewals

4.11. There was an opportunity for the first time in the 2013 to include a citation for renewal applications. These are not mandatory and bodies providing citations for renewals are not being asked to score or rank renewal applications. Guidance on providing citations is available in the 'Guide for Nominators'.

Removal of Pay Protection from 1 October 2014

4.12. Until 30 September 2014 there is a system of salary protection for awards that are withdrawn. Following consultation with stakeholders, the Department of Health asked ACCEA to change the rules relating to pay protection. From 1 October 2014 pay protection will no longer be applicable to any award that is, or has previously been, withdrawn or not renewed.

Section 5: The Doctors' and Dentists' Review Body 2011 Review of the Scheme

Review of Compensation Levels and Incentives for NHS Consultants

5.1. In August 2010, UK Health Ministers asked the Review Body on Doctors' and Dentists' Remuneration (DDRB) to undertake a UK wide review of compensation levels and incentives for NHS consultants. The review included the Clinical Excellence and Distinction Award Schemes at both national and local level.

5.2. Written evidence was submitted in November 2010 and oral evidence sessions took place through March and April 2011.

5.3. A list of the organisations, and individuals, who submitted written evidence to the DDRB Review, and downloadable copies of this and subsequent written evidence is available on the National Archive of the DDRB website - http://webarchive.nationalarchives.gov.uk/20130513091446/http://www.ome.uk.com/DDRB_CEA_review.aspx

5.4. ACCEA's evidence included a history of the Schemes since 1948. The ACCEA Chair and Medical Director also submitted comments about the strengths and weaknesses of the Scheme.

5.5. The DDRB sent a restricted copy of their report to the Department of Health in July 2011 which set this aside pending clarification on the reform of public sector pensions. The report was published on 17 December 2012. A copy of the report can be found at: <https://www.gov.uk/government/publications/ddrb-nhs-consultant-compensation-levels-2012>

5.6. The recommendations in the report are wide ranging. The report sets out the case for change and the Department of Health accepts the key principles underlying the report. In particular the Department agrees that Clinical Excellence Awards should recognise current not past excellence.

Next Steps and Work in ACCEA going forward

5.7. The Department is committed to work with the profession on these recommendations with a view to reaching agreement with doctors' representatives on how they should be implemented. Negotiations have been taking place between NHS Employers and the BMA.

5.8. Until agreement on the detail of a new awards scheme is reached, ACCEA will continue to operate the Clinical Excellence and Distinction Award schemes under the current business rules and in accordance with the Guidance that will be published for the 2014 Awards Round.

Appendix I Award Data Matrix by Specialty and Region

ACCEA has developed a monitoring tool designed to track the distribution of awards on a matrix of region and specialty. The following Table 19a-d set out the distribution of awards by specialty and region for Bronze, Silver, Gold and Platinum Awards.

Table 19a: Distribution of new Bronze Awards in 2013 by Specialty and Region

REGION	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs & Gynaecology	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total
DH											1		3				4
CM		1				2					1					3	7
EM						7						1				2	10
EE						9	2					1			1		13
LNE		1				8			1	1	1	1			1		14
LNW						3				1		1			1	1	7
LS	1	1				2	1		1	1		5				1	13
NE		1				2			1	3					1	2	10
NW					1	5			1	1			1			3	12
SE					1	4				1					1	1	8
S	1					8				2						2	13
SW		1		1		4	1		1	2	1		1			2	14
WALES		1		1		2				2	1					2	9
WM		1				4	1			2		1				4	13
YH		1	1	2	1	3	1					3			1	2	15
Total	2	8	1	4	3	63	6		5	16	5	13		5	6	25	162

Table 19b: Distribution of new Silver Awards in 2013 by Specialty and Region

REGION	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emer Med	Med	Obs & Gynae	Occ Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	PH Dentistry	PH Medicine	Radiology	Surgery	Other	Total
DH											1			1				2
CM						2					1					2		5
EM						3				1						2		6
EE		1				6	1			1								9
LNE		1				5						2				1		9
LNW						4			1	1								6
LS		1				1					1	1				2		6
NE						3			1	1								5
NW			1		1	3			1			1				1		8
SE						2			1							2		5
S						3			1	1		1			1	1		8
SW		2	1	1		2			1		1					2		10
WALES			1			1					1	2						5
WM						1	1			1	1	1				1		6
YH						6			1	1	1					1		10
Total		5	3	1	1	42	2		7	7	7	8		1	1	15		100

Table 19c: Distribution of new Gold Awards in 2013 by Specialty and Region

REGION	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs & Gynaecology	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total
DH														1			1
CM						2											2
EM	2					1										1	4
EE						1										1	2
LNE	1	1				1				1							4
LNW			1			2					1						4
LS		1					1					1			1	1	5
NE						1										1	2
NW						1										2	3
SE												1					1
S						2					1						3
SW	1																1
WALES						1						1					2
WM	1			1		1											3
YH		1	1			1										1	4
Total	5	3	2	1		14	1			1	2	3		1	1	7	41

Table 19d: Distribution of new Platinum Awards in 2013 by Specialty and Region

REGION	Anaesthetics	Dental	Medicine	Ophthalmology	Pathology	Psychiatry	Surgery	Total
DH					1			1
LNE						1		1
LNW			1		1			2
NW		1						1
S						1	1	2
SW	1			1	1		1	4
WALES			1					1
WM					1			1
YH			1					1
Total	1	1	3	1	4	2	2	14