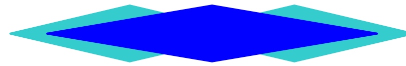
ACCEA



ADVISORY COMMITTEE on
CLINICAL EXCELLENCE AWARDS

ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS

ANNUAL REPORT

(Covering the 2009 awards round)

NOVEMBER 2009

The report is available from the ACCEA website at http://www.dh.gov.uk/ab/ACCEA/index.htm

ACCEA is an independent Non Departmental Public Body sponsored by the Department of Health, which manages the Clinical Excellence Awards Scheme.

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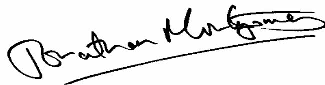
Foreword

This annual report covers the 2009 Clinical Excellence Awards Round. This, the sixth round of the Clinical Excellence Award Scheme, has once again been a busy year. We are particularly pleased to be able to report that we were able to publish the results of the Round some months earlier than in previous years. Following Ministerial approval, we published a list of those who had successfully applied for new awards and reviews in 2009 on the ACCEA website in August. Individual consultants receiving awards were notified by letter the week before those lists were made public.

This document reports on the work of the Advisory Committee on Clinical Excellence Awards and analyses the distribution of awards. It also sets out work that is in hand to develop and refine the Scheme further and reports on the key activities during the year. We hope that this will continue to increase the transparency of the Scheme, demonstrate that it operates fairly and explain the evidence that is used to reach recommendations so that the medical profession, employers and the public will be reassured that it is equitable and an appropriate application of public funds.

As always, we are immensely grateful to the members of the sub-committees who have given a considerable amount of time to evaluate carefully the applications submitted to us. They carry out that task extremely diligently. Particular thanks are due to the Chairs and Vice-Chairs of those sub-committees, who carry much of the burden of administering the evaluation processes. Similarly, we are grateful to those in National Nominating Bodies and Specialist Societies who have provided citations and nominations after careful considerations of applications. Once again, the Secretariat has worked hard to ensure the smooth running of the Scheme. We have extended our activities significantly in the past year both in scope and in nature and this has required greater productivity. We are grateful to Martin Sturges, Mary Holt and their team for the way in which they have adapted to these challenges.



Jonathan Montgomery
Chair

Hamid Ghodse
Medical Director

Introduction

This is the sixth annual report of the Advisory Committee on Clinical Excellence Awards (ACCEA) in England and Wales.

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. Awards will reflect achievement over and above what is expected contractually at local levels. Decisions must reflect significant achievement and be judged against strict criteria to be set out in guidance and agreed with ministers.

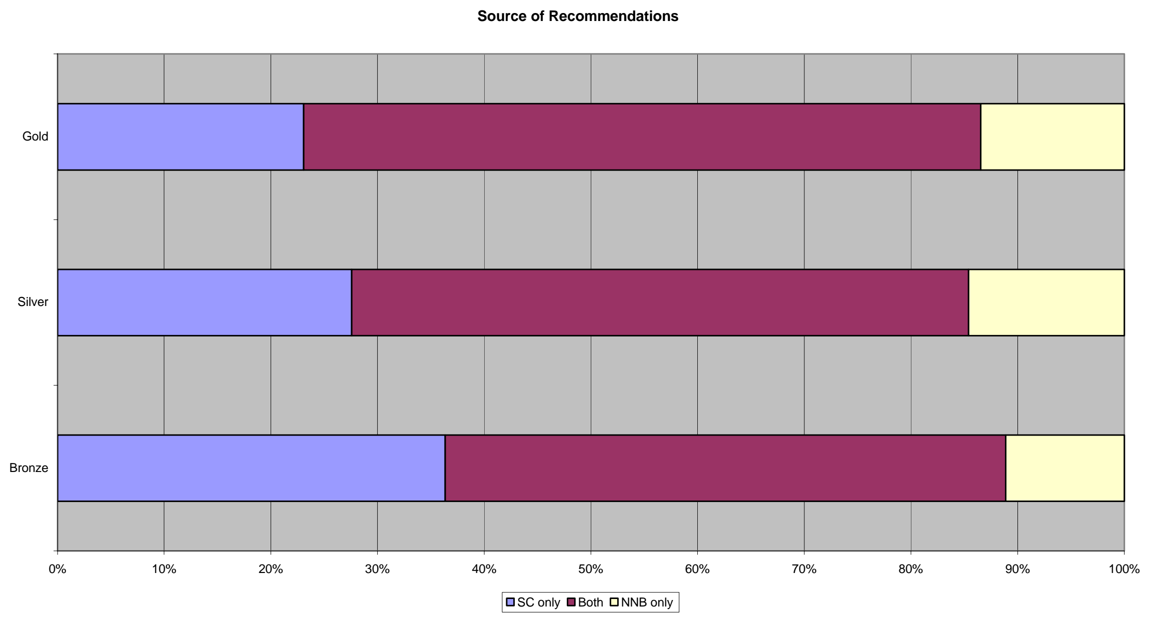
These functions are supported by a network of employer based awards committees and regional sub-committees and the ACCEA Secretariat which is hosted by the Department of Health. ACCEA is responsible for the operation of the Clinical Excellence Awards Scheme only in England and Wales. The Scottish Advisory 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. Although the committees work independently of each other, close contact between the Chairs and Medical Directors is maintained.

ACCEA also maintains close contact with the Ministry of Defence Clinical Excellence Awards Committee, whose final meeting is chaired by the ACCEA Chair. The ACCEA Medical Director is a member of MODCEAC as is a member of ACCEA and two sub-committee members (one medical and one lay). However, the Ministry of Defence Scheme remains separate and is not the responsibility of ACCEA.

In 2009, 2560 consultants in England (2944 in 2008) registered through our web-based submission system. Those who went on to complete an application were carefully considered by the regional sub-committees who made recommendations for consideration. Following this first stage of sifting, together with the nominations from the national nominating bodies, the Chair and Medical Director examined 907 applications (964 in 2008) for new awards and discussed them with the relevant sub-committees. These led to the recommendations for new awards to be made to 601 of those consultants (576 in 2008).

One area of confusion that has arisen concerns the influence of national nominating bodies on the outcome of applications. There is still a perception that support from such a body is a far stronger predictor or success than is in fact the case. Figure 1 below indicates that over half the successful applicants are supported by both regional sub-committees and national nominating bodies but that a significant number of successful applicants is supported through only one of the short-listing routes. The proportion of successful applicants supported only by a regional sub-committee is somewhat greater than the proportion supported only by a national nominating body.

Figure 1: Sources of national award nominations 2009



Section 1: Distribution of Awards

Introduction

The ACCEA Central Committee met on 7 July 2009 to make final recommendations on the nominations proposed by the Chair and Medical Director, who had consulted with the ACCEA Platinum Awards sub-committee, ACCEA regional sub-committees and the Welsh sub-committee. The main meeting of the Advisory Committee on Clinical Excellence Awards is the penultimate stage (followed by submission to the Minister for approval) of an extensive process of scrutiny of the applications of consultants under consideration for Clinical Excellence Awards.

From the final shortlists, 332 Bronze, 186 Silver, 52 Gold and 31 Platinum awards were made in 2009 in England and Wales. A list of the individuals granted awards was made public through the ACCEA website in August 2009. The personal statements of successful national applicants from the 2009 Round were published on the ACCEA website in October 2009.

The pattern of these Awards, by specialty, is set out in Table 1 below. A more detailed breakdown can be found in Appendix 1 of this Report.

Table 1: 2009 Awards by Specialty

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	3	5	0	0	**8**
Accident and Emergency	5	1	2	0	**8**
Anaesthetics	40	12	3	2	**57**
Dental	9	4	0	1	**14**
Medicine	85	55	16	7	**163**
Obs and Gynaecology	15	9	3	2	**29**
Occupational Medicine	1	0	0	0	**1**
Ophthalmology	10	4	1	1	**16**
Paediatrics	24	13	3	4	**44**
Pathology	36	11	7	2	**56**
Psychiatry	19	17	3	4	**43**
Public Health Dentistry	2	0	0	0	**2**
Public Health Medicine	14	6	2	4	**26**
Radiology	20	14	3	1	**38**
Surgery	49	35	9	3	**96**
Total	**332**	**186**	**52**	**31**	**601**

The regional distribution is set out in Table 2. A more detailed breakdown can be found in Appendix 1 of this Report.

Table 2: 2009 Awards by Region

REGION	Bronze	Silver	Gold	Platinum	Total
CHES and MER	17	10	2	3	**32**
DOH	3	3	1	1	**8**
EAST ENG	32	11	2	1	**46**
EAST MID	19	12	5	2	**38**
LON NE	26	17	4	3	**50**
LON NW	16	14	5	2	**37**
LON STH	24	13	4	5	**46**
NTH EAST	19	11	3	1	**34**
NTH WEST	25	14	4	2	**45**
SOUTH	26	16	4	1	**47**
STH EAST	20	7	1	0	**28**
STH WEST	34	15	4	3	**56**
WALES	22	9	3	1	**35**
WEST MID	20	16	5	4	**45**
YORK and HUM	29	18	5	2	**54**
Total	**332**	**186**	**52**	**31**	**601**

The Distribution of Clinical Excellence Awards (CEA) in payment

Data on employer based awards is currently being updated and will be made available at *http://www.dh.gov.uk/ab/ACCEA/index.htm* once this process has been completed; this is expected to be in early 2010

Table 3 sets out the data on the national awards in payment. 1192 consultants continue to hold Distinction Awards. Over time, some of these will move to the Clinical Excellence Awards Scheme and some will retire. In the meantime, we will continue to review awards in the old Scheme, as before, normally every five years. 3003 consultants now hold Clinical Excellence Awards that are funded by central CEA funds. The annual verification exercise to be carried out later in 2009 will refine these figures further and updated figures will be included in the supplement planned for early 2010.

Table 3: Awards in payment by ACCEA as at 31 August 2009

Level	Number of National Awards	% of Consultant Population Receiving Award[1]
Platinum	**184**	**0.51**
A+	**112**	**0.31**
Gold	**284**	**0.79**
A	**379**	**1.06**
Silver	**829**	**2.32**
Bronze	**1,706**	**4.77**
B	**701**	**1.96**
Total	**4,195**	**11.73**
Of which:		
Distinction Awards	**1,192**	**3.33**
CEA Awards	**3,003**	**8.40**

Note: National award breakdown only (as no employer based award verification exercise for 2 years)

[1] **Current consultant population is taken from Information Centre data as 35,751.**

Applications for Awards

The web-based application system in England enables ACCEA to consider the efficiency of the application process and consider how it could be improved. In 2009, 2560 consultants (2944 in 2008) registered, leading to 2053 completed applications (2434 in 2008). Thus, 80% of consultants (83% in 2008) who registered for the system submitted completed applications. It should be noted that the arrangements for consultants employed by the NHS in Wales are different to those in England in that the applications are made to the Welsh ACCEA Secretariat on forms downloaded from the website.

The numbers of applications for new awards received in 2007-2009 in England are set out in Table 4A. Table 4B sets out the number of new award applications in Wales in 2009.

Table 4A: New Award Applications in England 2007- 2009

New Award Applications	2007	2008	2009
Platinum	**193**	**144**	**136**
Gold		**118**	**153**
Silver/Gold *	**656**	**692**	**787**
Silver		**574**	**634**
Bronze	**1105**	**993**	**850**

Table 4B: New Award Applications in Wales 2009

New Award Applications	2009
Platinum	8
Gold	9
Silver/Gold *	37
Silver	28
Bronze	181

***Note, prior to the 2008 Awards Round, consultants did not need to select Silver or Gold separately so numbers are combined. For comparability, the combined figure has been included for 2009 even though the applications were separate.**

Applications for Reviews

Distinction Awards, Bronze, Silver, Gold and Platinum Clinical Excellence Awards are normally reviewed every 5 years.

During the 2009 round, under the five-year review procedures, the committees considered the awards given to consultants in 2005, 2000 and 1995. In total, 541 applications (731 in 2008) to review existing awards were received. In general, consultants whose awards were under review produced good evidence of continuing excellence. However, in 33 cases (16 in 2008), ACCEA found the evidence insufficient to provide assurance that the award was still merited and has required the consultants in question to resubmit review papers in 2010 so that it can be satisfied that their excellence continues. Awards were usually renewed for a further five years, but in 3 cases (3 in 2008) a review has been requested in two years because changes of circumstances mean that the evidence of continuing excellence was difficult to interpret and ACCEA wishes to be confident that the Awards continue to be merited. In 8 cases, the awards were reviewed for four years (usually following an earlier one-year review, in order to maintain the appropriate review cycle) and in 3 cases (2 in 2008), the evidence of awardable clinical contribution was insufficient to justify continuation of the awards and they were withdrawn.

ACCEA has recently undertaken a check on existing distinction award holders who may not have submitted review papers in the past five years. The database records of 1374 consultants recorded as distinction award holders were checked to identify if they were still active. Of those 1374 consultants, 1043 required no further action as they were found to have reviewed and the correct review year is shown against their record on the database.

Further checks were carried out on the records of the 331 remaining consultants and the table below shows the results of the exercise

Distinction Award Holders	2009
Distinction Award Holders who have left the Scheme	121
Distinction Award Holders who reviewed in the 2009 Awards Round or who will be reviewing in the 2010 Awards Round	204
Distinction Award Holders who have retired and returned to work – now subject to annual reviews	6
Total	331

Table 5A Outcomes of review applications in England and Wales (combined) 2007- 2009

Review Applications	2007	2008	2009
ENGLAND AND WALES			
Total	590	731	541
5 year renewal or progression to a higher award	538	710	494
4 year renewal	0	0	8
2 year renewal	8	3	3
1 year resubmission	43	16	33
Withdrawal of award	1	2	3

Table 5B: Outcome of review applications in England and Wales 2009

Review Applications	ENGLAND	WALES
Total	531	10
5 year renewal or progression to a higher award	489	5
4 year renewal	6	2
2 year renewal	3	0
1 year resubmission	31	2
Withdrawal of award	2	1

Indicative Numbers 2009

The indicative numbers for regional nominations in the 2009 Round were fixed against a certain number of parameters, including the outturn of awards for 2008 ensuring approximate parity of distribution across the regions.

The Central Committee recommended that the total number of Bronze awards would not be reduced. The distribution has been made on the basis of the eligible consultant base (consultants in post for 12 months or longer) by region, as well as an estimated number of consultants with a reasonable chance of success (consultants who have been in the grade for ten years). The mean of these two figures was checked against the previous year's indicative number, as well the outturn of the 2008 Round. With a slight increase in the total number, the range

was moderated and adjusted. The number of applicants for each level of award also played a role, albeit minor, in the final adjustments.

The estimated number of Silver awards was based on the number of the existing B distinction award holders, and all of those consultants who were awarded a Bronze or employer based Level 9 in 2005, together with those awarded a Bronze or employer based Level 9 in 2004, but have not progressed to Silver. As the number of employer based Level 9 has increased over the last two years, and been added to the pool of the national Bronze award holders for consideration for progression, it was decided to increase the number of the Silver awards to ensure individual award holders have a fair chance of progressing. The regional distribution was checked against the previous year's indicative number and against the final outturn.

The pool for Gold awards consisted of all consultants who were awarded a Silver award in 2004, but have not progressed to a higher level together with all of those who were awarded Silver in 2005. As there were only 11 B distinction award holders who applied for a Gold award in 2008, and most B holders now apply for Silver awards, it was decided to exclude B distinction award holders from the pool. Although the total number of Gold awards in the 2008 was less than the allocated indicative number for the year, the total number of Gold awards was kept the same as last year. The regional distribution was checked and moderated against last year's indicative number and final outturn.

Although the outturn for Platinum Awards for 2008 was smaller than the indicative number for the year, to maintain the incentive of a pyramid progression, it was decided to keep the indicative number for 2009 at the same level as in 2008. The regional distribution was calculated on the basis of the number of consultants who received Gold in 2004, and had not progressed further, with all of those who had their Gold in 2005, and all those with an A distinction award. Once again, the distribution was checked against last year's indicative number, and the final outturn, with some minor adjustments.

Table 6: Indicative Numbers 2009

	Bronze	Silver	Gold	Platinum
CHES&MER	17	9	3	3
DH/OHA	3	4	2	0
EAST ENG	29	14	4	3
EAST MID	21	12	4	3
LON NE	25	16	6	3
LON NW	15	12	4	3
LON STH	24	15	6	3
NTH EAST	20	11	3	3
NTH WEST	29	14	4	3
SOUTH	24	14	5	3
STH EAST	22	9	2	2
STH WEST	31	14	4	2
WALES	20	10	3	2
WEST MID	32	15	6	3
YORK&HUM	32	16	5	2
TOTAL	**344**	**185**	**61**	**38**

Distribution of National Awards

Tables are provided for the use of the Committee indicating the spread of recommendations at each level by specialty and by region, with benchmarks to indicate where there are variations in the pattern (see Appendix 1).

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. We recognise that 'year on year' data cannot give as authoritative a picture as would multivariate analysis. We have asked colleagues in the Medical Careers Research Group at Oxford University, who carried out the multivariate analysis on the ACDA data in 2003, to work on providing an analysis of clinical excellence awards data. This analysis will determine whether women, members of ethnic minorities, and doctors from particular specialities and in particular types of employment are under-represented and report on the distribution, and equity of distribution, of awards. Work began earlier in the year, but due IT system developments, ACCEA has only been able to extract data from the 2008 round of applications, and this has meant that analysis has been difficult. However, preliminary findings of an analysis from applications submitted for a clinical excellence award during the 2008 awards round were reported to ACCEA in June 2009.

We have again analysed this year's awards by level, speciality, regional sub-committee, age, gender, ethnicity and time (either in post or since last award) to award. We have looked at awards both as a proportion of eligible consultants and, since the improved database and capture of applications electronically has permitted this, as a proportion of applicants. In relation to speciality and gender, the analysis indicates that apparent disparities are due to small numbers of applicants from under represented groups rather than applications being less successful.

Level

In 2009, there were increases in Silver and Gold awards compared to 2008, but there were fewer Bronze awards (332 in 2009 compared to 344 in 2008). In broad terms, the distribution of awards is as anticipated, even though there are slightly fewer recommendations for Bronze awards than expected. This is principally due to two factors. The first was a surprisingly low number of good applications from one of the regions, where the sub-committee recommended only 18 applicants against an indicative number of 32. The second was the fact that a small number of applicants for Bronze awards, who were on the tentative recommendation list, dropped out because they subsequently notified ACCEA that they had received an employer based Level 9 award. Although there were sufficient, strong applicants from other regions to make up part of this shortfall against the expected level of awards there were not enough to close it completely.

We anticipated that there would be a need for more Silver awards in this round than previously as the pool of plausible applicants has increased significantly,

mainly as a consequence of the number of applicants who have now held employer based Level 9 Awards for four years. This expectation was reflected in an increase in the indicative number for Silver from 156 in 2008 to 185 in 2009. Even this increase was a little lower than the mathematical model would have suggested. Approximately 10% of the consultants on the Silver list have moved from a Level 9 employer based award rather than a national Bronze award.

We are pleased that we have been able to recommend rather more consultants for Gold awards this year and are now very close to the number we hoped to find. This probably reflects the bedding down of the Scheme's transition from three to four levels of national award and we may have reached a more stable rate for Gold awards. Platinum awards remain at the expected level, which has maintained the proportion of consultants holding the very top award at a consistent level over the past five years.

Figure 2 overleaf shows the previous levels of Clinical Excellence Awards held by consultants who received a Bronze award in 2007, 2008 and 2009. Consultants progressing from discretionary points to a Bronze award are excluded from this graph. However, these numbers are 64 in 2009 (86 in 2008). Also excluded are consultants who moved from no award of any sort to a Bronze award (2 in 2009, 11 in 2008). Most of these are consultants from Wales where there is no employer based awards system. In each case, the application was specifically discussed by the main ACCEA as an exceptional case before the recommendation was made to the Minister.

Figure 3 overleaf shows consultants in England receiving a new national award at each level, by their time as a consultant and Figures 4-6 show the interval between awards.

Figure 2: Previous level of award held by consultants in England receiving Bronze awards in 2007, 2008, 2009 (Percentage at each level)

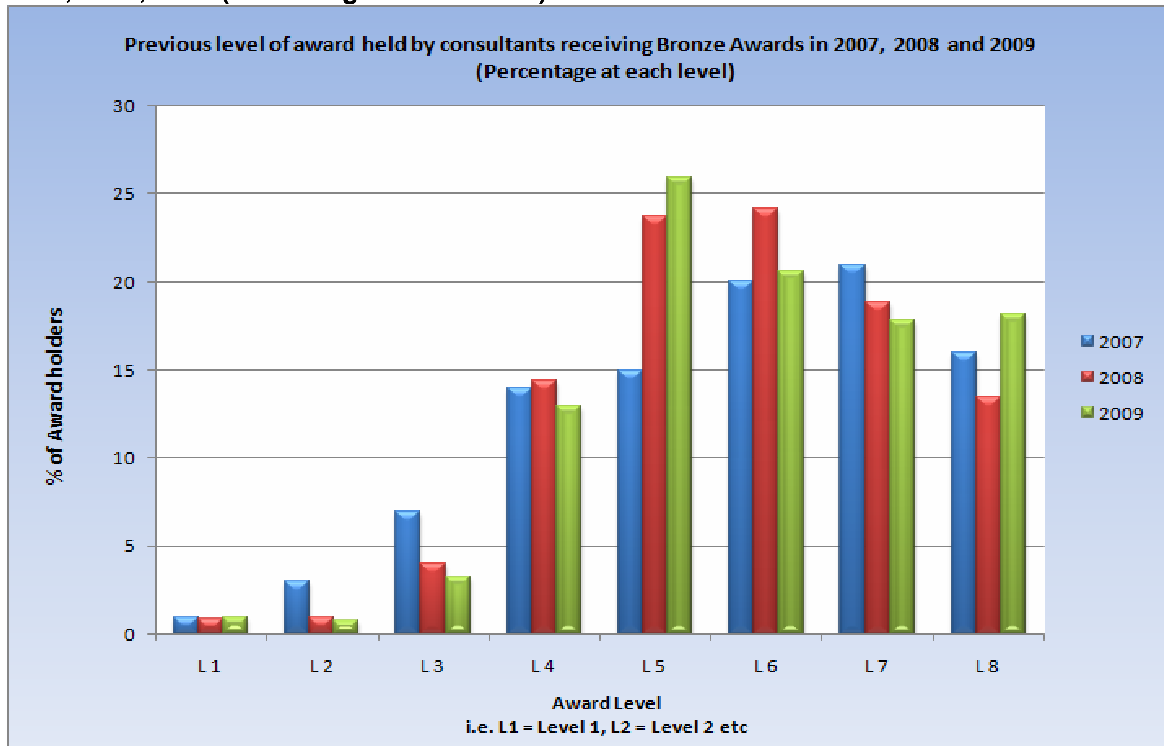


Figure 3: Consultants in England receiving a new Bronze Award in 2007, 2008, 2009 by time as a consultant

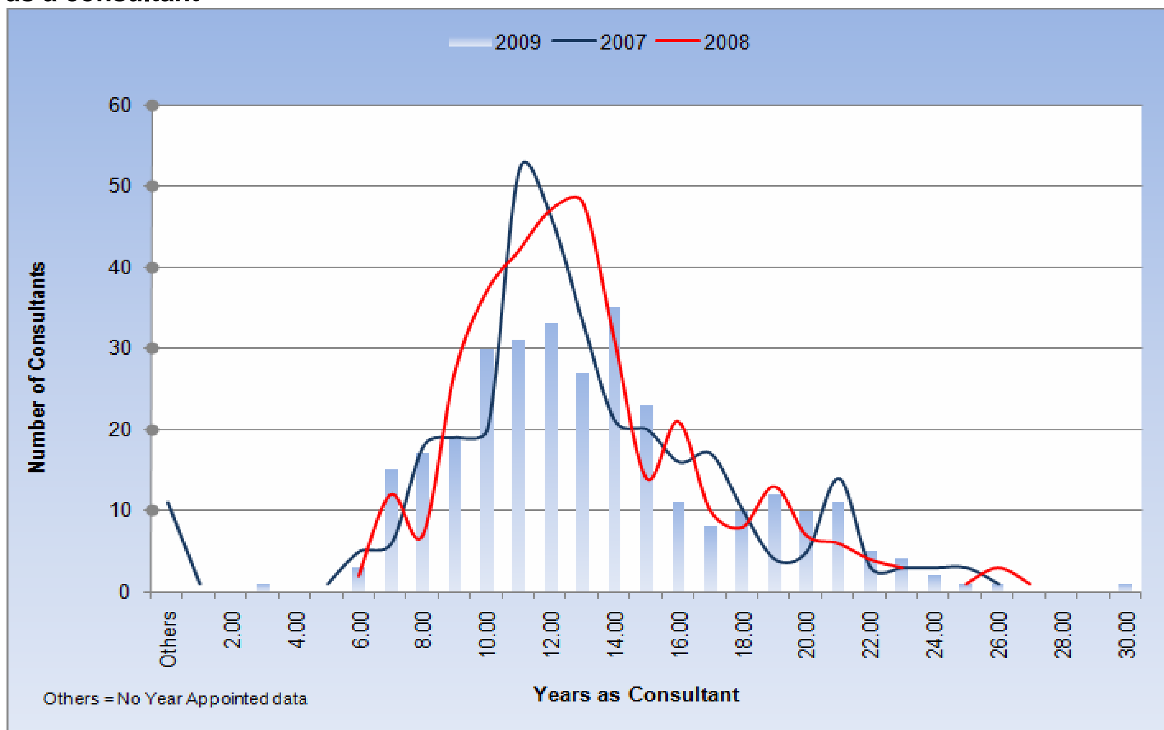


Figure 4: Consultants in England receiving a new Silver Award in 2007, 2008, 2009 by time since receiving Bronze, B or L9 Award

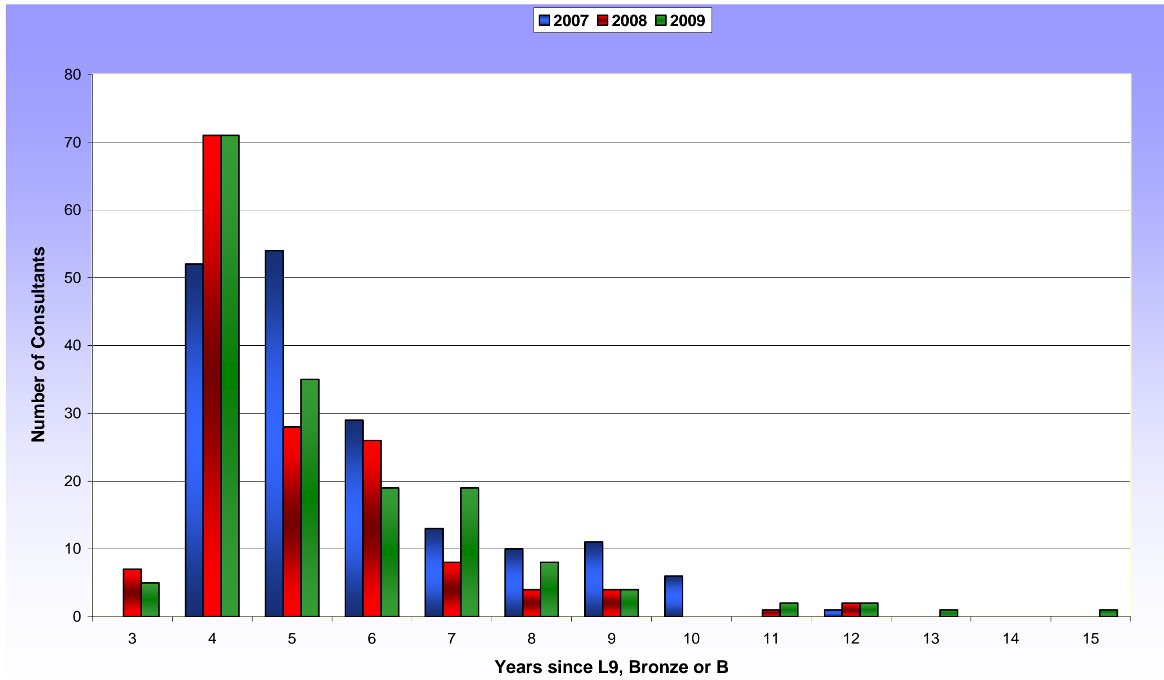


Figure 5: Consultants in England receiving a new Gold Award in 2007, 2008, 2009 by time since receiving Silver or B Award

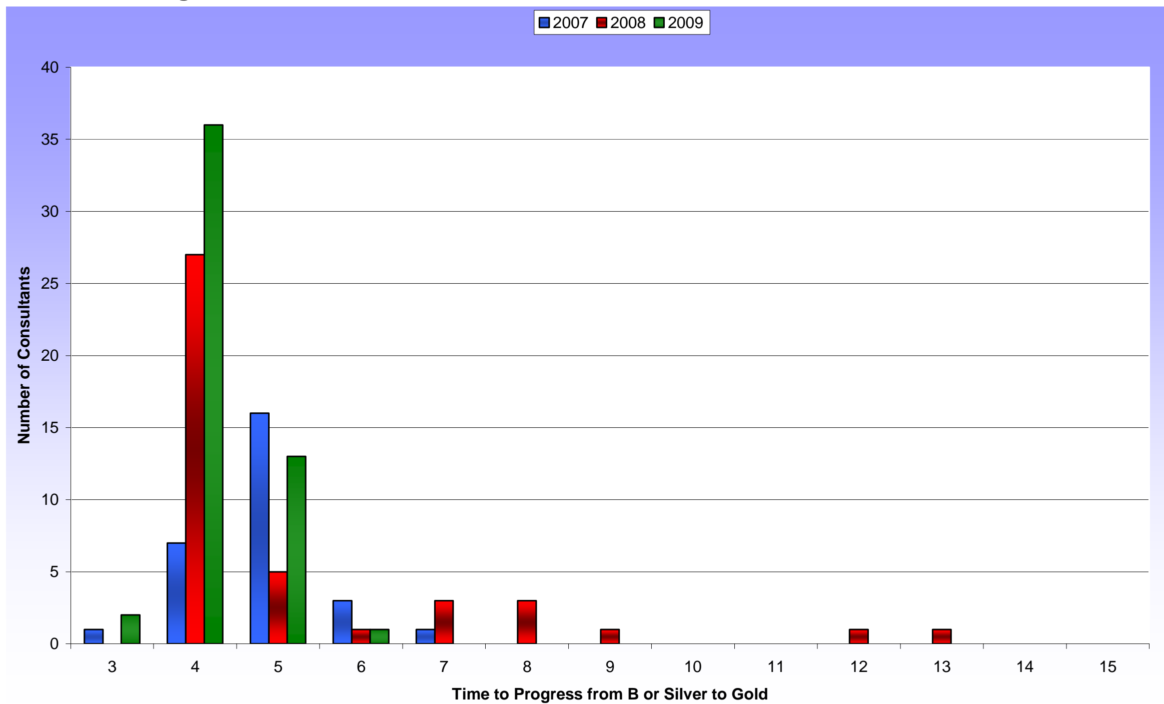
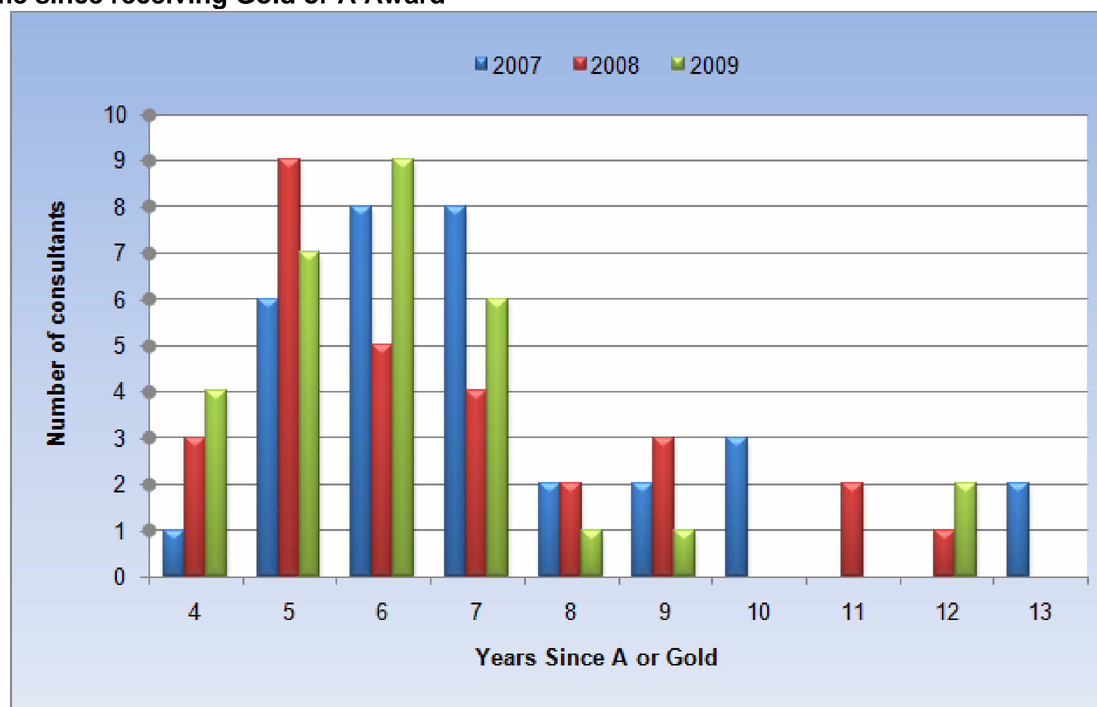


Figure 6: Consultants in England receiving a new Platinum Award in 2007, 2008, 2009 by time since receiving Gold or A Award



Specialty

Awards at Bronze level by specialty are set out in Table 7, which shows the proportions of consultants who received awards in 2009 by specialty and also the percentage of applicants from each specialty who succeeded.

Table 7: Comparison of new Bronze Awards in 2009 in England against Consultants and the Number of Applications by Specialty

Specialty	No. of Consultants	No. of Applications	% Consultants Applying	No. of Bronze Awards	% Consultants Succeeding	% of App succeeding
Academic GP		4	..	3	..	75%
Accident & Emergency	819	15	1.83%	4	0.49%	27%
Anaesthetics	4991	100	2.00%	38	0.76%	38%
Dental		21	..	8	..	38%
Medicine	7906	221	2.80%	82	1.04%	37%
Obs & Gynaecology	1570	29	1.85%	15	0.96%	52%
Occupational Medicine		4	..	1	..	25%
Ophthalmology		26	..	9	..	35%
Paediatrics	2211	64	2.89%	23	1.04%	36%
Pathology	2513	78	3.10%	32	1.27%	41%
Psychiatry	4021	66	1.64%	17	0.42%	26%
Public Health Dentistry	762	2	0.26%	2	0.26%	100%
Public Health Medicine	914	29	3.17%	13	1.42%	45%
Radiology	2802	49	1.75%	17	0.61%	35%
Surgery	6401	132	2.06%	46	0.72%	35%
Not stated		10	..		..	0%
TOTAL	34910	850	2.43%	310	0.89%	36%

Current consultant population is taken from Information Centre data as 34910

Age

The mean age of applicants obtaining each level of award over the previous three award rounds is given in Table 8 below.

Table 8: Age of Awardees 2007-2009

Award Level	Age (mean at 1 April on award year)		
	2007	2008	2009
Bronze (Level 9)	49.9	49.8	49.6
Silver (Level 10)	54.0	53.0	53.0
Gold (Level 11)	51.5	57.0	60.5
Platinum (Level 12)	56.9	57.8	58.0

Figure 7A below shows the age distribution of applicants at each award level and Figure 7B overleaf shows the age distribution of consultants receiving an award. Tables 9A-D show Bronze, Silver, Gold and Platinum applications by age.

Figure 7A: Age distribution of applicants 2009

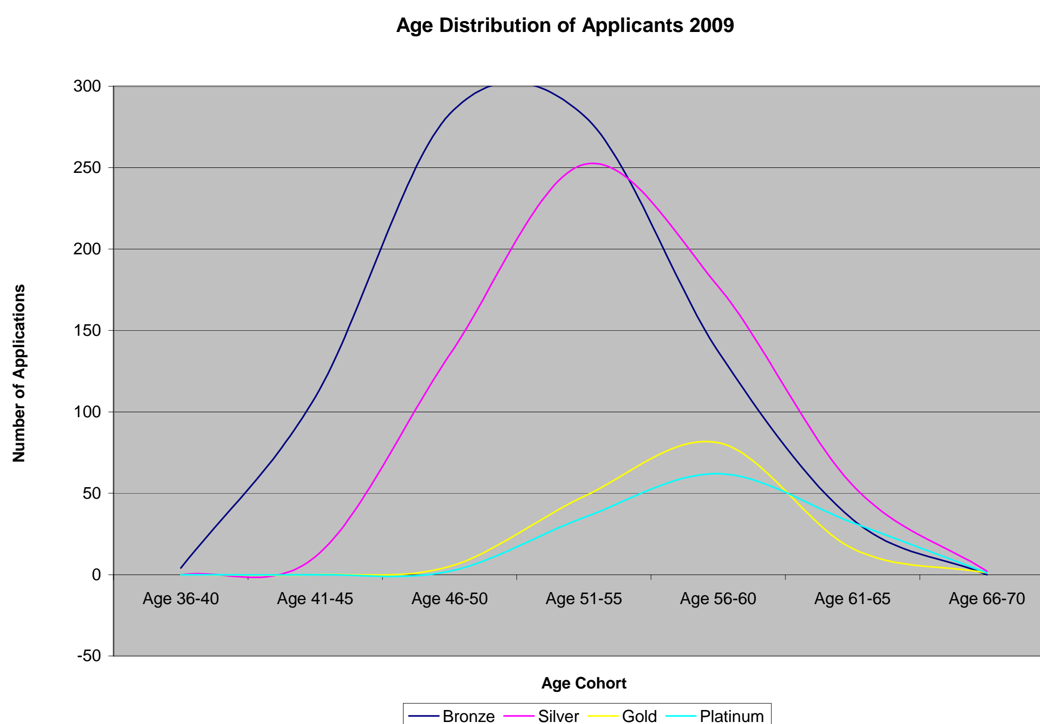


Figure 7B: Age distribution of consultants receiving an award 2009

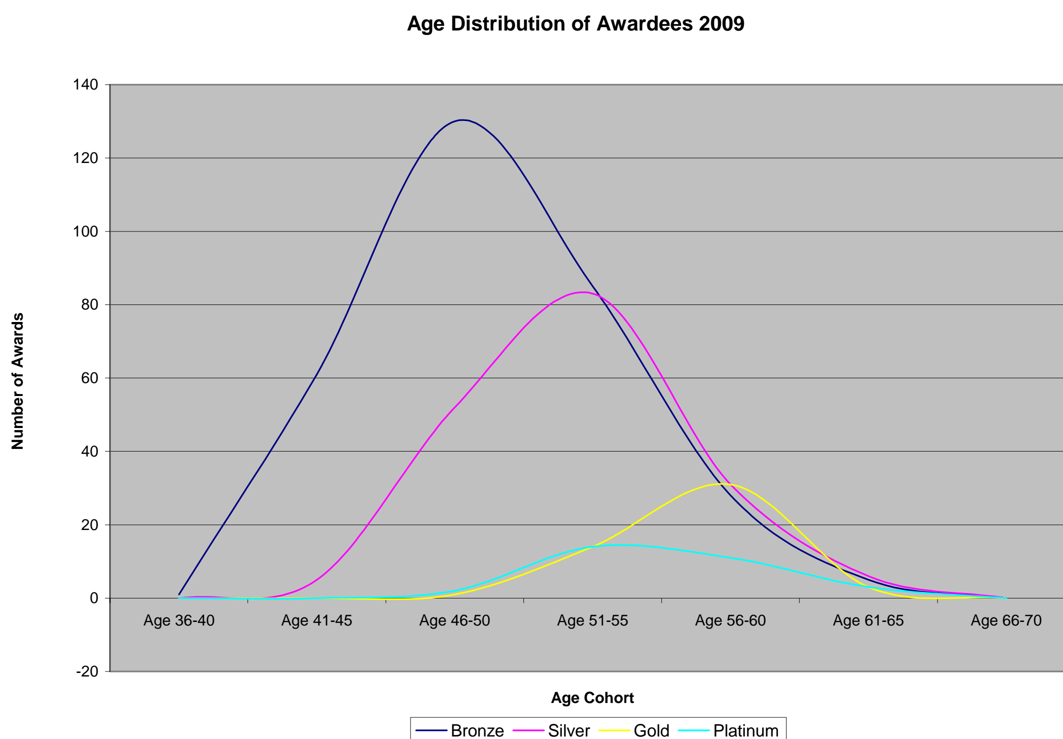


Table 9A: 2009 Bronze applications in England by age

Age	Number of Applications	Number 1=	% 1=
Age 36-40	4	1	25
Age 41-45	109	61	55.96
Age 46-50	283	130	45.94
Age 51-55	282	85	30.14
Age 56-60	137	28	20.44
Age 61-65	34	5	14.70
Age 66-70	0	0	0.00

Table 9B: 2009 Silver applications in England by age

Age	Number of Applications	Number 1=	% 1=
Age 36-40	0	0	0.00
Age 41-45	11	5	45.45
Age 46-50	135	52	38.52
Age 51-55	252	83	32.94
Age 56-60	177	31	17.51
Age 61-65	55	6	10.91
Age 66-70	2	0	0.00

Table 9C: 2009 Gold applications in England by age

Age	Number of Applications	Number 1=	% 1=
Age 36-40	0	0	0.00
Age 41-45	0	0	0.00
Age 46-50	5	1	20.00
Age 51-55	48	14	29.17
Age 56-60	81	31	38.27
Age 61-65	16	3	18.75
Age 66-70	1	0	0.00

Table 9D: 2009 Platinum applications in England by age

Age	Number of Applications	Number 1=	% 1=
Age 36-40	0	0	0.00
Age 41-45	0	0	0.00
Age 46-50	2	2	100.00
Age 51-55	35	14	40.00
Age 56-60	62	11	17.74
Age 61-65	32	3	9.38
Age 66-70	1	0	0.00

Gender

The distribution of awards when considered against applications in 2007, 2008 and 2009 among women in England is shown in Table 10 overleaf.

Table 10: Number of women consultants in England receiving a national award in 2007, 2008, 2009

	2007	2008	2009
Total number of applicants	1944	1889	1773
No. of women applicants (% of total applicants)	320 (16.4%)	301 (15.9%)	305 (17.2%)
Total awards	531	544	566
No. of awards to women (% of total awards)	100 (18.8%)	93 (17.1%)	107 (18.9%)

Awards by gender are shown in Table 11 overleaf both by percentage of eligible consultants and by percentage of actual applicants. Allowing for the small numbers available for analysis, there is no statistically significant evidence of gender bias in award. However, application rates, particularly at Bronze level, are lower for women, although the proportion of those women who do apply who are successful is not significantly different from men. Statistics in these tables relate to England only.

Table 11: 2009 Awards to consultants in England by gender

BRONZE	No. of Consultants	No. of Applications	% Consultants Applying	No. of Awards	% Consultants Succeeding	% of App succeeding
Male	24915	676	2.71%	251	1.01%	37%
Female	9995	174	1.74%	59	0.59%	34%
	34910	850	2.43%	310	0.89%	36%

SILVER	No. of Eligible Consultants**	No. of Applications	% Eligible Consultants Applying	No. of Awards	% Eligible Consultants Succeeding	% of App succeeding
Male	1057	536	50.7%	142	13.4%	26%
Female	280	98	35.0%	35	12.5%	36%
	1337	634	47.4%	177	13.2%	28%

**Consultants in possession of a Bronze Award or a B Award

GOLD	No. of Eligible Consultants**	No. of Applications	% Eligible Consultants Applying	No. of Awards	% Eligible Consultants Succeeding	% of App succeeding
Male	934	133	14.2%	40	4.3%	30%
Female	170	20	11.8%	9	5.3%	45%
	1104	153	13.9%	49	4.4%	32%

**Consultants in possession of a Silver Award or a B Award

PLATINUM	No. of Eligible Consultants**	No. of Applications	% Eligible Consultants Applying	No. of Awards	% Eligible Consultants Succeeding	% of App succeeding
Male	514	123	24%	26	5.1%	21%
Female	64	13	20%	4	6.3%	31%
	578	136	24%	30	5.2%	22%

**Consultants in possession of a Gold Award or an A Award

Ethnicity

The number of consultants from Black and Minority Ethnic (BME) groups receiving an award considered against the number of applications is shown in Table 12 overleaf. The methodology of coding ethnic groups changed between 2007 and 2008 and so the figures for 2007 are not exactly comparable with those for later years but are the closest comparison available. The current coding methodology is the same as that used in the NHS.

Tables 13A-D shows the breakdown of BME consultants in England by award level. We have been unable to provide the figures for 2007 because a large number of the data held for that year shows the ethnicity of the consultant as 'not stated'. Between white and non-white consultants, the proportion of successful applications is broadly similar at Bronze and Platinum levels. However, in the 2009 Round, unlike in 2008, there was significant disparity between white and non-white consultants who received an award at Silver or Gold level.

Table 14 shows the 2009 applications, awards and success rates by ethnic origin and level of award.

Table 12: Number of BME consultants in England receiving a national award in 2007, 2008, 2009

	2007	2008	2009
Total number of applicants	1944	1889	1773
No. of BME applicants (% of total applicants)	252 (13%)	253 (13.4%)	263 (14.8%)
Total awards	565	544	566
No. of awards to BME consultants (% of total awards)	63 (11.8%)	66 (12.1%)	82 (14.5%)

Table 13A-D: Number of BME consultants in England receiving a national award in 2008, 2009 by level of award

Table 13A

Bronze	2008	2009
Total number of applicants	1025	850
No. of BME applicants (% of total applicants)	170 (17%)	154 (18%)
Total awards	323	310
No. of awards to BME consultants (% of total awards)	47 (15%)	48 (15%)

Table 13B

Silver	2008	2009
Total number of applicants	581	634
No. of BME applicants (% of total applicants)	61 (10%)	81 (13%)
Total awards	151	177
No. of awards to BME consultants (% of total awards)	12 (8%)	13 (7%)

Table 13C

Gold	2008	2009
Total number of applicants	121	153
No. of BME applicants (% of total applicants)	11 (9%)	18 (12%)
Total awards	39	49
No. of awards to BME consultants (% of total awards)	2 (5%)	3 (5%)

Table 13D

Platinum	2008	2009
Total number of applicants	146	136
No. of BME applicants (% of total applicants)	10 (7%)	10 (7%)
Total awards	31	30
No. of awards to BME consultants (% of total awards)	4 (13%)	2 (7%)

Table 14: 2009 Applications, Awards and Success Rates by Ethnic Origin and Level of Award

Ethnicity	No. of Applications	Actually Awarded	%
BRONZE			
BME	154	48	31%
Of which:			
Asian or Asian British	118	41	35%
Black or Black British	10	1	10%
Chinese or Other Ethnic Group	12	2	17%
Mixed	14	4	29%
White	656	249	38%
Not stated	40	13	32%
Total	850	310	36%
SILVER			
BME	81	13	16%
White	526	161	31%
Not stated	27	3	11%
Total	634	177	28%
GOLD			
BME	18	3	17%
White	129	46	36%
Not stated	6	0	0%
Total	153	49	32%
PLATINUM			
BME	10	2	20%
White	121	28	23%
Not stated	5	0	0%
Total	136	30	22%

Section 2: Employer Based Awards

We continue to receive annual reports from employer based awards committees. However, ACCEA still does not receive the number required for satisfactory analysis. The intention is to seek to remedy this weakness by extracting data from the NHS Electronic Staff Record. Data on employer based awards will then be updated and will be made available at http://www.dh.gov.uk/ab/ACCEA/index.htm once this process has been completed; this is expected to be in early 2010.

Employer Based Awards Working Group (EBAWG)

The Employer Based Award (EBA) Scheme is run by trusts throughout England. It embodies the principles of the Clinical Excellence Awards Scheme run nationally, which aims to improve standards in the NHS at the trust level.

There has also been a rise in the number of queries related to the EBA Scheme, which has prompted ACCEA to look at ways to develop it further.

There were some preliminary EBA workshops conducted in England in 2007 and 2008 and initial research carried out on the EBA Scheme, which was presented in the 2007 ACCEA Annual Report. As part of the recommendations on how ACCEA should manage the Employer Based Awards, it was suggested that ACCEA's Chair and Medical Director take a more proactive role in the implementation of the Scheme and the ACCEA Medical Director convened the EBAWG with that in mind.

The EBAWG consisted of the Medical Director of ACCEA, three of the regional sub-committee members, Medical Vice-Chairs and representatives of employers and the BMA.

The outputs from this process were the development of a dedicated Guide and EBA scoring system. The new Guide addresses the following areas:

- structure and function of the EBA Committees
- training for local committee members
- assessing excellence in local applications
- minimum investment calculation (and carry over)
- timetable for award round
- local trust strategic planning and excellence awards
- guidance on policy and procedures
- monitoring and reporting

ACCEA's Medical Director intends to contact all stakeholders for feedback on the new Employer Based Awards Guide now that this has been published and ACCEA are planning training and awareness events within the NHS to publicise the new Guide.

Section 3: Development of the Scheme

There have been a number of developments during the 2009 Awards Round.

Next Stage Review

An inclusive process has been undertaken to strengthen the Awards Scheme so that it is more conditional on clinical activity and quality indicators and supports clinical leadership, service delivery and innovation in line with "*High Quality Care for All*". Key parts of this process have been:

- a workshop held at the end of February with a widely based attendance, including chief executives, HR directors and medical directors.
- close liaison was undertaken with DH policy colleagues who deal with quality and leadership issues.
- papers on proposed changes to the Scheme were considered at meetings in May of the National Quality Board and the National Leadership Council.
- Sir Bruce Keogh held a seminar for medical directors in May to discuss the proposed changes.
- the views of a group of patients/service users were heard at a workshop in June.
- David Nicholson as Chair of both the National Quality Board and the National Leadership Council wrote to the ACCEA Chair on 19 June with advice about shaping the forthcoming guidance for the national level awards.
- significant changes have been made to the Guide for Applicants, particularly on quality and leadership aspects. Consultation on these changes was undertaken in writing and in meetings with the British Medical Association and NHS Employers. The views of the Association of University College Hospitals were also sought.

There will be further progress during the next twelve months. The 2011 Guides to the Scheme, which will be published in July 2010, will be able to take account of further policy developments, e.g. the extension of indicators for quality improvement, the roll out of quality accounts and leadership initiatives including the introduction of leadership certificates.

Diversity Strategy

ACCEA is committed to making its recommendations based on merit and counteracting any inadvertent discriminatory impact of its processes. It does not practise any positive discrimination, although the Chair and Medical Director aim to prioritise the time they devote to support training, gathering of information and analysis of award data so as to assist under represented groups. This prioritisation of support is the principal way in which ACCEA intends to deliver its duty to promote equality (as opposed to avoiding discrimination), when the anticipated equality legislation introduces such positive duties.

During 2009, the Chair and Medical Director have presented their approach to diversity issues to the Department of Health groups considering Women in Medicine, chaired by Baroness Deech, Race in Medicine, chaired by the Chief Medical Officer, and to members of the DDRB in seminar. The strategy to deal with diversity issues has been based on the following strands:

- improve objectivity of decision-making to ensure fairness so that awards are given on merit and possible discrimination is minimised
- monitor for variations to identify unexpected patterns
- analyse and respond to such patterns while maintaining the fairness and objectivity of the evaluation processes

Objectivity is enhanced through the following:

a. *Applications* for awards are submitted by the consultants themselves, removing the risk of patronage from the nomination requirement from some previous iterations of the NHS consultants' awards scheme.

b. There is a *standard application form* to ensure a common format for the presentation of evidence of excellence, together with a requirement of employer confirmation of eligibility criteria and comment on local contributions.

c. *Twin shortlisting routes* by 'national nominating bodies' and the ACCEA regional sub-committees ensure that each applicant has the opportunity to be considered by more than one such route.

d. Members of the regional sub-committees *score* each of the five domains for each application and aggregate scores together with distributions of top scores form the main basis for shortlisting. Review by the Medical Director and Chair of all shortlisted applications provides moderation of standards between committees and enables cases where scores do not seem to match the evidence presented in the application to be challenged.

e. A *Guide for Assessors* promotes consistency of scoring.

f. *Turnover of committee members*, with a three-year term, reduces the risk of patronage or perceived patronage within the system. Vacancies are advertised openly and for the medical vice-chair and national ACCEA positions, interviews are held. For regional sub-committee posts, advice is sought from the chairs and medical vice-chairs on applications, with the ACCEA Chair and Medical Director considering that advice to assure themselves that the balance of specialty, place of work, gender and ethnicity on committees is maintained.

Monitoring of distribution of new national awards each year uses the following categories:

- specialty
- region
- gender
- ethnicity (White/Non-White save for Bronze where further breakdown of reported ethnicity is undertaken)
- age (previously mean average for each level, but moving to consider the spread of age too)

ACCEA does not hold data on disability, sexual orientation, or religion, and has no plans to seek this information.

Limited analysis is currently done on the overall distribution of national awards against these categories and ACCEA does not itself have the capability to carry out multivariate analysis. In order to plug this gap, the Secretariat has commissioned work from an academic policy department at Oxford University. As well as providing a more sophisticated understanding of the data, this will also provide an independent assurance to ACCEA of progress on the diversity agenda.

ACCEA has not yet found an effective way of securing robust data on employer based awards. This has previously been dependent on first an annual verification exercise whereby employers are asked to confirm the awards status of consultants and secondly annual reports from employer based awards committees. The quality of data from the first source is thought to be inadequate. Although some analysis of the latter reports was undertaken last year, ACCEA still does not receive the number required for satisfactory analysis. The intention is to seek to remedy this weakness by extracting data from the NHS Electronic Staff Record and it is hoped that it will be possible to do this in the autumn of 2009.

Responses to variations in award rates have focused on raising awareness and supporting training in how to apply successfully. ACCEA has resisted suggestions that quotas for awards to under-represented groups might be appropriate.

Recent monitoring data has demonstrated that in relation to ethnicity and gender the proportion of successful applications is broadly similar for men and women. However, application rates, particularly at Bronze level are lower for women although the proportion of those women who do apply who are successful is not significantly different from men. Between white and non-white consultants, the proportion of successful applications is broadly similar at Bronze and Platinum levels. However, in the 2009 Round, unlike in 2008, there was significant disparity between white and non-white consultants who received an award at Silver or Gold level. This may be an unfortunate anomaly, but will need to be kept under review. There is also considerable regional variation in the proportion of consultants of 10-12 years standing who hold national awards, on which data was reported in the Chief Medical Officer's Annual Report for 2008.

The response to these findings has been to work with the Medical Women's Federation to increase confidence in the objectivity of the Scheme through greater transparency and advice on how to present applications to highlight the excellence of their contribution. The principal response to low application rates from

consultants of South Asian origin has been to work with the British Association of Physicians of Indian Origin to disseminate advice on how the Award Scheme works and on how best to present information in applications. A series of workshops has been held over the summer and was attended by ACCEA.

Considerable work has been done with the Association of Anaesthetists to increase both application rates and the quality of those applications. This has included presentations at an Association conference, support for the association on the advice it gives to members, and the inclusion of examples in the guide relating to anaesthetic practice to demonstrate awareness of the specialty. Although this seemed to have little impact in the 2008 Round, in 2009 the recommendations for awards to anaesthetists are much closer to the benchmark amounts.

It is anticipated that similar work to that undertaken with anaesthetists now needs to be undertaken in relation to psychiatry and a presentation was made to the RC Psychiatrists, where Bronze Awards for that specialty have been made at a much lower rate than expected for a number of years.

ACCEA is exploring how best to monitor the age distribution of applicants and awardees, and is now reporting on that data in five yearly cohorts rather than merely reporting a mean average for each level. It has not yet considered whether any response is required.

Concern has also been raised about the position of clinical academics within the Scheme, with views expressed that they might both be unduly favoured or unduly disadvantaged. The Medical Schools Council report "*Staffing Levels on Medical Clinical Academics in UK Medical Schools*" (May 2009) noted that slightly more clinical academics than NHS consultants hold a CEA or equivalent at some level (53% compared to 51%) but a significantly higher proportion of clinical academics hold an award at Level 9 or higher (31% compared to 14%).

Committee Membership

This year there has been a recruitment exercise to replace two members on the main ACCEA Committee, as well as the regular annual recruitment campaign to replace some of the membership on ACCEA's regional sub-committees. The usual term of appointment for ACCEA committee members is three years.

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 and for this reason, we had begun to analyse membership of the sub-committees. Figures 8-11 overleaf illustrate the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2009 awards round, together with any vacancies. It can be seen that there remains an imbalance of gender in relation to 'professional' members of the regional sub-committees.

On the main ACCEA Committee, the gender breakdown in the 2009 Round was eleven men and five women.

Figure 8: Regional Sub-Committees (excluding London) 2009 Round - Gender Breakdown within each member category

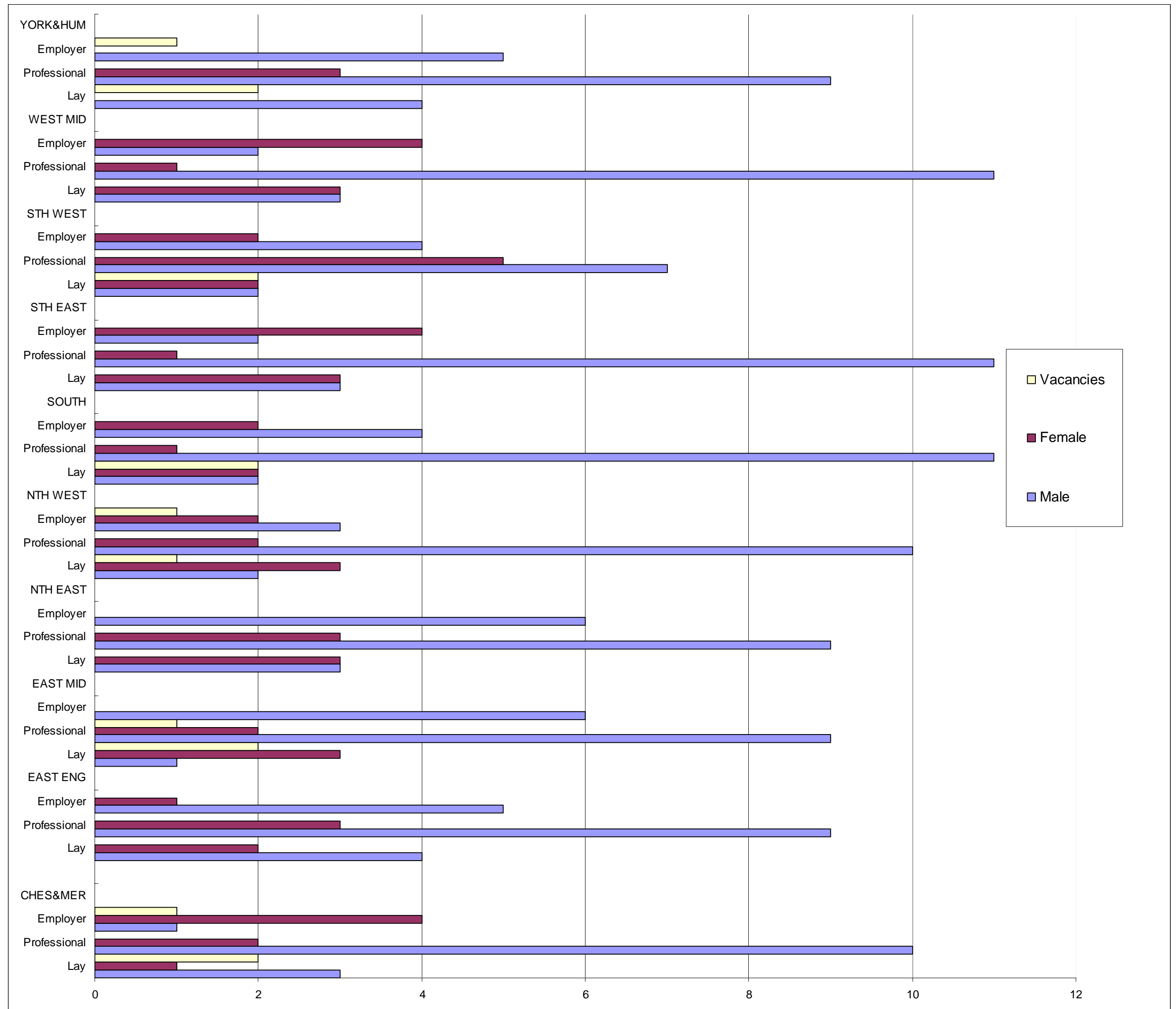


Figure 9: Regional Sub-Committees (London) 2009 Round - Gender Breakdown within each member category

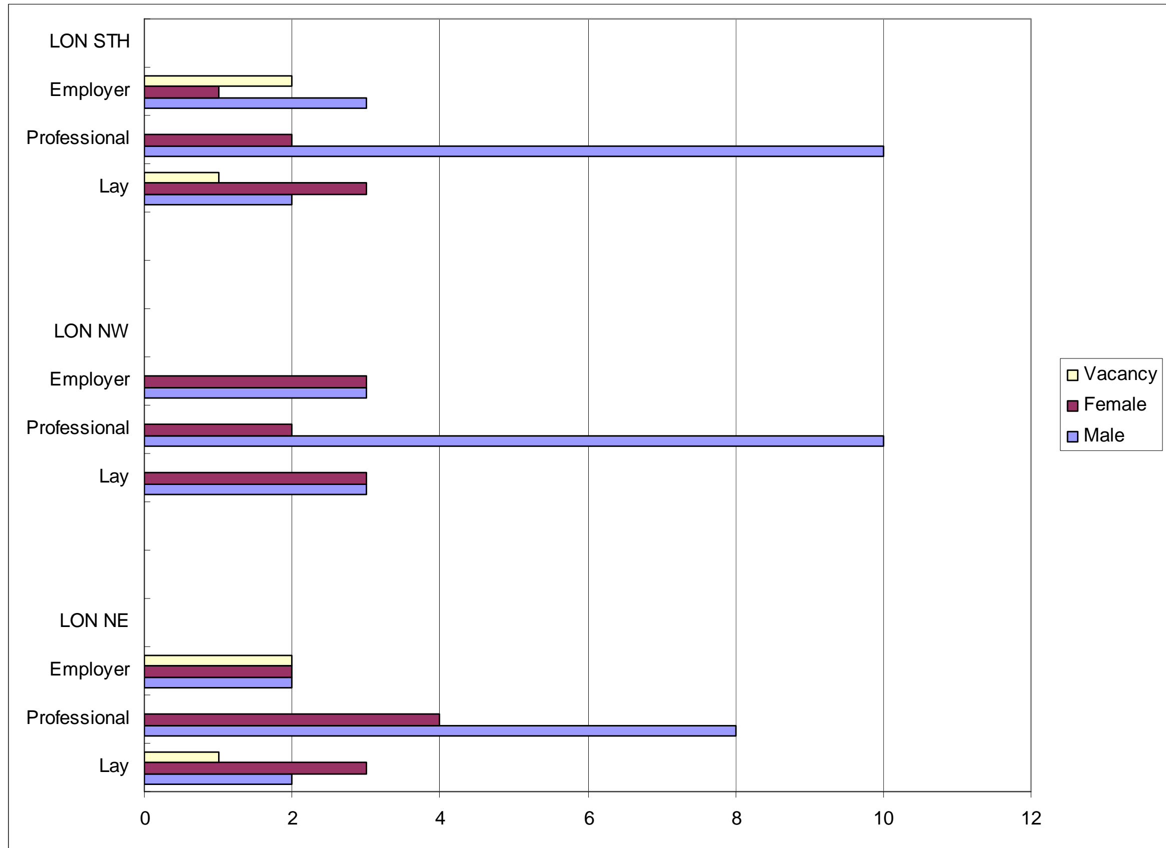


Figure 10: Sub-Committee Membership – All Regions 2009

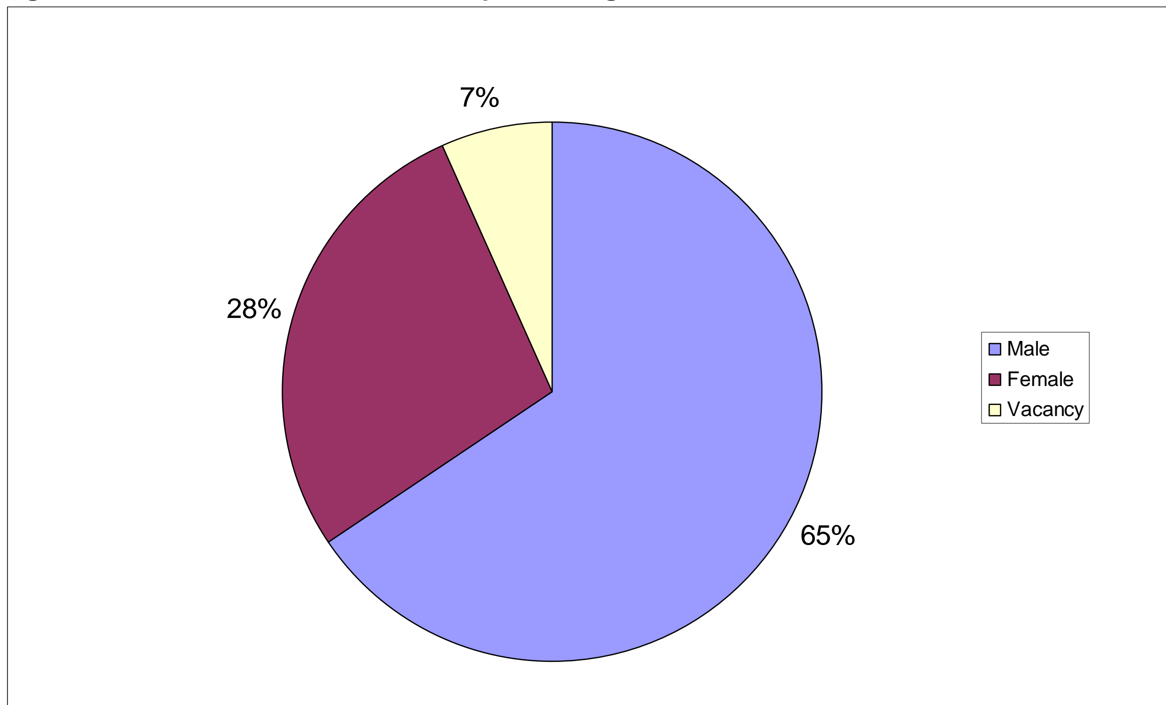
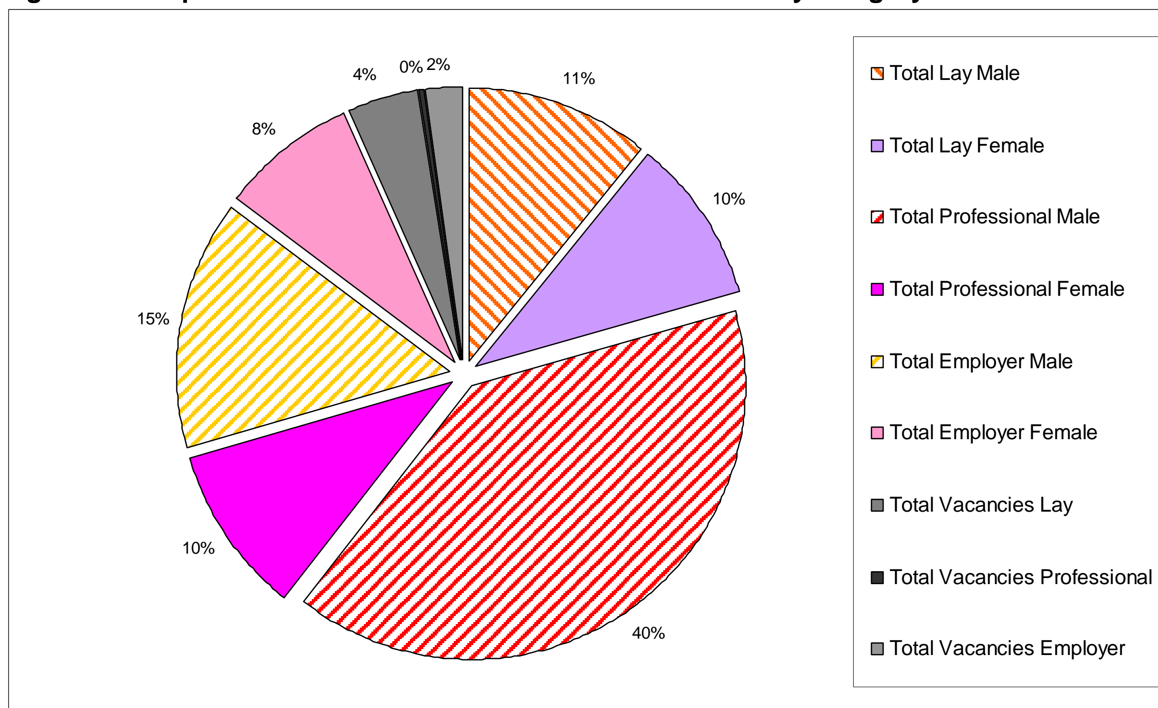


Figure 11: Proportion Male/Female Sub-Committee Members by category in 2009



Appeals, Concerns and Complaints

Appeals

The Guide for Applicants gives details of the appeals process for national and employer based awards. There is no right of appeal against the 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. Part 5 of the Guide for Applicants gives examples of what would be considered grounds for appeal.

For employer based awards, there is a two-stage appeal. If a consultant believes that there has been a process failure within their trust, they should lodge a complaint to the Chair of the Employer Based Awards Committee. This should be sent in writing, detailing the reasons why the procedure was not correctly followed. Once this process has been exhausted and, if consultants are still dissatisfied, they can appeal directly to the Chair of ACCEA and ask for an investigation.

If consultants make an appeal against the process for national awards, they should write to the ACCEA Chair detailing where they consider the process has failed. Where concerns cannot be resolved informally, a panel of people previously uninvolved in the application will consider the appeal. The panel will include a professional (medical or dental), an employer and a lay member as chair. They will look at the complaint, the documents setting out prescribed procedures, and a written statement of the procedure actually followed by the committee in question. Following the investigation, the Chair of the Panel will send a report to the Chair of ACCEA with a recommendation.

When an appeal against employer based awards processes is received by the Secretariat, it is considered in the first instance by the ACCEA Chair. If there are, valid grounds for appeal the Medical Vice-Chair of the appropriate Regional Sub-Committee is asked to investigate and provide a report to the ACCEA Chair. The Chair will then make a decision based on this report.

During the year, there were four appeals against the National Awards processes following the 2008 Round, which were decided, by the ACCEA Chair and Medical Director. The details are given in Table 14 below

Table 14: NATIONAL AWARDS APPEALS 2008 (PROCESSED IN 2009)

Date	Nature of appeal	Sent for investigation	Report received	Resolution and date
07/11/2008	Appealing decision to not grant for last 3 years despite being ranked highly by the Royal College	N/A	N/A	Scoring checked and no failings found. Reply sent 02/12/2008 Case Closed
14/11/2008	National application assessed and scored on basis of qualified support when CE had later edited.	N/A	05/01/2009	Not upheld. Consultant informed 11/03/2009 Case Closed
18/11/2008	Application transferred to DH committee instead of local committee and no dental representative on panel. In addition, letter for successful B renewal was received when application for this was not submitted. Was Silver application seen correctly?	N/A	N/A	Letter sent 22/04/2009. Appeal unsuccessful Case Closed
23/02/2009	Appealing our decision on granting silver awards according to subcommittees ranking scores which he had been passed	N/A	N/A	Letter sent 24/03/2009 stating he is too late to appeal. Case Closed

There were thirteen employer based awards appeals received nationally following the 2008 Round. These are summarised in Table 15 overleaf.

Table 15: EMPLOYER BASED AWARDS APPEALS 2008 (PROCESSED IN 2009)

Date	Nature of appeal	Sent for investigation	Report received	Resolution and date
11/08/2008 (by e-mail)	No representative from my trust on the panel	05/10/2008 to Medical Vice Chair	From Medical Vice Chair 06/01/2009	07/05/2009 – Final reply sent Appeal unsuccessful. Case Closed
09/09/2008 (by e-mail)	Failings with EBA panel	07/05/2009 to Medical Vice Chair.	07/05/2009 from Medical Vice-Chair	Reply sent 23/07/09 Appeal not upheld. Case Closed
22/09/08	Committee did not take into account work done after March/April	Medical Vice Chair	16/03/2009 from Medical Vice-Chair	Letter sent 27/04/2009. Appeal unsuccessful Case Closed
14/09/2008	Scoring process not followed	06/10/2008 to Medical Vice Chair	06/01/2009 from Medical Vice Chair	Letter sent 27/04/2009. Appeal unsuccessful Case Closed
12/10/2008	Unfair decision.	N/A	N/A	Letter sent 22/10/2008 requesting full details of the case for appeal. No reply as of 28/04/2009 Case Closed
16/10/2008	Information in application not properly assessed	N/A	N/A	Letter sent 22/12/2008 – Not upheld Case Closed
16/10/2008	Appealing owing to feedback regarding scoring mechanism and alleged comment re certain consultants 'should not be awarded'.	31/10/2008 to Medical Vice Chair	16/03/2009 from Medical Vice Chair	Letter sent 27/04/2009. Appeal unsuccessful Case Closed
12/12/2008	Inconsistent factors from Local Awards Committee	25/03/2009 to Medical Vice Chair	27/04/2009 from Medical Vice Chair	Letter sent 07/05/2009. Appeal unsuccessful. Case Closed.
18/12/2008	EBA granted but not accepted by remunerations and appointments committee	16/03/2009 to Medical Vice Chair	Received 07/05/2009 from Medical Vice-Chair	Letter sent 14/05/2009. Copy also sent to BMA and employer Appeal unsuccessful. Case Closed
12/01/2009	Despite CVQ demonstrating additional achievements since last CEA and 8 available awards, none were given	27/01/2009 to Medical Vice Chair	Received 17/04/2009 from Medical Vice Chair.	Letter sent 7/04/2009. Copy to BMA Appeal unsuccessful Case Closed
01/02/2009	Appealing local trust decision from previous appeal of 22/1/09	N/A	N/A	Letter sent 09/02/2009 Not upheld Case Closed

Date	Nature of appeal	Sent for investigation	Report received	Resolution and date
Received: 27/05/2009	Applied for EBA in 2008 round, made a local appeal, which was disallowed. Now wishes to appeal the trusts appeal decision.	N/A.	N/A	Letter sent 05/06/2009 Appeal not upheld Case Closed

Some appeals took a very long time to resolve and a timetable for processing them has now been agreed and included in the Guide for Applicants to avoid delays in the future.

Complaints and Concerns

One concern was received in the ACCEA Secretariat. The detail of the nature of the concern is contained in Table 16 below.

Table 16: Complaints: Monitoring Sheet 2009 Round

No.	Date received	Nature of Complaint	Date resolved	Resolution	Actions	Date Actions completed
1	16/06/2009	Irregularities which occurred with the awarding of CEA points at NHS Trust	02/08/09	Actions of trust found to be consistent with ACCEA guidelines.	Letter to trust 03/08/09	03/08/09

Training Activity

During this year, the Secretariat has arranged training events and awareness sessions on the Scheme. A table of these sessions and events is detailed in Table 17 overleaf.

Table 17: Training activities in 2008/09

DATE OF TRAINING	NAME OF TRAINING
20/09/2008	British Association of Physicians of Indian Origin
13/10/2008	National Nominating Bodies
13/10/2008	Chairs and Vice Chairs Wash-up
24/10/2008	Specialist Societies
24/10/2008	New Members Training
24/11/2008	Academy Officers
01/12/2008	New Members Training
01/12/2008	Employer Based Awards workshop
26/01/2009	The Association of Anaesthetists of Great Britain and Ireland
24/02/2009	Frontline Workshop
04/06/2009	Expert Patient Reps Workshop
21/08/2009	British Association of Physicians of Indian Origin
09/09/2009	Ministry of Defence (MOD) CEAC
21/09/2009	NHS North East
22/09/2009	East of England SHA Remuneration Committees Group
30/09/2009	Consultants at St Georges Hospital, London
05/10/2009	Chairs and Vice Chairs Wash-up (Session 1)
07/10/2009	National Nominating Bodies
07/10/2009	Specialist Societies
10/10/2009	British Association of Indian Anaesthetists
19/09/2009	Women in Surgery
20/10/2009	Chairs and Vice Chairs Wash-up (Session 2)
16/11/2009	New Members Training in Birmingham (2 sessions)
20/11/2009	British Association of Medical Managers
23/11/2009	New Members Training in London

Personal Statements

Personal statements of successful national applicants from the 2008 Round were published on the ACCEA website. A few personal statements were withheld for reasons of confidentiality, personal safety and public interest. As far as we are aware this has not led to any additional concerns being raised about the appropriateness of recipients and it should provide useful feedback to potential applicants on the type of work that is rewarded and provides a showcase for clinical excellence.

Awards Timetable

The new awards timetable, aimed to enable recommendations to reach the Minister before the summer Parliamentary recess, has gone smoothly. This has been facilitated by the sub-committees working electronically, using the online scoring system. This has enabled committee dates to be brought forward and in most cases the greater robustness of the scoring has meant that a single meeting has been sufficient for the committees to draw up their nominations rather than two meetings as in previous years. However, the main credit should go to sub-committee chairs, vice-chairs and the ACCEA Secretariat for ensuring that these potential benefits of the technology were in fact realised.

Reviews in the 2010 Awards Round

During the past year, there have been discussions about the current policy when an award holder fails to submit a review application on time. Consequently, there have been changes to this policy, which has been reflected in the 2010 Guides to the Scheme.

The policy in the 2010 Guide is now as follows:

- Clinical Excellence Awards granted nationally are valid for five years. After four years, ACCEA will ask consultants to submit an application to review their award to ensure that they continue to meet the performance standards required.
- For awards granted in 2010, these are valid from 1 April 2010 until 31 March 2015. The first review will be the 2014 round (year 4), and then every five years after that (2019, 2024).
- These awards can be reviewed at any other time, if there is good reason to do so. Employers also have a duty to inform the Chair and Medical Director of ACCEA if there are disciplinary issues.
- Applicants who submit a successful application in 2010 will usually be given a five-year renewal period until 2015. The next review would then be due in 2019.
- Applicants who submit an inadequate application in 2010 will not have their awards renewed and will be asked to submit another application the following year (2011). If that application for review is successful, the award will be renewed. However, in order to maintain the original review period, the award will be renewed for four years (i.e. 2015).
- In cases where the evidence supplied is unclear, the Chair and Medical Director can also recommend to ACCEA that an award be renewed for less than five years, giving applicants a chance to demonstrate they still meet the relevant criteria for their award level.
- Applicants, who are due to submit an application to review their award in 2010 and do not do so or whose application is inadequate, will be informed that they must submit review papers in 2011. If they do so successfully, they will be put on a four-year review, to keep them in line with their five yearly review cycle. If they fail to submit in the 2011 round, a recommendation will be made to ACCEA that the award will end on 31 March 2011. If consultants to whom this applies submit an inadequate application in 2011, they will be warned that this recommendation is being made and they will be given the opportunity to make any further relevant submission, which will be presented to the main committee.
- Consultants with Distinction Awards who retire and return to work, providing that the Medical Director of ACCEA has agreed that their awards can be reinstated will have an annual review.

Appendix 1

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, benchmarked against expected distributions. The following tables set out the distribution of awards by specialty and region for Bronze, Silver, Gold and Platinum Awards.

Regional benchmarks are based on the indicative numbers issued to sub-committees for their nominations to the Chair and Medical Director. The final three columns of each table show (a) the actual number of awards made to each region, (b) the indicative number as a benchmark, and (c) the difference between the benchmark and the actual awards made. A negative number indicates that fewer awards were made than the benchmark would have predicted.

Benchmarks for the specialties are calculated on the assumption that the distribution of awards would be directly proportional to the number of consultants in the cohort from which applications would be drawn who are working in each specialty. The penultimate row of figures shows the benchmark and the last row sets out the variation from this benchmark. Thus, for Bronze (for which the cohort is all eligible consultants) an even distribution would have led to such awards being made to 49 anaesthetists and to 75 consultants specialising in medicine. The table demonstrates than in fact 9 fewer awards were made to anaesthetists than expected and 10 more awards were made to consultants specialising in medicine than expected. For higher award levels, the benchmarks assume the rate of progression of those who obtained awards in 2005 would be the same in all specialties. Clearly, in these cases, the numbers are much smaller and it is particularly difficult to draw conclusions from variations in any particular year. Again, a negative number indicates that fewer awards were made than the benchmark predicted.

Table 1A: Distribution of new Bronze Awards in 2009 by Specialty and Region

REGION	Accident & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gynae	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	**Indicative Number**	**Difference**
Cheshire & Mersey			1	1	4	3			2	1	1			2	2	**17**	**17**	0
DH/OHA										1			2			**3**	**3**	0
East England			3		9	1		2	2	3	3			3	6	**32**	**29**	3
East Midlands			4		4	2		1			2		1		5	**19**	**21**	-2
London NE		1	2	2	10			1	4	3	1		2			**26**	**25**	1
London NW			2		5	1		1	2	2	1		1	1		**16**	**15**	1
London South			1		7	1	1		2	3	2	1		2	4	**24**	**24**	0
North East			3	1	5					2	3			1	4	**19**	**20**	-1
North West			2	1	6	3			1	4	1			1	6	**25**	**29**	-4
South			2		9			1	2	2			1	2	7	**26**	**24**	2
South East			4		3	2			3	2			2		4	**20**	**22**	-2
South West	2	1	8	1	6			2	2	2	1		2	3	4	**34**	**31**	3
Wales	1		2	1	3			1	1	4	2		1	3	3	**22**	**20**	2
West Midlands		1	3	1	5	1				4	1		2	1	1	**20**	**32**	-12
Yorkshire and Humber	2		3	1	9	1		1	3	3	1	1		1	3	**29**	**32**	-3
Total	**5**	**3**	**40**	**9**	**85**	**15**	**1**	**10**	**24**	**36**	**19**	**2**	**14**	**20**	**49**	**332**		
																	344	-12
Specialty Benchmark	7	1	49	6	75	16	1	9	24	26	39	1	8	26	56	344		
Difference	-2	2	-9	3	10	-1	0	1	0	10	-20	1	6	-6	-7	-12		

The Indicative number in the penultimate column indicates a benchmark if regional distribution was even.

The benchmark is based on the proportion of the consultant body working in the relevant specialty.

Table 1B: Distribution of new Silver Awards in 2009 by Specialty and Region

REGION	Accident & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gynae	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	**Indicative Number**	**Difference**
Cheshire & Mersey				1	3	1			1		1			1	2	**10**	**9**	1
DH/OHA													3			**3**	**4**	-1
East England					5	1					1			2	2	**11**	**14**	-3
East Midlands		1	1		3					1	2				4	**12**	**12**	0
London NE			2		5				4	2	1			2	1	**17**	**16**	1
London NW	1		2		3	2			1	1				1	3	**14**	**12**	2
London South			1						2	1	4			1	4	**13**	**15**	-2
North East					6			1					1		3	**11**	**11**	0
North West			1		8				2		1				2	**14**	**14**	0
South		1			6			1			3		1		4	**16**	**14**	2
South East			2		2	1				1				1		**7**	**9**	-2
South West			2			1		2		2	2		1	2	3	**15**	**14**	1
Wales		1		1	1				1	1	1			1	2	**9**	**10**	-1
West Midlands		2		2	8	1			1		1				1	**16**	**15**	1
Yorkshire and Humber			1		5	2			1	2				3	4	**18**	**16**	2
Total	**1**	**5**	**12**	**4**	**55**	**9**	**0**	**4**	**13**	**11**	**17**	**0**	**6**	**14**	**35**	**186**		
																	185	
Specialty Benchmark	2	2	17	4	54	8	1	5	16	19	14	0	4	15	31	192		
Difference	-1	3	-5	0	1	1	-1	---1	-3	-8	3	0	2	-1	4	-6		

The Indicative number in the penultimate column indicates a benchmark if regional distribution was even.

The benchmark is based on even rates of progression by specialty for Bronze awardees in 2005.

Table 1C: Distribution of new Gold Awards in 2009 by Specialty and Region

REGION	Accident & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gynae	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	**Indicative Number**	**Difference**
Cheshire & Mersey					2											**2**	**3**	-1
DH/OHA										1						**1**	**2**	-1
East England						1				1						**2**	**4**	-2
East Midlands					1					1	1				2	**5**	**4**	1
London NE					2					1					1	**4**	**6**	-2
London NW	1				3										1	**5**	**4**	1
London South					1				1		1		1			**4**	**6**	-2
North East									1	2						**3**	**3**	0
North West					1						1				2	**4**	**4**	0
South					2			1	1							**4**	**5**	-1
South East			1													**1**	**2**	-1
South West					1	1									2	**4**	**4**	0
Wales													1	1	1	**3**	**3**	0
West Midlands			1		2	1								1		**5**	**6**	-1
Yorkshire and Humber	1		1		1					1				1		**5**	**5**	0
Total	**2**	**0**	**3**	**0**	**16**	**3**	**0**	**1**	**3**	**7**	**3**	**0**	**2**	**3**	**9**	**52**		
																	61	
Specialty Benchmark	0.8	0.6	4.7	1.2	15.5	3.4	0	1.6	4.2	6.4	4.2	0	1.4	4.5	9.7	58.5		
Difference	1.2	-0.6	-1.7	-1.2	0.5	-0.4	0	-0.6	-1.2	0.6	-1.2	0	0.6	-1.5	-0.7	-6.5		

The Indicative number in the penultimate column indicates a benchmark if regional distribution was even.

The benchmark is based on even rates of progression by specialty for Silver awardees in 2005.

Table 1D: Distribution of new Platinum Awards in 2009 by Specialty and Region

REGION	Accident & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gynae	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	**Indicative Number**	**Differences**
Cheshire & Mersey					2			1								**3**	**3**	0
DH/OHA													1			**1**	**0**	1
East England			1													**1**	**3**	-2
East Midlands									2							**2**	**3**	-1
London NE					1						1		1			**3**	**3**	0
London NW						1								1		**2**	**3**	-1
London South					2	1				1			1			**5**	**3**	2
North East			1													**1**	**3**	-2
North West											2					**2**	**3**	-1
South					1											**1**	**3**	-2
South East																**0**	**2**	-2
South West									1				1		1	**3**	**2**	1
Wales															1	**1**	**2**	-1
West Midlands					1				1	1	1					**4**	**3**	1
Yorkshire and Humber				1											1	**2**	**2**	0
Total	**0**	**0**	**2**	**1**	**7**	**2**	**0**	**1**	**4**	**2**	**4**	**0**	**4**	**1**	**3**	**31**		
																	38	
Specialty Benchmark	0	1	2	1	13	1	0	1	2	3	3	0	1	3	5	36		
Difference	0	-1	0	0	-6	1	0	0	2	-1	1	0	3	-2	-2	-5		

The Indicative number in the penultimate column indicates a benchmark if regional distribution was even.

The benchmark is based on even rates of progression by specialty for Gold awardees in 2005.