ACCEA

ADVISORY COMMITTEE on
CLINICAL EXCELLENCE AWARDS

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ANNUAL REPORT

(Covering the 2010 Awards Round)

NOVEMBER 2010

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.

DH Department of Health

Contents

Foreword

This year has seen considerable change for the ACCEA. Two of the key personnel in the development of the Scheme have left their posts. Professor Hamid Ghodse stepped down as Medical Director to take up an exciting new role as the inaugural Chair of the International Health Advisory Board to the Department of Health. Mrs Mary Holt, Head of the ACCEA Secretariat since it was established, has retired from the Civil Service. Both have steered through major improvements to the Scheme and will be much missed.

The impact of the financial environment made itself felt in the contraction of resource for new awards. This was partly because fewer consultants left the Scheme through retirement or for other reasons, and partly as a result of decisions by the Government on the expenditure available for awards. The investment that was available did not become clear until a late stage in the round. As a result we needed to introduce a new filtering stage for applications of high quality but which were in the end not affordable. We agreed the process to be used with the main ACCEA, which is explained in this Annual Report. We were initially concerned that the contraction in the numbers of awards that were available might have had a disproportionate effect on some groups of applicants, but the detailed analysis undertaken by the Secretariat (and set out in the body of this report) suggests that this was not in fact the case.

Our monitoring of the diversity of national award holders has shown similar patterns to previous years, and does not suggest any change in our approach. However, we are now in a position to say more about Employer Based Awards. During the year we were for the first time able to extract data on them from the NHS Electronic Staff Record. This has made it possible to undertake some preliminary analysis of their distribution, which is set out in Section 2 of this Report. This shows widespread usage of Employer Based Awards, including significant numbers of Level 9 awards (of the same financial value to consultants as national Bronze awards). It also indicates some grounds for concern about distribution of awards to women and people from black or minority ethnic communities. In both cases, it seems that they are more likely to hold lower levels of awards than male and white consultants respectively. This will clearly require more detailed consideration both by ACCEA and by individual employers.

Despite these changes, the 2010 Round went smoothly and we were able to get Ministerial approval for our recommendations before the summer recess. This was, as always, facilitated by hard work from the Secretariat and from the members of our sub-committees, especially the Chairs and Medical Vice-Chairs. We are very grateful to them for the care with which they assess applications. It is their robust evaluations and objectivity which underpin the Scheme and assure awardees that their recognition is deserved.

Jonathan Montgomery
Chair

David Lindsell
Medical Director

Introduction

i. This is the seventh 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;*
- *quality assuring the Employer-Based Awards processes to ensure NHS employers operate a fair, open and transparent scheme;*
- *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. Although the committees work independently of each other, close contact between the Chairs and Medical Directors is maintained.

iv. 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.

v. In 2010, 2634 consultants in England (2560 in 2009 and 2944 in 2008) registered through our web-based submission system. Of these, 2269 (2053 in 2009 and 2434 in 2008) went on to complete applications 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 1163 applications (907 in 2009 and 964 in 2008) for new awards and discussed them with the relevant sub-committees.

vi. In the 2010 Awards Round, there were fewer new awards than in the past few years. This year 317 awards were been made for England and Wales as against 601 in 2009.

Section 1: Distribution of Awards

Introduction

1.1. In the 2010 Awards Round, there were fewer new awards than in the past few years. This was a result of constraints on NHS finance and reduced affordability in the light of the fact that fewer consultants have left the Scheme (through retirement or for other reasons) than anticipated, reducing the funds for reinvestment. This year 317 awards were made for England and Wales as against 601 in 2009.

1.2. Applications were initially considered, scored, and shortlisted by the regional sub-committees of ACCEA and in parallel by the national nominating bodies. However, the full impact of the reduction in available resource did not become apparent until late in the decision making process and we were required to introduce an additional filtering stage.

1.3. In 2010, Bronze awards have been made to 19% of the applicants. These were identified through the following stages:

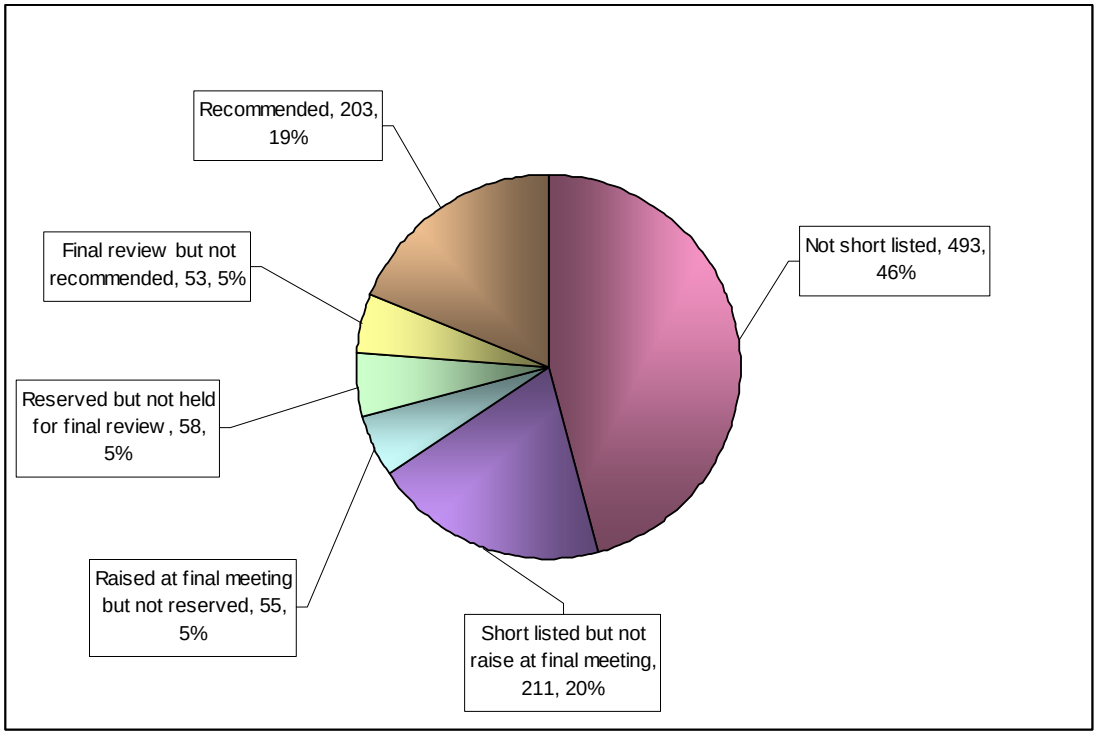
1.3.1. 54% of the applications were shortlisted, either by our regional sub-committees or by a relevant national nominating body in the standard way outlined in the Guides.

1.3.2. The Chair and Medical Director reviewed those shortlisted applications and after consultation with the regional sub-committees, about 266, or 25%, of them were screened out. This left 29% of the 1065 applications for Bronze awards under consideration after this screening process.

1.3.3. With the assistance of further advice on specific issues and re-examination of the application forms, the Chair and Medical Director identified some applications that appeared weaker than others. They selected out a further 5% of applications at this stage.

1.3.4. This left 24% of the original applications that had met the quality threshold for awards. Up to this point the process was exactly as it has been in recent years. However, as the level of affordable awards was lower than this number and the Scheme is competitive, a final selection process was agreed by the Advisory Committee on Clinical Excellence Awards Central Committee on 14 July 2010, based on the rankings given by sub-committees and national nominating bodies, with the highest ranked applicants being recommended to the Minister. This was a strictly mathematical process and did not at this point involve direct consideration of the content of the application forms.

Figure 1: Filtering Process for Bronze Recommendations



1.4. For Gold, the final stage in the process was different. The small numbers involved were thought to make this mathematically based filter less reliable as small variations in quality might have a disproportionate impact on rankings. Consequently, for Gold awards, applicants who passed the quality threshold in the filtering process and were also the top ranked recommendation from a sub-committee or national nominating body were recommended (16 applicants). The application forms of the remaining 16 applicants who had passed the quality threshold were circulated to members of the main ACCEA, who were asked to identify the six strongest applicants from this group. The six applicants receiving the most support in this process were recommended for awards.

1.5. ACCEA believes that this rigorous process has identified the most deserving candidates from the field of applicants in a highly competitive year. However, it necessarily relied on the comparability of rankings across sub-committees. This introduced the possibility that there might be variations of standards between sub-committees that, even if minor, could mean that some candidates might have succeeded had they worked in a different region where competition was less intense. ACCEA was also concerned that this process may have had implications for the diversity of award holders, if those from under-represented groups were ranked lower by the sub-committees.

1.6. In fact, this does not seem to be the case. This year, ACCEA has, along with the standard analysis of granted awards, performed a comparable analysis of all applicants initially considered for an award. This includes the consultants who, although within the initial quality threshold, were filtered out in the final stage of consideration in light of affordability limitations, and allowed ACCEA to consider how the patterns of awards

were affected by the contraction in resources. Further details appear below.

2010 Awards

1.7. From the final shortlists, 189 Bronze, 84 Silver, 23 Gold and 21 Platinum awards were made in 2010 Awards Round in England and Wales. A list of the individuals granted awards was made public through the ACCEA website in August 2010. Tables 1a and 1b detail the distribution of the new awards across the award levels.

Table 1a: New Awards in England 2010

New Awards	2010
Platinum	21
Gold	22
Silver	80
Bronze	177

Table 1b: New Awards in Wales 2010

New Awards Wales	2010
Platinum	0
Gold	1
Silver	4
Bronze	12

1.8. The pattern of these Awards, by region and specialty, is set out in Tables 2 and 3.

Table 2: 2010 Awards by Region

REGION	Bronze	Silver	Gold	Platinum	Total
CHES and MER	7	4	1	1	13
DOH	2	0	0	1	3
EAST ENG	16	6	2	1	25
EAST MID	10	5	1	2	18
LON NE	15	7	3	0	25
LON NW	11	5	1	3	20
LON STH	17	10	3	3	33
NTH EAST	11	5	1	1	18
NTH WEST	12	6	1	2	21
SOUTH	16	7	3	1	27
STH EAST	12	2	2	0	16
STH WEST	17	9	2	2	30
WALES	12	4	1	0	17
WEST MID	14	6	1	2	23
YORK and HUM	17	8	1	2	28
Total	**189**	**84**	**23**	**21**	**317**

Table 3: 2010 Awards by Specialty

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	6	2	1	1	10
Accident and Emergency	0	0	0	0	0
Anaesthetics	14	5	2	1	22
Dental	10	2	0	1	13
Medicine	56	26	8	7	97
Obs and Gynaecology	11	4	0	2	17
Occupational Medicine	0	0	0	0	0
Ophthalmology	7	1	0	0	8
Paediatrics	16	11	2	2	31
Pathology	13	6	1	2	22
Psychiatry	8	5	3	2	18
Public Health Dentistry	0	2	0	0	2
Public Health Medicine	7	2	1	1	11
Radiology	9	4	1	0	14
Surgery	32	14	4	2	52
Total	**189**	**84**	**23**	**21**	**317**

Applications for Awards

1.9. 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 2010, 2634 consultants registered on-line, resulting in 2269 completed applications for new awards or for renewal of existing awards. Thus, 86% of consultants who registered for the system submitted completed applications. Table 4 shows the percentage of registered consultants submitting completed applications in 2008-2010.

1.10. It should be noted that the arrangements for consultants employed by the NHS in Wales have historically been different to those in England in that the applications are made to the Welsh ACCEA Secretariat on forms downloaded from the website. Welsh consultants will be able to use the ACCEA on-line system from the 2011 Awards Round.

Table 4: Applications in England 2008- 2010

	2008	2009	2010
No. of Consultants Registering On-line	2944	2560	2634
No. of Completed Applications Submitted to ACCEA	2434	2053	2259
% of Consultants Completing Applications	83%	80%	86%

Note: Consultants who applied for a new award and submitted a review of their existing award are counted as a new application only, avoiding double counting.

1.11. Table 5a and 5b show the total number of new award applications in England 2008–2010, and in Wales in 2009-2010, by award level. The

success rates of all England and Wales 2010 applications are shown in Table 6.

Table 5a: New Award Applications in England 2008- 2010

New Award Applications	2008	2009	2010
Platinum	144	136	133
Gold	118	153	176
Silver	574	634	786
Bronze	993	850	885

Table 5b: New Award Applications in Wales 2009-2010

New Award Applications Wales	2009	2010
Platinum	8	5
Gold	8	7
Silver	25	34
Bronze	181	180

Table 6: Success Rates of New Award Applications in England and Wales 2010

	Applications	Awards	Success Rate
Platinum	138	21	15.22%
Gold	183	23	12.57%
Silver	820	84	10.24%
Bronze	1065	189	17.75%

Distribution of New National Awards

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

1.13. 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.

1.14. We have again 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 awards both as a proportion of eligible consultants and, 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 under represented groups rather than applications being less successful.

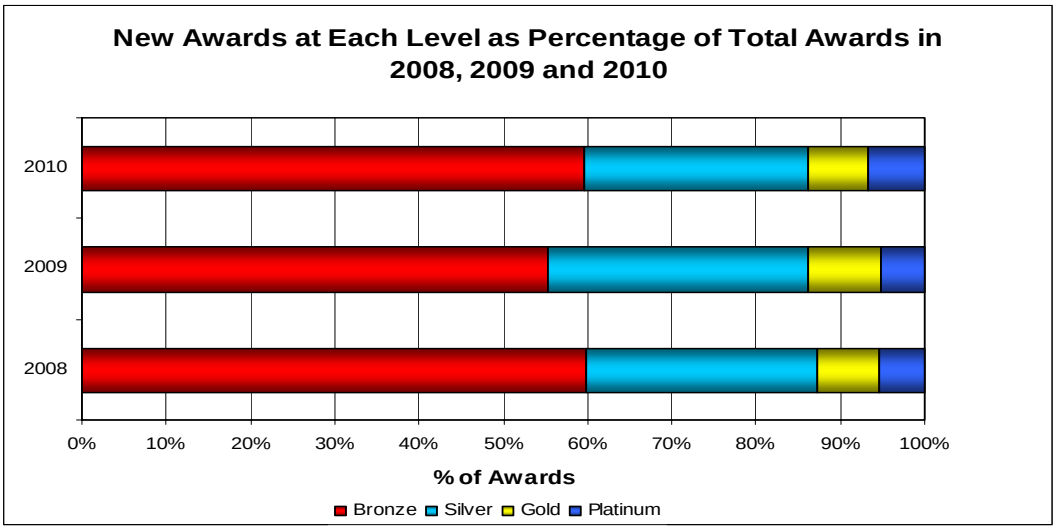
1.15. ACCEA does not hold data on disability, sexual orientation, or religion, and has no plans to seek this information.

Level

1.16. In the 2010 Awards Round, there were fewer new awards than in the past few years, this has made direct comparisons of the number of awards with previous years problematic. Figure 2 shows the new awards, by award level, as a percentage of all new awards in the last three award years.

1.17. The data shows that in 2010 the spread of awards over the levels was comparable to the patterns seen in 2009 and 2008. In 2009, ACCEA reported that the number of Bronze awards fell in comparison with the 2008 Round. Current data indicates that Bronzes have returned to the proportional level seen in 2008.

Figure 2: New Awards as a Percentage of all Awards



1.18. In January 2010, ACCEA linked with the NHS Electronic Staff Record. This is therefore the first year that ACCEA has been able to provide analysis of consultants moving from employer based Level 9 to Silver. Tables 7a and 7b show the number of applications and awards within the eligible population of L9, compared with B and Bronze. This indicates that only a small number of the eligible population of L9's applied for progression when compared with the B and Bronze populations, however their success rates are broadly similar to that of B holders. Overall, Bronze holders, as the largest eligible population, constitute the most applications and receive significantly more awards.

1.19. Unfortunately, the restricted number of awards in the 2010 Round may have affected the strength of the analysis. Further work in future Rounds will have to be undertaken by the Secretariat in an attempt to further understand the L9/Silver cohort.

Table 7a: Silver 2010 Applications

	L9	B	Bronze
Eligible Population	1203	607	1701
No. of Applications	150	196	440
% of Eligible Population Applying	12.47%	32.29%	25.87%
Applications as % of all Silver Applications	19.08%	23.9%	53.66%

Table 7b: Silver 2010 Awards

	L9	B	Bronze
No. of New Awards	4	6	74
% of All Silver Awards	5.00%	7.14%	88.09%
% of Successful Applications	2.67%	3.06%	16.8%
% of Successful Eligible Population	0.03%	0.99%	4.35%

1.20. Figure 3 shows the previous levels of Clinical Excellence Awards held by consultants in England who received a Bronze award in 2008, 2009 and 2010. Consultants progressing from discretionary points to a Bronze award are excluded from this graph - these numbers are 10 in 2010, 64 in 2009 and 86 in 2008[1]. Also excluded are consultants who moved from no award of any sort to a Bronze award (4 in 2010, 2 in 2009, and 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.

1.21. Levels 5 and 6 continue to be the more common levels for progression to Bronze, consistently accounting for around 47% of new awards over the last three award rounds. When taken with Level 7s, they account for an average of 66% of new Bronze awards.

1.22. Figure 4 shows consultants in England receiving a new Bronze award by their time as a consultant. For the 2010 Round the awardees had been consultants for between 6 to 25 years. While the 2010 line is lower as a result of the reduced numbers of awards in this Round, data from the last three award years indicate that most new awardees have held a consultant post for 10-14 years.

1.23. Figures 5a–5c show the interval between awards for those consultants in England progressing to higher awards in 2010. These continue to show that very few consultants progress to a higher award in less than four years. The majority of consultants at Silver and Gold level have held their lower award for four or more years, with an average time of 4.85 years and 4.4 years respectively. At Platinum level the average is slightly higher at 6.3 years.[2]

[1] The Secretariat found that many consultants, who entered Discretionary Points on their application form, actually held local level awards. The corrected information, taken from the NHS ESR, is used in the analysis. It is possible that the majority of the consultants in previous rounds, recorded as holding DPs, actually held local awards.

[2] Averages are for the 2010 Awards Round.

Figure 3: Previous level of award held by consultants in England receiving Bronze awards in 2008, 2009 and 2010 (percentage at each level)

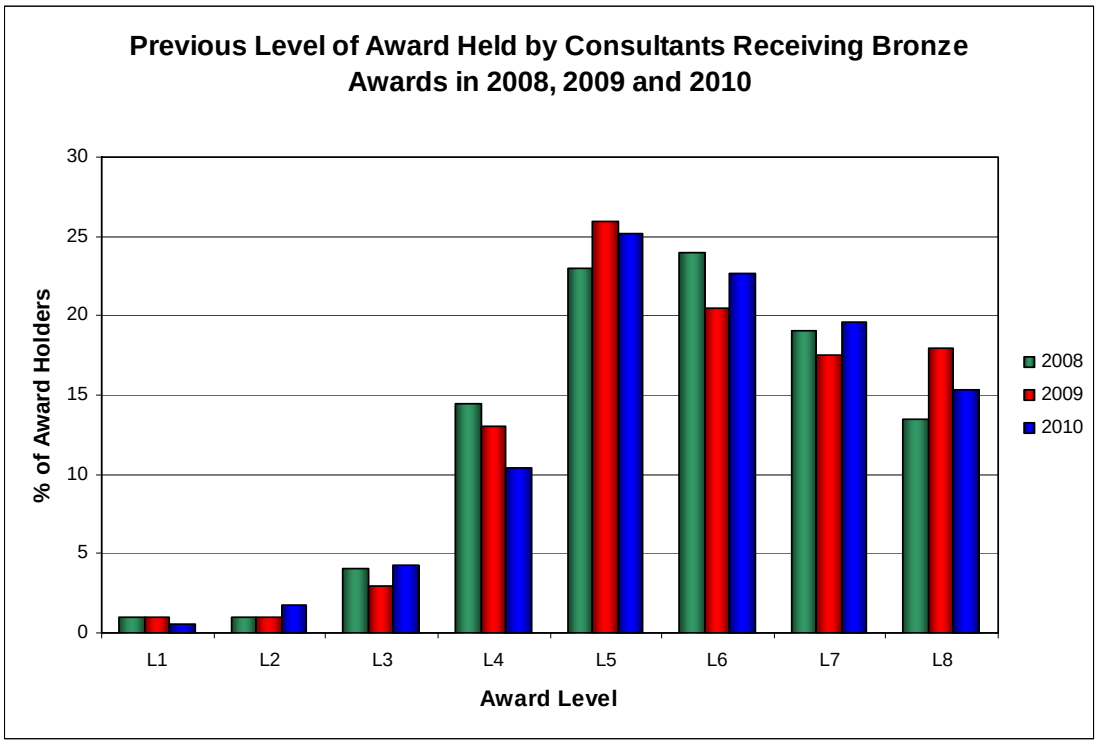


Figure 4: Consultants in England receiving a new Bronze award in 2008, 2009 and 2010 by time as a consultant

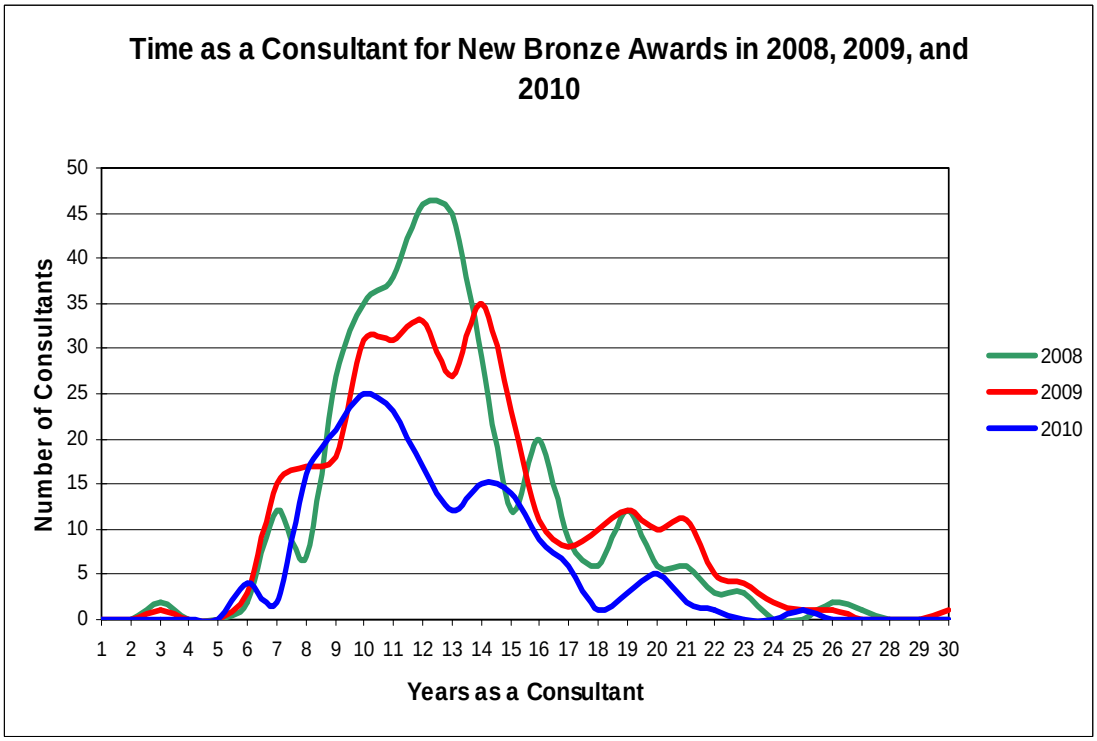


Figure 5a: Consultants in England receiving a new Silver award in 2008, 2009 and 2010 by time since receiving L9, Bronze or B

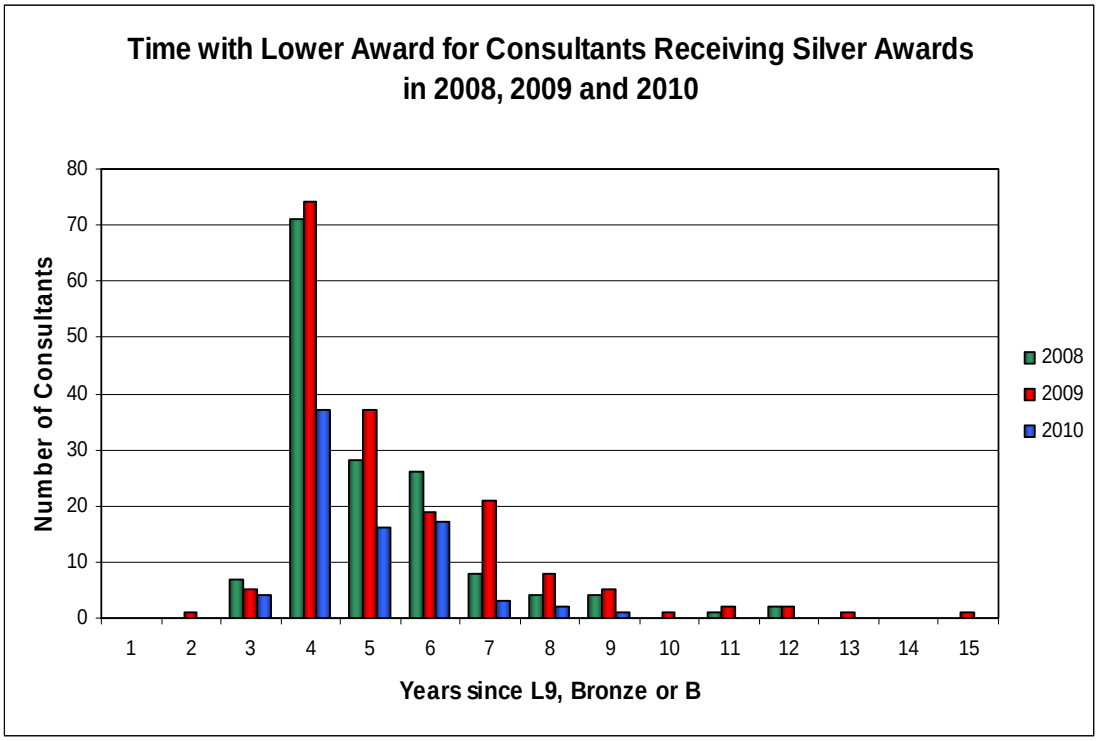


Figure 5b: Consultants in England receiving a new Gold award in 2008, 2009 and 2010 by time since receiving Silver or B (2008 only)

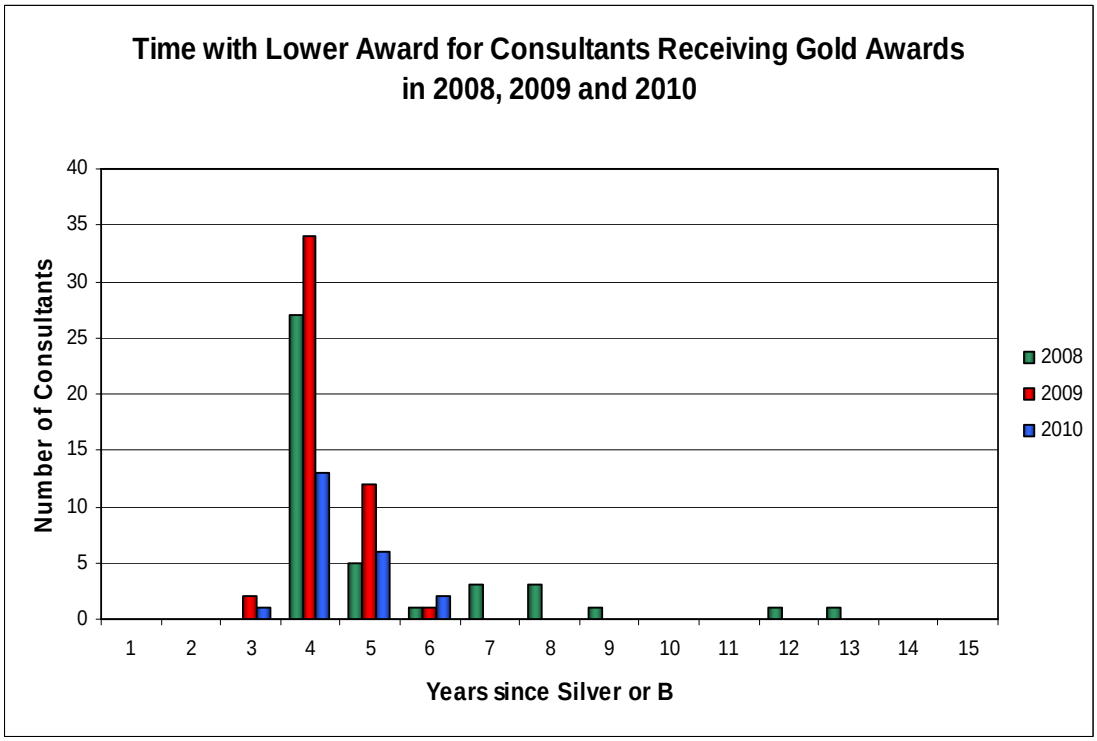
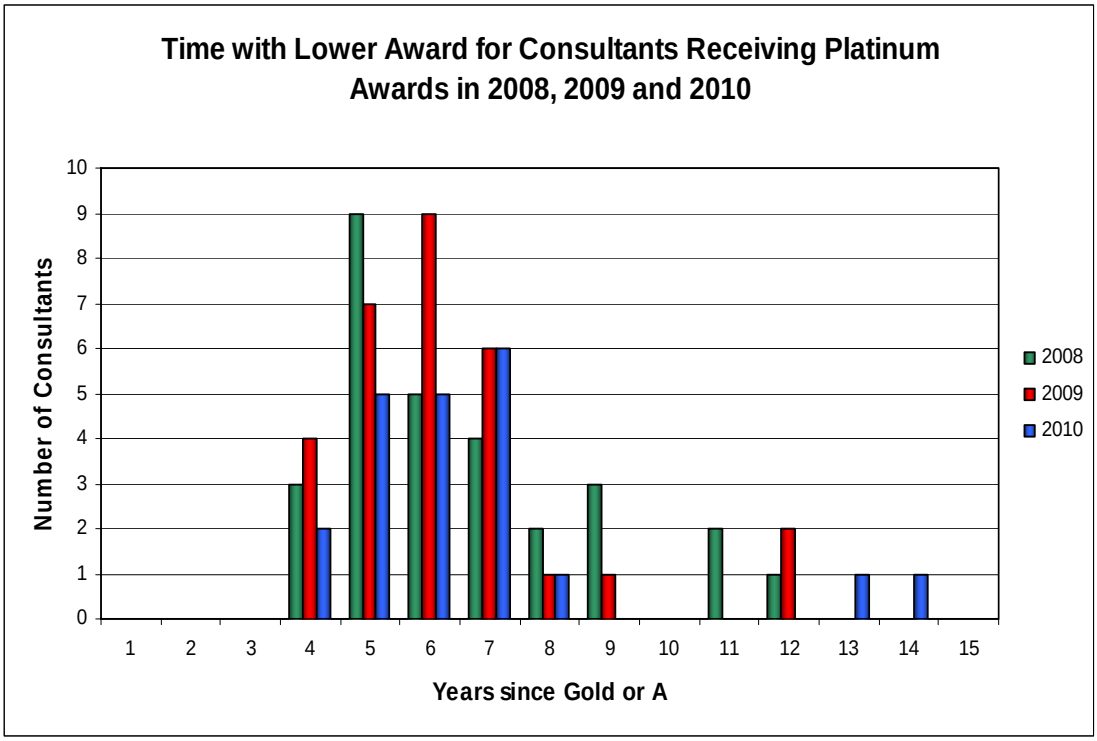


Figure 5c: Consultants in England receiving a new Platinum award in 2008, 2009 and 2010 by time since receiving Gold or A



Specialty

1.24. Table 3 on page 7 shows the distribution of all levels of new awards across the specialties. Table 8 below provides a detailed analysis of the Bronze award level, showing the proportion of consultants who received awards in 2010 by specialty, and the percentage of applicants from each specialty who succeeded.

1.25. Eligibility for a Bronze award is calculated as consultants with no award or L1-L8 as of 31 August 2009. ACCEA does not hold information for Wales' consultants not in receipt of a national award, it is therefore unable to analyse eligibility by speciality. The figures below are for England only. It shows that there remains considerable under representation of anaesthetics and psychiatry despite ACCEA's efforts to work with the relevant colleges to encourage good practice. Attention needs to be given to Accident and Emergency Medicine.

Table 8: 2010 Bronze Awards by Specialty – Comparison of Eligible Population & Successful Applications – England

Specialty	No. of Eligible Consultants	No. of Applications	% Consultants Applying	No. of Bronze Awards	% of App succeeding	% Consultants Succeeding
Academic GP	-	7	-	5	71.43%	-
Accident & Emergency	871	17	1.95%	0	0.00%	0.00%
Anaesthetics	4953	86	1.74%	13	15.12%	0.26%
Dental	713	19	2.66%	7	36.84%	0.98%
Medicine	7123	225	3.16%	55	24.44%	0.77%
Obs & Gynaecology	1433	38	2.65%	11	28.95%	0.77%
Occupational Medicine	81	3	3.70%	0	0.00%	0.00%
Ophthalmology	801	24	3.00%	7	29.17%	0.87%
Paediatrics	2030	83	4.09%	14	16.87%	0.69%
Pathology	2106	78	3.70%	12	15.38%	0.57%
Psychiatry	3807	68	1.79%	8	11.76%	0.21%
Public Health Dentistry	58	2	3.45%	0	0.00%	0.00%
Public Health Medicine	727	27	3.71%	7	25.93%	0.96%
Radiology	2011	49	2.44%	8	16.33%	0.40%
Surgery	4931	159	3.22%	30	18.87%	0.61%
TOTAL	31645	885	2.8%	177	20.0%	0.6%

Note : Eligibility is calculated as consultants with no award or L1-L8 as of 31st August 2009.
Date of qualification is not included in the ESR data. ACCEA is unable to distinguish the small number of consultants who qualified 1st April–31st August 2009 and would not meet the minimum one-year qualification criteria by 1st April 2010.
Due to variances in the classification and recording of specialists between ACCEA and NHS Information Centre data, some consultants will have been double counted. This has been calculated as 941.

Age

1.26. The mean age of awardees in 2008-2010 is shown in Table 9 below. Figures 6a and 6b show the age distribution of 2010 applications and awardees in five yearly cohorts. This data is for England only.

Table 9: Age of Awardees 2008-2010

	Age of Awardees (mean as 1st April on award year)		
	2008	2009	2010
Bronze	49.8	49.6	48.4
Silver	53	53	51.3
Gold	57	60.5	55
Platinum	57.8	58	56

Figure 6a: Age Distribution of Applicants 2010

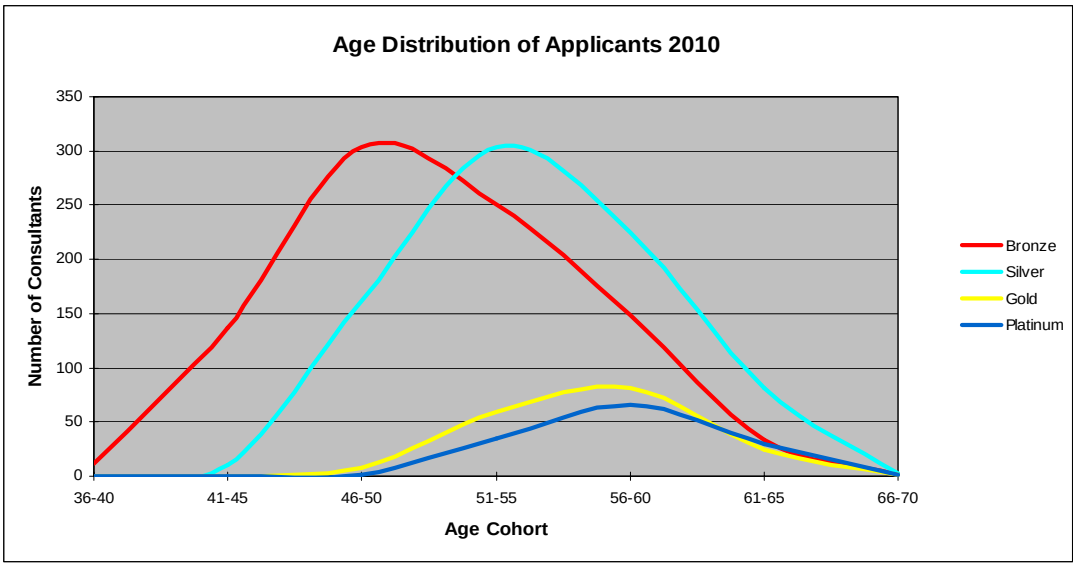
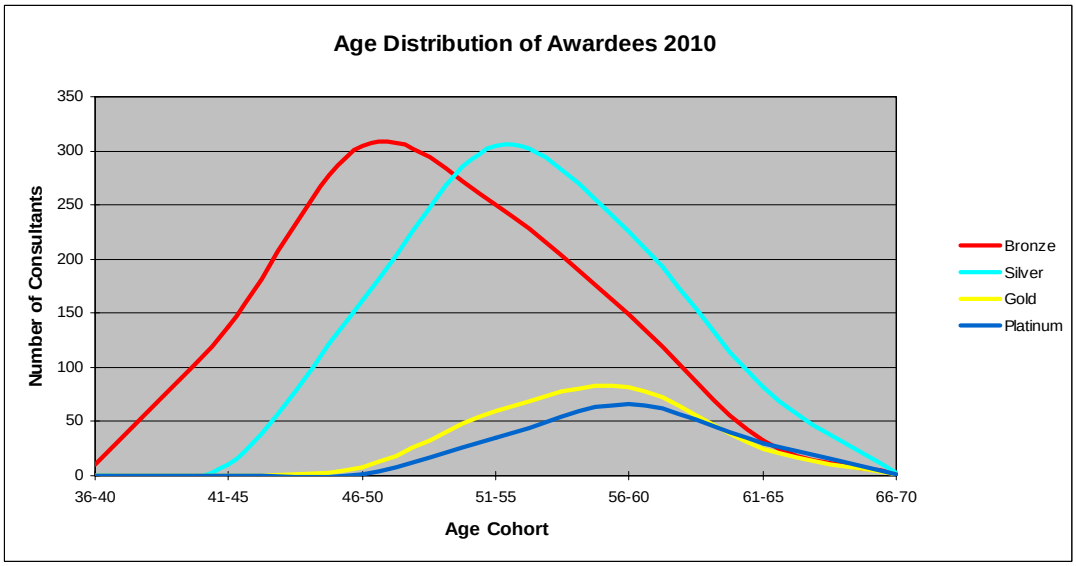


Figure 6b: Age Distribution of Awardees 2010



Gender

1.27. The distribution of awards considered against applications in 2008, 2009 and 2010 among women in England is shown in Table 10.

Table 10: Number of Women Consultants Receiving New Awards in England 2008-2010

	2008	2009	2010
Total number of applicants	1889	1773	1980
No of women applicants	301 (15.9%)	305 (17.2%)	366 (18.5%)
Total no. of new awards	544	566	300
No. of new awards to women	93 (17.1%)	107 (18.9%)	59 (19.7%)

1.28. New awards by gender are shown in Table 11 below, 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 awards. Although application rates are slightly lower for women, the proportion of women who do apply, and are successful, is not significantly different from men at Bronze and Silver levels. The more uneven pattern at Gold and Platinum needs to be kept under review, although it should be noted that in 2009 success rates for women at these levels were higher than from men. This data is for England only.

Table 11: 2010 New Awards by Gender

		No. of eligible consultants	No. of applicants	% of consultants applying	No of awards	% of applicants succeeding	% of consultants succeeding
Bronze	All	30710	885	2.9%	177	20.0%	0.6%
	Male	20863	676	3.2%	134	19.8%	0.6%
	Female	9847	209	2.1%	43	20.6%	0.4%
Silver	All	3552	786	22.1%	80	10.2%	2.3%
	Male	2946	665	22.6%	67	10.1%	2.3%
	Female	606	121	20.0%	13	10.7%	2.1%
Gold	All	786	176	22.4%	22	12.5%	2.8%
	Male	647	153	23.6%	20	13.1%	3.1%
	Female	139	23	16.5%	2	8.7%	1.4%
Platinum	All	623	133	21.3%	21	15.8%	3.4%
	Male	549	120	21.9%	20	16.7%	3.6%
	Female	74	13	17.6%	1	7.7%	1.4%

*** Total consultants in post longer than a year with no national award or Level 9 awarded locally**
**** Total consultants holding a corresponding lower award (excluding new awards granted in 2010)**

Ethnicity

1.29. 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 12. These figures are broken down by award level in Table 13. This data is for England only. Basic analysis indicates that, with the exception of Gold applications, the proportion of successful BME awardees is comparable with the proportion of BME applications.

1.30. 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. Figures for 2010 show that while the position has improved for Silver applicants, Gold continues to show a disparity. To ensure that this disparity was not caused by the reduction in award numbers in the 2010 Round, ACCEA undertook some comparable analysis of the applications that made the original quality threshold (see paragraph 1.44-1.46).

Table 12: Number of BME consultants receiving a national award in 2008–2010

	2008	2009	2010
Total number of applicants	1889	1773	1980
No. of BME applicants (% of total applicants)	253 (13.4%)	263 (14.8%)	298 (15.1%)
Total awards	544	566	300
No. of awards to BME consultants (% of total awards)	66 (12.1%)	82 (14.5%)	46 (15.3%)

Table 13: Number of BME consultants receiving a national award in 2008–2010 by Award Level

	Ethnicity	No. of Applications	%	Actually Awarded	%
Bronze	Not stated	34	3.8%	1	0.6%
	BME	166	18.8%	32	18.1%
	White	685	77.4%	144	81.4%
Silver	Not stated	29	3.7%	4	5.0%
	BME	100	12.7%	12	15.0%
	White	657	83.6%	64	80.0%
Gold	Not stated	12	6.8%	2	9.1%
	BME	21	11.9%	0	0.0%
	White	143	81.3%	20	90.9%
Platinum	Not stated	5	3.8%	4	20.0%
	BME	11	8.3%	2	10.0%
	White	117	88.0%	15	75.0%

1.31. Due to the small numbers of Silver, Gold and Platinum applications, ACCEA is unable to justify a more detailed statistical analysis of the patterns. Table 14 below shows Bronze applications by the main Ethnic Origin groups. The current coding methodology is the same as that used in the NHS.

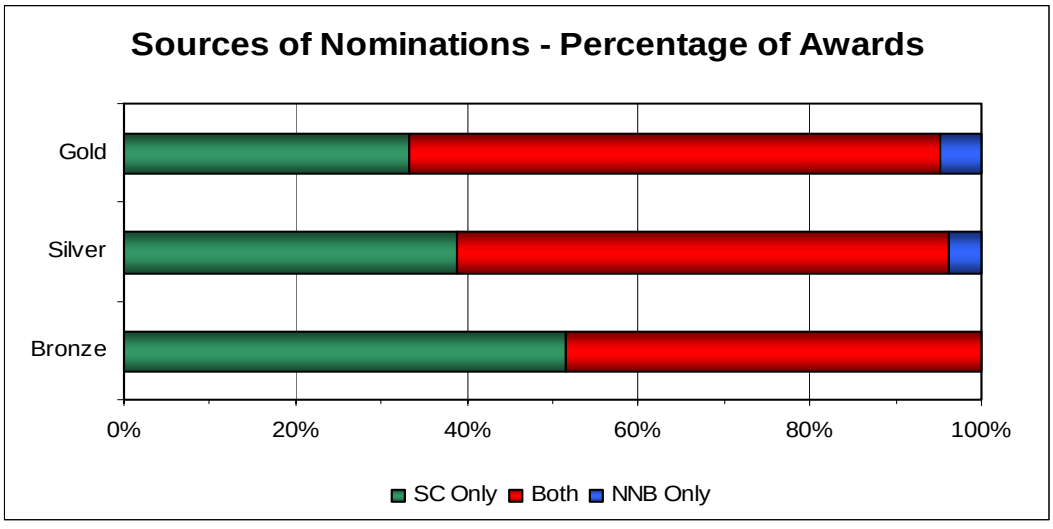
Table 14: Bronze Applications by Ethnic Origin - England

Ethnicity	No. of Applications		%		Actually Awarded		%	
White	685		77.4		144		81.4	
BME	166		18.8		32		18.1	
Asian or Asian British		*123*		*13.9*		*22*		*12.4*
Black or Black British		*16*		*1.8*		*2*		*1.1*
Chinese or Other Ethnic Group		*11*		*1.2*		*3*		*1.7*
Mixed		*16*		*1.8*		*5*		*2.8*
Not stated	34		3.8		1		0.6	
Total	**885**				**177**			

Sources of Nominations

1.32. 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 of success than is in fact the case. Figure 7 below indicates that over half the successful applicants are supported by both regional sub-committees and national nominating bodies. Of the remaining applicants, the proportion of successful applicants supported only by a regional sub-committee is significantly greater than the proportion supported only by a national nominating body.

Figure 7: Sources of national award nominations 2010



Comparable Analysis

1.33. As discussed previously, the 2010 Awards Round saw fewer new awards being granted due to constraints on NHS finances. In total, 417 candidates in England made the original quality threshold and were put forward as proposed awards. Of these, 300 were successfully granted

awards following the additional filtering stage[3]. Although ACCEA believes that the rigorous mathematical process identified the most deserving candidates, it has undertaken an analysis of the distribution of the proposed awards against the actual awards granted, to ensure that the diversity of awards were not negatively affected by the affordability considerations.

1.34. Welsh consultants are not included in the following analysis – as Wales' candidates submitted their applications off-line, ACCEA does not have access to the diversity information of the unsuccessful candidates.

Region

1.35. Table 15 shows the distribution of the proposed awards by region.

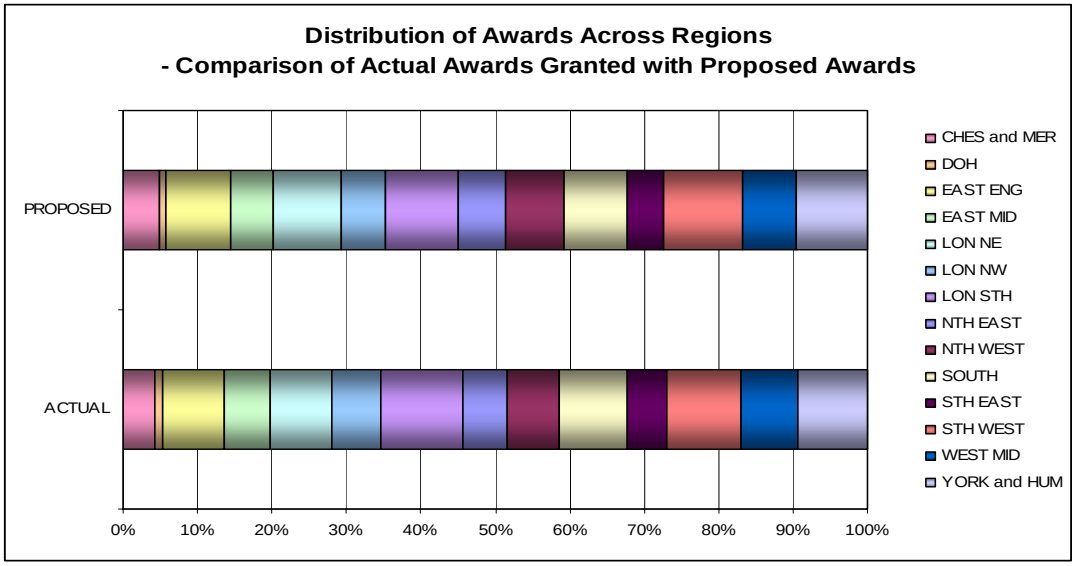
Table 15: 2010 Proposed Awards by Region

REGION	Bronze	Silver	Gold	Platinum	Total
CHES and MER	10	6	3	1	20
DOH	3	0	0	1	4
EAST ENG	22	11	2	1	36
EAST MID	11	9	2	2	24
LON NE	19	14	5	0	38
LON NW	12	8	2	3	25
LON STH	23	12	3	3	41
NTH EAST	14	9	2	1	26
NTH WEST	19	11	1	2	33
SOUTH	20	11	3	1	35
STH EAST	15	4	2	0	21
STH WEST	25	14	3	2	44
WEST MID	16	9	3	2	30
YORK and HUM	25	12	1	2	40
Total	**234**	**130**	**32**	**21**	**417**

1.36. ACCEA has analysed the distribution of all the proposed awards across the regions against the distribution of actual awards shown in Table 2. This found that, with the exception of the London South Committee (which proportionally represented 1.2% more of the actual awards), the variance in distribution among the regions was within 1%. This indicates that awards at all levels were reduced proportionally across the regions. This is shown in Figure 8.

[3] Please see paragraphs 1.3-1.4.

Figure 8: Comparison of Actual Awards and Proposed Awards – Regional Distribution



Specialty

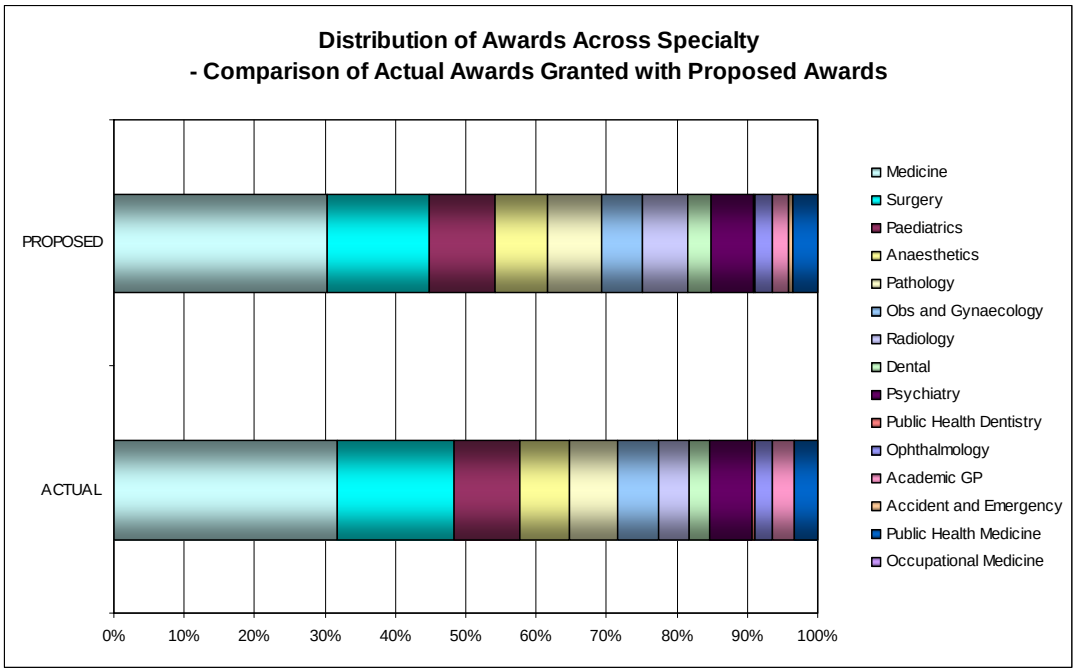
1.37. Table 16 shows the distribution of the proposed awards by specialty.

Table 16: 2010 Proposed Awards by Specialty

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	5	2	2	1	10
Accident and Emergency	1	1	0	0	2
Anaesthetics	19	9	2	1	31
Dental	10	2	1	1	14
Medicine	70	42	7	7	126
Obs and Gynaecology	15	5	2	2	24
Occupational Medicine	0	0	0	0	0
Ophthalmology	8	2	0	0	10
Paediatrics	18	15	4	2	39
Pathology	19	9	2	2	32
Psychiatry	12	8	3	2	25
Public Health Dentistry	0	1	0	0	1
Public Health Medicine	10	2	2	1	15
Radiology	14	11	2	0	27
Surgery	33	21	5	2	61
Total	**234**	**130**	**32**	**21**	**417**

1.38. ACCEA has analysed the distribution of all the proposed awards across the specialties against the distribution of actual awards shown in Table 3. This found that, for the majority of specialties, the variance between the proportions of proposed awards against the actual awards was within 1%. However, the Medicine and Surgery specialties represented a slightly higher proportion of the actual awards than they would have under the proposed awards (1.5% and 2.0% more respectively) and Radiology represented 2.1% less of the actual awards compared to the proposed awards. However, given the small numbers of awards this variance is not statistically significant. This is shown in Figure 9.

Figure 9: Comparison of Actual Awards and Proposed Awards – Specialty Distribution



Level

1.39. Figure 10a shows the previous levels of CEAs held by consultants who actually received Bronze awards against the proposed awards list. Figure 10b shows these consultants by their time as a consultant. Figures 10c and 10d show the interval between awards for consultants progressing to Silver and Gold awards, again showing consultants who actually received awards against the proposed list of awards. Platinum awards are not shown as there was no variance between the proposed and the actual awards.

1.40. These graphs indicates that, despite some minor variances, the actual awards granted mirror the proposed award list.

Figure 10a: Comparison of Actual Awards and Proposed Awards – Previous Level of Award Held by New Bronze Awards

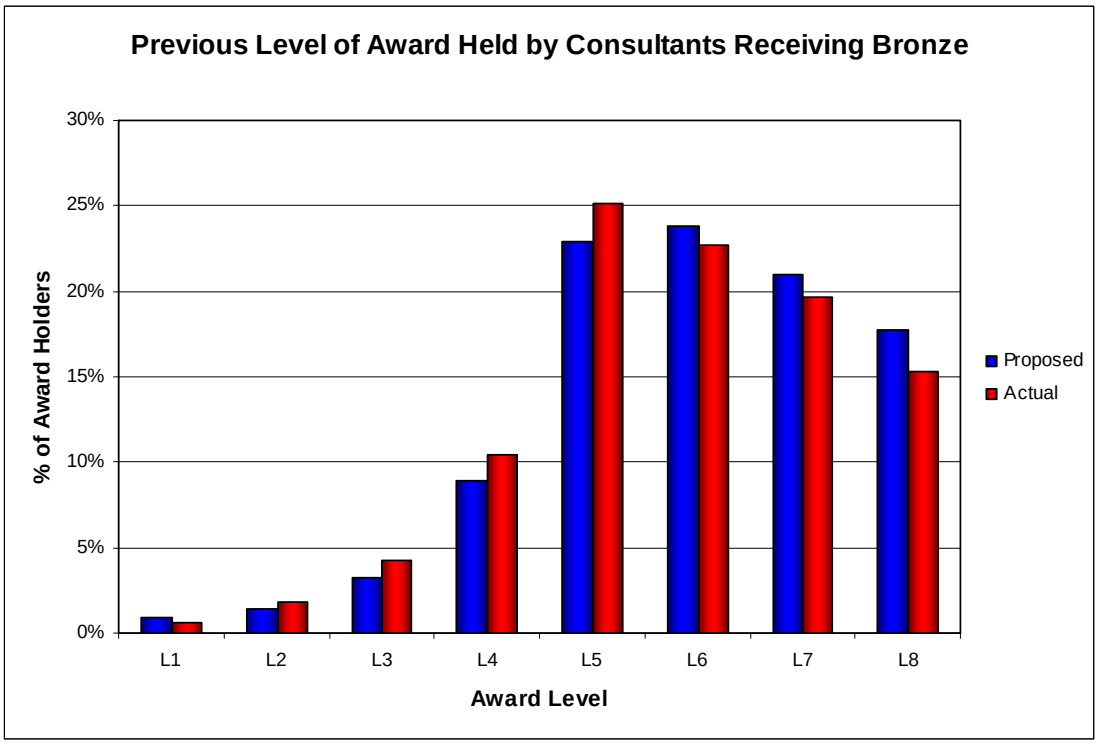


Figure 10b: Comparison of Actual Awards and Proposed Awards – Time as a Consultant for New Bronze Awards

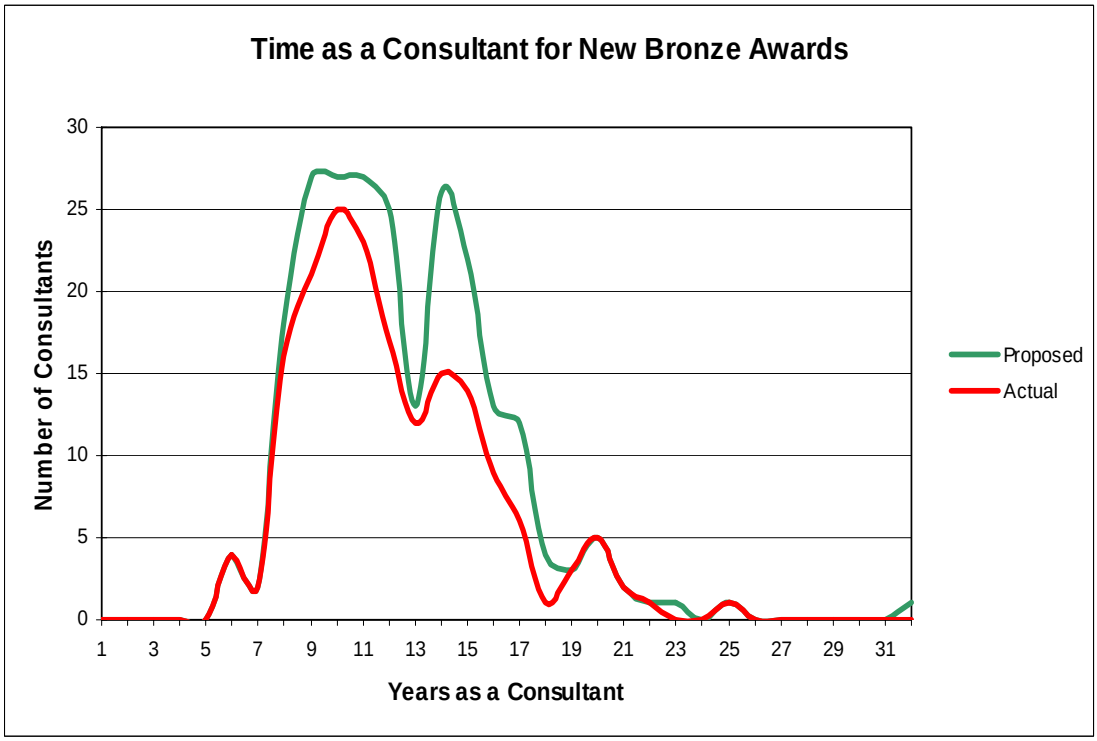


Figure 10c: Comparison of Actual Awards and Proposed Awards – Time With Previous Award for New Silver Awards

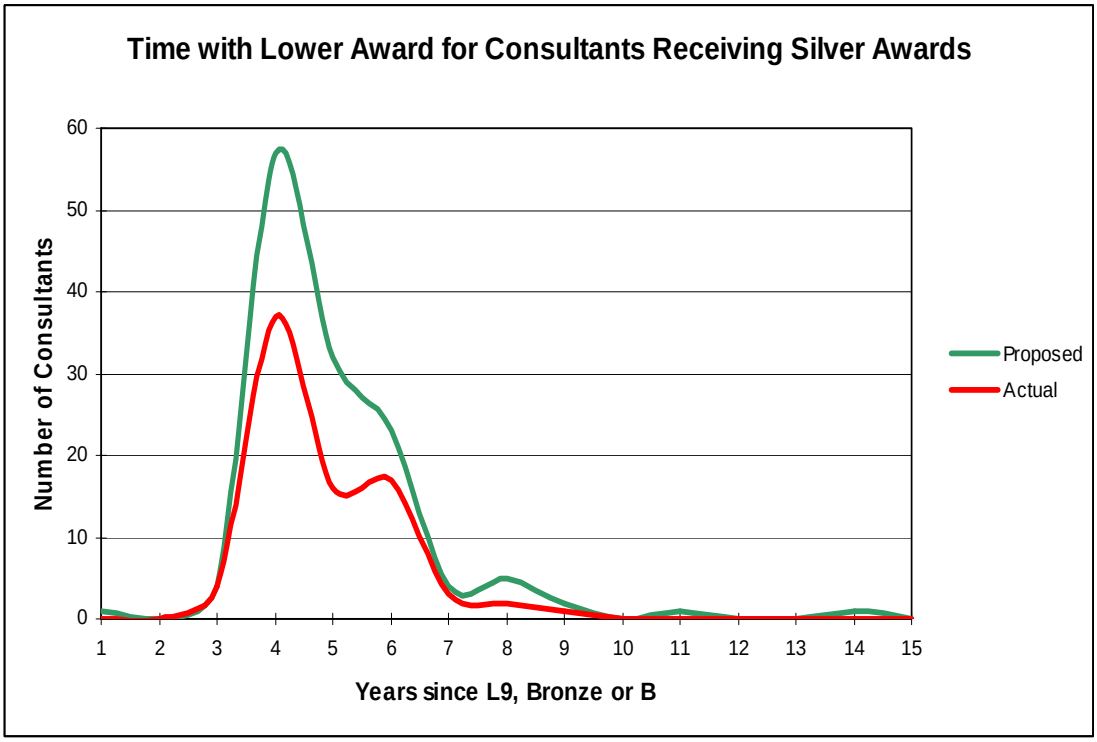
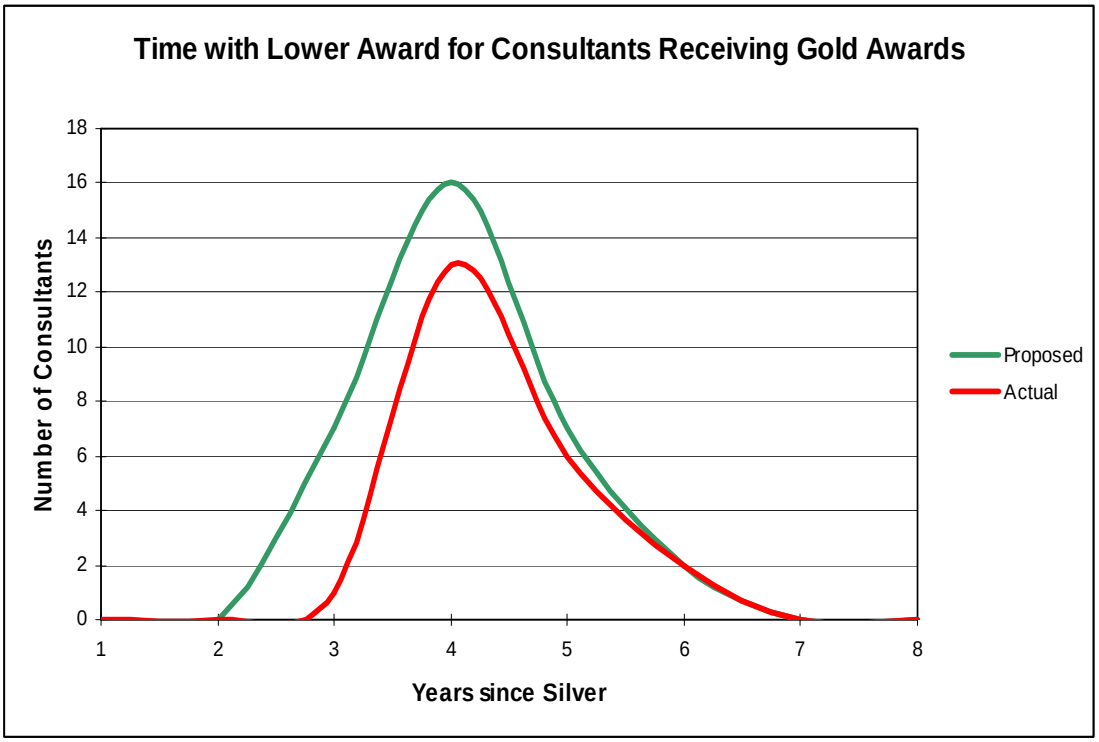


Figure 10d: Comparison of Actual Awards and Proposed Awards – Time With Previous Award for New Gold Awards



Age

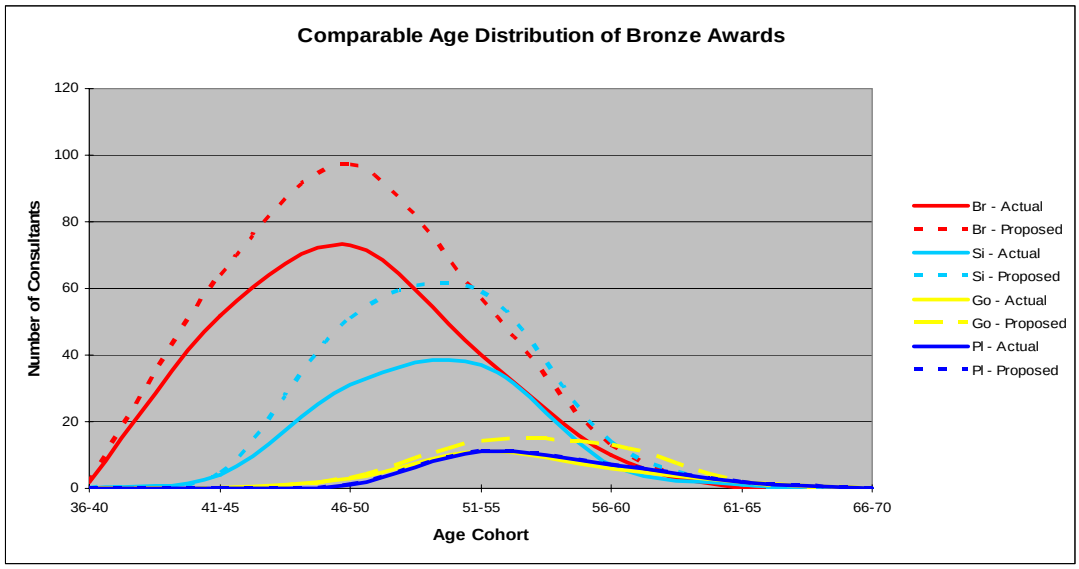
1.41. An analysis of the mean age of the proposed awardees and those of the actual awards granted is shown in Table 17. Figure 11 shows the age distribution of the proposed and actual awardees in five-yearly cohorts.

These indicate that the age distribution of the actual awards is in line with the proposed awards.

Table 17: Comparison of Actual Awards and Proposed Awards – Age of Awardees

	Age of Awardees (mean as 1st April on award year)			
	Bronze	Silver	Gold	Platinum
Proposed	48.74	51.9	55.79	56
Actual	48.4	51.3	55	56

Figure 11: Comparison of Actual Awards and Proposed Awards – Age Distribution of Awardees



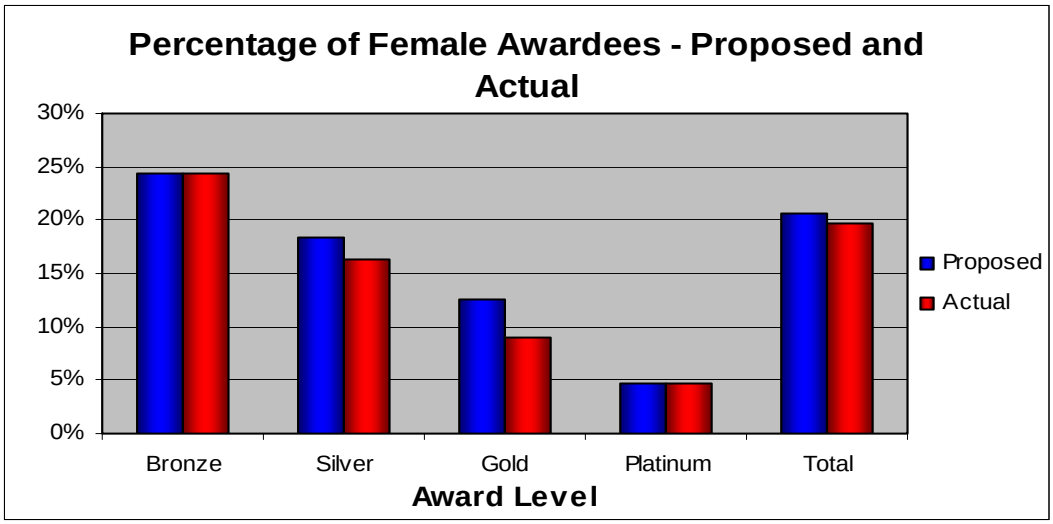
Gender

1.42. The distribution of awards among women in the proposed and actual awards lists is shown in Table 18. Figure 12 shows the percentage of proposed female awardees against the actual awards granted at each level. This indicates that, while the overall proportion of women being awarded is in-line with the proposed awards, at both Silver and Gold levels there was a slight reduction (2.2% and 3.4%). However, given the small number of awards at these levels, the variance is not statistically significant.

Table 18: Comparison of Actual Awards and Proposed Awards – Number of Women Receiving Awards

	Proposed	Actual
Total no. of applicants	1980	"
Total no. of female applicants	366 (18.5%)	"
Total no. of new awards	417	300
No. of new awards to women	86	59
	20.60%	19.70%

Figure 12: Comparison of Actual Awards and Proposed Awards – Percentage of Female Awardees



1.43. Table 19 shows the gender distribution of the proposed awardees against the actual awards, both by percentage of eligible consultants, and by percentage of actual applicants. Allowing for the small numbers available for analysis, there is no significant evidence of gender bias in the reduction in awards.

Table 19: Comparison of Actual Awards and Proposed Awards – New Awards by Gender

		Proposed awards			Actual awards		
		Number of awards	% succeeding	% of consultants succeeding	Number of awards	% succeeding	% of consultants succeeding
Bronze	All	234	26.4%	0.8%	177	20.0%	0.6%
	Male	177	26.2%	0.8%	134	19.8%	0.6%
	Female	57	27.3%	0.6%	43	20.6%	0.4%
Silver	All	130	16.5%	3.7%	80	10.2%	2.3%
	Male	106	15.9%	3.6%	67	10.1%	2.3%
	Female	24	19.8%	4.0%	13	10.7%	2.1%
Gold	All	32	18.2%	4.1%	22	12.5%	2.8%
	Male	28	18.3%	4.3%	20	13.1%	3.1%
	Female	4	17.4%	2.9%	2	8.7%	1.4%
Platinum	All	21	15.8%	3.4%	21	15.8%	3.4%
	Male	20	16.7%	3.6%	20	16.7%	3.6%
	Female	1	7.7%	1.4%	1	7.7%	1.4%

Note: The success rates are calculated against the total number of eligible consultants and number of applicants – these figures are shown in Table 8.

Ethnicity

1.44. The distribution of awards among BME groups in the proposed and actual awards, is shown in Table 20. These figures are broken down by award level in Table 21.

Table 20: Comparison of Actual Awards and Proposed Awards – Number of BME Awardees

	Proposed	Actual
Total no. of applicants	1980	"
Total no. of BME applicants (% of total applicants)	366 (18.5%)	"
Total no. of new awards	417	300
No. of new awards to BME consultants (% of total awards)	60 (14.4%)	46 (15.3%)

Table 21: Comparison of Actual Awards and Proposed Awards – New Awards by Ethnicity

	Ethnicity	Proposed Awards	%	Actual Awards	%
Bronze	Not stated	2	0.9%	1	0.6%
	BME	39	16.7%	32	18.1%
	White	193	82.5%	144	81.4%
Silver	Not stated	8	6.2%	4	5.0%
	BME	19	14.6%	12	15.0%
	White	103	79.2%	64	80.0%
Gold	Not stated	5	15.6%	2	9.1%
	BME	0	0.0%	0	0.0%
	White	27	84.4%	20	90.9%
Platinum	Not stated	4	20.0%	4	20.0%
	BME	2	10.0%	2	10.0%
	White	15	75.0%	15	75.0%

1.45. Basic analysis indicates that at Bronze and Silver level, the proportion of BME candidates as actual awardees is slightly higher than under the proposed awards. At Gold and Platinum level, the distribution was unchanged.

1.46. As discussed in paragraph 1.30, the proportion of successful applications between white and non-white consultants showed significant disparity at Gold level. This analysis shows that the disparity was not due to the reduction in award numbers – no BME applicants successfully made the quality threshold in the 2010 Awards Round.

Conclusion

1.47. Through this basic analysis ACCEA has assured itself that, despite some minor variance, the diversity of the actual awards granted in 2010 is comparable with what was originally proposed. We can therefore conclude that the diversity of the awards was not negatively affected by the affordability considerations.

Applications for Reviews

1.48. Distinction Awards, and Bronze, Silver, Gold and Platinum Clinical Excellence Awards, are normally reviewed every five years. Distinction Award holders who have retired and returned to service, and have successfully had their award reinstated, are reviewed annually. This ensures that ACCEA is satisfied that their excellence continues.

1.49. In the 2010 Round, under the five-year review procedures, the committees considered the awards given to consultants in 2006, 2001 and 1996. In the 2010 Round, ACCEA also undertook a cleansing project to ensure that all national award holders were following the correct five-yearly review cycle – historically some consultants had missed their review year or applied for their review in the wrong year.

1.50. In total ACCEA considered 730 applications to review existing Clinical Excellence and Distinction Awards. The majority of consultants (620) produced good evidence of continuing excellence and were renewed for a further five years. A further 22 cases were from 'retire and return' applicants who successfully produced good evidence of continuing excellence and were renewed for a further year.

1.51. There were 32 cases where 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 2011 so that it can be satisfied that their excellence continues. In two cases, 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. Consultants, who were identified as part of the cleansing project and successfully submitted their reviews were given shorter period of reviews to bring them back into the correct five-yearly cycle. From this exercise there were 12 cases where the awards were reviewed for three years and 33 cases where the awards were reviewed for four years.

1.52. In nine cases, the evidence of awardable clinical contribution was insufficient to justify continuation of the awards and they were withdrawn.

1.53. The Table overleaf considers the 2010 reviews across England and Wales against the reviews in 2008 and 2009, and analyses the outcomes as a percentage of all the reviews.

Table 22: Outcomes of review applications in England and Wales 2008- 2010

Review Applications	2008		2009		2010	
Total	731		541		730	
5 year renewal or progression to a higher award	710	*97.1%*	494	*91.3%*	620	*84.9%*
4 year renewal	0	*0.0%*	8	*1.5%*	33	*4.5%*
3 year renewal	0	*0.0%*	0	*0.0%*	12	*1.6%*
2 year renewal	3	*0.4%*	3	*0.6%*	2	*0.3%*
Annual renewal (retire & returns)	-	-	22	3.0%	22	3.0%
1 year resubmission	16	*2.2%*	33	*6.1%*	32	*4.4%*
Withdrawal of award	2	*0.3%*	3	*0.6%*	9	*1.1%*

Indicative Numbers 2010

1.54. Following work by the Secretariat to identify retirements that had not previously been reported to us, ACCEA was able to make more awards last year (2009) than in the previous two years. Due to a predicted reduction in the number of retirements during 2010 (which release funds for new awards), ACCEA did not expect to be able to continue this level of awards.

1.55. For 2010, ACCEA set indicative numbers to produce an outturn of around 550 recommendations in England and 30 in Wales. For Gold, the pool of potential applicants was reduced from previous years, reflecting the fact that it is no longer possible for B Award holders to apply. Correspondingly, Bronze and Silver were held slightly higher. ACCEA calculated the regional distribution to reflect equal competition (that is an equal proportion of potential applications). This has been a mathematical process.

1.56. For Bronze awards the distribution was 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 or more).

1.57. The estimated number of Silver, Gold and Platinum awards was based on the number of qualifying holders of lower awards that had been granted three or four years previously, and had not yet progressed, and all the qualifying Distinction awards.

Table 23: Indicative Numbers 2010

	Bronze	Silver	Gold	Platinum
CHES&MER	15	9	2	2
DH/OHA	3	2	1	1
EAST ENG	28	12	3	2
EAST MID	18	10	3	2
LON NE	25	16	4	3
LON NW	15	11	3	3
LON STH	25	17	4	4
NTH EAST	19	9	2	2
NTH WEST	28	13	3	3
SOUTH	23	14	3	4
STH EAST	20	7	2	1
STH WEST	30	14	3	2
WALES	18	8	2	2
WEST MID	31	13	4	3
YORK&HUM	32	16	3	3
TOTAL	**330**	**171**	**42**	**37**

1.58. Following the initial consideration, scoring and short listing of applicants, 417 consultants in England met the quality criteria and were put forward for awards. Due to reduced affordability in the light of the fact that fewer consultants have left the Scheme (through retirement or for other reasons) than anticipated, as well as wider financial constraints, the funds for reinvestment in new awards was reduced in the 2010 Awards Round. 300 awards were made for England as against the 550 indicative, with 17 in Wales as against their 30 indicative. The decision making process has been discussed above.

The Distribution of Awards in Payment

1.59. 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.

1.60. Table 24 overleaf shows the distribution of awards of all levels across the Scheme as of 31 August 2010.

Table 24: Number and Percentage of Consultants with Clinical Excellence Awards

AWARDS RECORDED IN PAYMENT AT 31 AUGUST 2010			
Level	**Number of Award Holders**	**% of Consultant Population**	**Value (£)**
Platinum	196	0.53%	75,796
A+	104	0.28%	75,889
Gold	291	0.79%	58,305
A	332	0.90%	55,924
Silver	847	2.29%	46,644
Bronze	1814	4.91%	35,484
B	564	1.53%	31,959
L9	1203	3.26%	35,484
L8	745	2.02%	29,570
L7	954	2.58%	23,656
L6	1163	3.15%	17,742
L5	1479	4.00%	14,785
L4	1833	4.96%	11,828
L3	2293	6.21%	8,871
L2	3097	8.38%	5,914
L1	3225	8.73%	2,957
None	16950	45.49%	0

Note: The total consultant population in England is 36950. Taken from the NHS Information Centre annual workforce census, published March 25, 2010.
231 Wales consultants are included in the national level awards. Wales runs a separate system of local commitment awards. ACCEA does not hold information of these consultants

1.61. Over the past few years, the Secretariat has undertaken some analysis of award trends. The Table below shows awards in appropriate progressional cohorts, e.g. Bronze, B and Level 9 have similar monetary value and form the progressional pool for silver.

Table 25: Number and Percentage of Current National Awards by Award Value (£) and Progressional Groups

Level of Award	Number of Consultants	% of Consultant Population
Platinum & A+	300	0.81%
Gold & A	623	1.69%
Silver	847	2.29%
Bronze, B & L9	3581	9.69%
No award or L1-L8 *	31599	85.52%

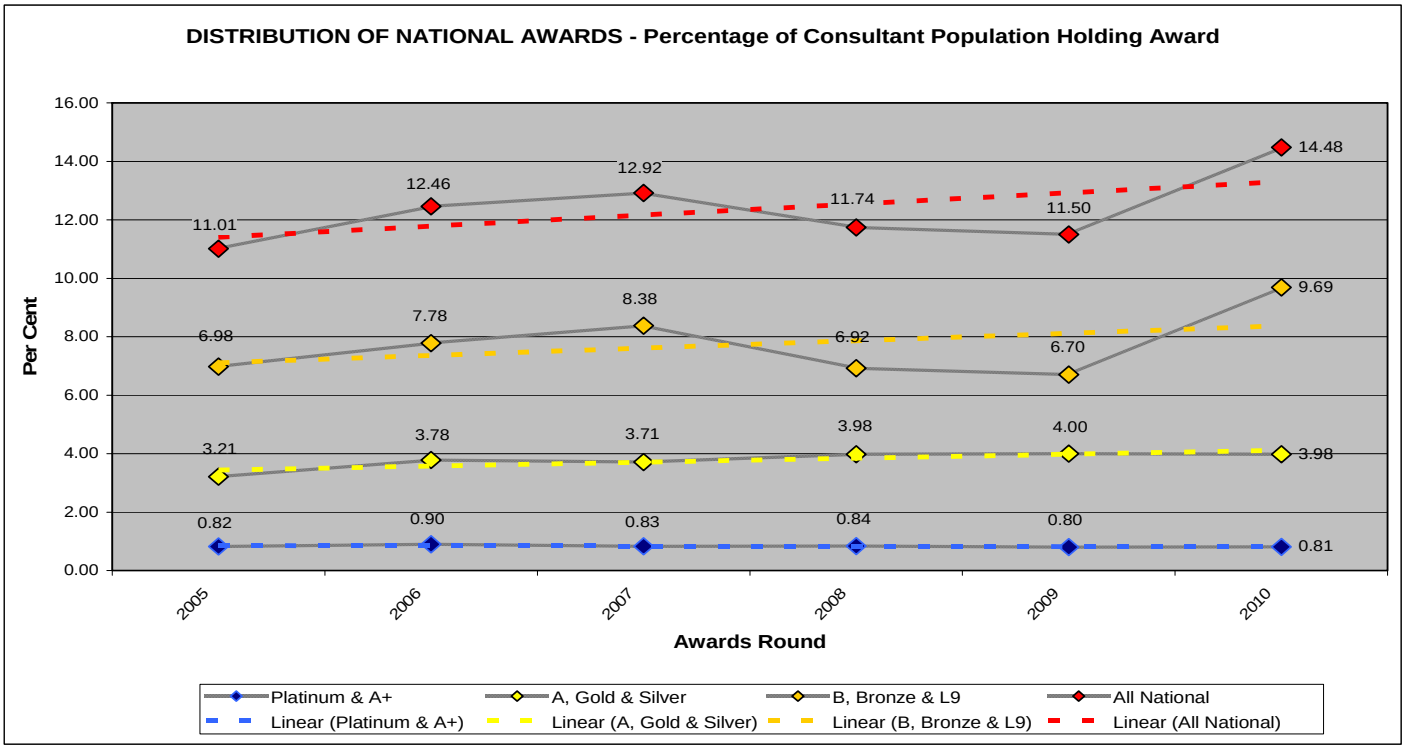
Note *: the true number of eligible consultants will be slightly lower than stated – as the figure shown includes all consultants and does not account for length of time as a qualified consultant, it includes newly qualified consultants who do not meet the ACCEA application criteria (i.e. must be in grade for one year or more).

1.62. Figure 13 shows the distribution of clinical excellence awards held at Level 9 or higher over the past five CEA rounds. To allow for historic

comparison, the number of Silver awards is grouped with Gold and A awards.

1.63. Prior to the link to the ESR in January 2010 ACCEA did not hold all data on consultants holding Level 9 awards funded by their employers. For the years 2005-2009, the proportion of consultants recognised at Level 9 or higher through the CEA Scheme was slightly higher than indicated. It was estimated in 2009 that 14% of the consultant population held awards Level 9 or higher although the true figure was not known, and this has been confirmed by the data. It is thought that the greater use of Level 9s locally, but not yet reported to ACCEA, resulted in an apparent but not necessarily actual dip in the proportion of B, Bronze and Level 9s in 2007. 2010 is the first year that verified Level 9 data has been included in the analysis and all Level 9s in payment on 31 August 2010, and reported on ESR, are included. This will be continued in future rounds.

Figure 13: National Awards as a Per Cent of Consultant Population - Recent Trends



Section 2: Employer Based Awards

2.1. Employer Based Award Committees (EBACs) make awards at levels 1-8 and local level 9 awards. Employer based awards are funded by NHS employers.

2.2. Each Employer Based Awards Committee (EBAC) is asked to send ACCEA an Annual Report return to allow us to monitor that the committee composition and minimum investment requirements are met. The deadline for submission of 2010 Annual Reports was 30 June 2010. By this date, the number of Employer Based Awards Committee reports received was 69 (17.7%). Up to and including 31 August 2010 the number of Employer Based Awards Committee reports received for the 2010 Round was 111 (28.8%)

2.3. Table 26 below shows the number of reports received by NHS Organisation type. This shows that NHS Trusts are submitting reports more consistently than other NHS Organisations.

Table 26: EBAC Reports Received by Organisation as of 31 August 2010

EBAC Reports Received by Organisation as of 31 August 2010		
Total organisations (NHS Trusts, PCT's, Foundation Trusts, Care Trusts)	388	
Total number of organisations by type	NHS Trusts:	106
	Foundation Trusts:	127
	PCT's:	145
	SHAs:	10
Percentage of total number of organisations submitted as of 31 August 2010 (total number received):	28.8% (111)	
Percentage of total number of reports received by organisation (total number received):	NHS Trusts:	62.2% (66)
	Foundation Trusts:	17.3% (22)
	PCT's:	15% (22)
	SHAs:	10% (1)

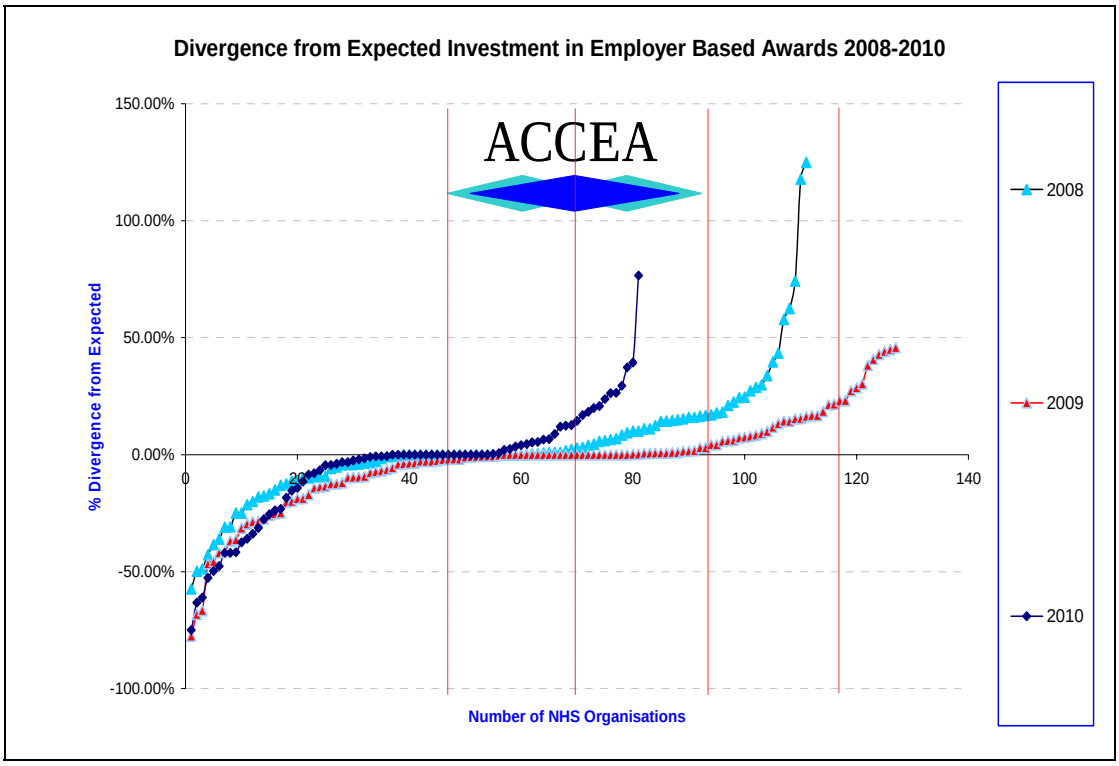
Minimum Investment in New Awards

2.4. When the Scheme was introduced, the expectation was that investment in employer based awards would be at an equivalent level to that previously made under the discretionary points scheme. ACCEA's main responsibility is to oversee compliance with published guidance on the composition of EBAC and minimum investment in the CEA Scheme.

2.5. Analysis of the Annual Reports received from the EBACs suggests that as of 31 August 2010 there was a 2% underspend on EBA in the 2010 Round, this equates to -£227,997.10.[4] This compares to the 2009 Round where there was a net under investment of 1%, and the 2008 Round when there was a net excess investment of 4.62%. The graph overleaf shows the deviation from expected investment over the last three years.

[4] 2010 data is based on returns from 28.8% of Trusts in England.

Figure 14: Deviation from expected investment in Employer Based Awards 2008, 2009, 2010



The EBA Funding Formula in 2011

2.6. The Department of Health has advised ACCEA that for the 2011 Round the ratio of new employer based awards to eligible consultants should be changed to at least 0.20. It had previously been at least 0.35. The Department has indicated that it has made this change to reflect the reduction in the number of national awards in 2010 and the tighter NHS financial circumstances. The Department has also said that Trusts can, if they wish, choose to increase this ratio. This does not affect the value of awards.

Distribution of Employer Based Awards

2.7. In January, ACCEA established a link with the NHS ESR. This new link has enabled ACCEA to carry out some basic analysis on Employer Based Award holders.[5] It should, however, be noted that there is not a uniform manner in which Trusts record honorary consultants. As a result some of these are not included in the figures, and the figures may be slightly lower than expected.

Level

2.8. The number of consultants holding an Employer Based Award is 15,992. Table 27 shows this total broken down by region and award level.

[5] Data extracted from ESR is valid up to 31st August 2010, but not updated on the ESR by this date will be shown under their previous award level.

Table 27: Employer Based Awards by Region and Level of Award 2010

	L 1	L 2	L 3	L 4	L 5	L 6	L 7	L 8	L 9	
CHES and MER	148	141	98	63	69	57	51	46	56	729
DOH	0	1	2	0	0	0	1	1	3	8
EAST ENG	292	289	239	177	149	109	105	80	91	1531
EAST MID	222	246	142	149	107	103	73	56	83	1181
LON NE	245	278	176	137	104	72	64	70	100	1246
LON NW	144	123	84	74	66	58	39	33	92	713
LON STH	280	240	170	120	91	106	80	83	109	1279
NTH EAST	215	172	141	114	106	60	56	33	95	992
NTH WEST	283	260	199	182	140	104	101	73	124	1466
SOUTH	251	185	172	139	94	81	61	41	58	1082
STH EAST	231	206	192	133	127	78	66	45	72	1150
STH WEST	384	360	265	223	170	142	99	80	107	1830
WALES	2	1	2	0	1	0	0	0	0	6
WEST MID	297	382	250	205	161	130	111	72	145	1753
YORK and HUM	256	234	176	128	99	70	50	37	79	1129
	3250	3118	2308	1844	1484	1170	957	750	1214	16095
Actual cons no.	3225	3097	2293	1833	1479	1163	954	745	1203	15992

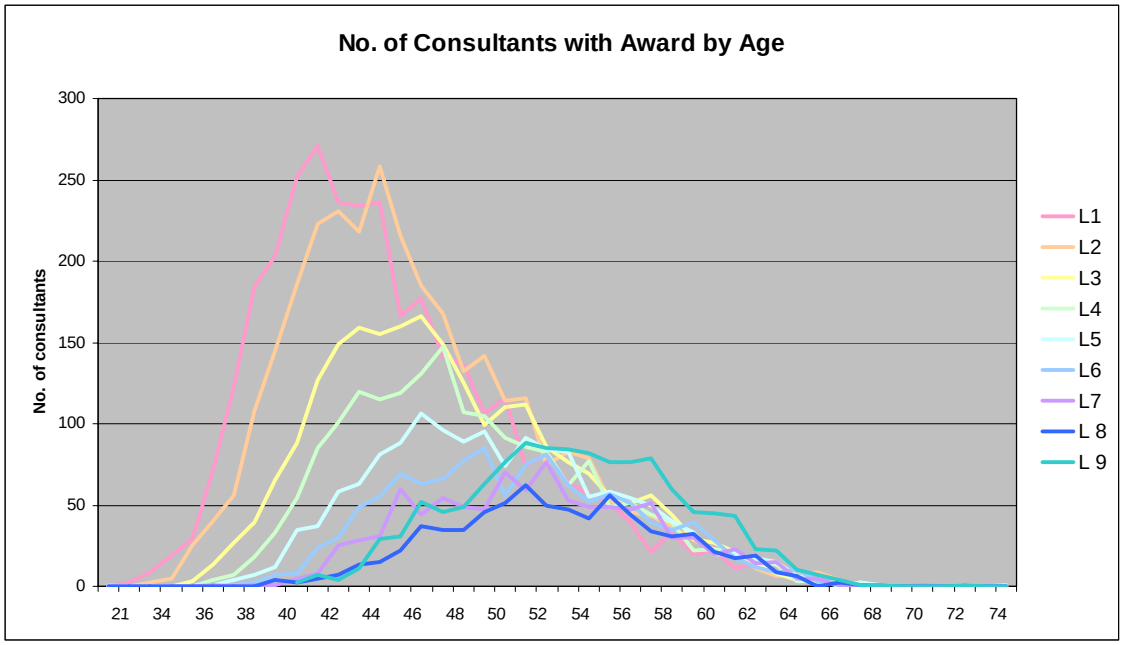
Note: A small number of consultants work cross-region and these are recorded twice in ESR, we have removed the duplicates for our analysis.
Some honorary consultants are not included in this figure.

2.9. Although EBAs are not awarded in Wales, 13 awards are listed in Wales. These consultants have either dual contracts (one in England and one in Wales), or were awarded an EBA whilst working in England before moving to Wales, and their award stands for reinstatement if they return.

Age

2.10. Figure 15 shows the number of award holders, by age and award level.

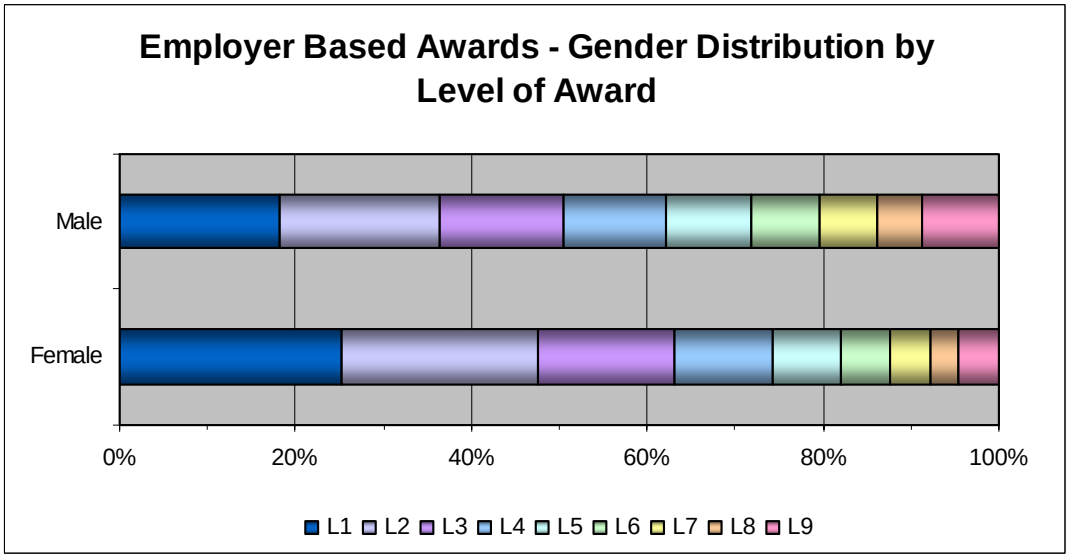
Figure 15: Age Distribution of Employer Based Awards 2010



Gender

2.11. Figure 16 below shows the gender split for each level of Employer Based Awards. Calculations show that across all levels of awards 72.8% are male. This compares to 70.6% in the whole consultant population.

Figure 16: Gender Distribution of Employer Based Awards

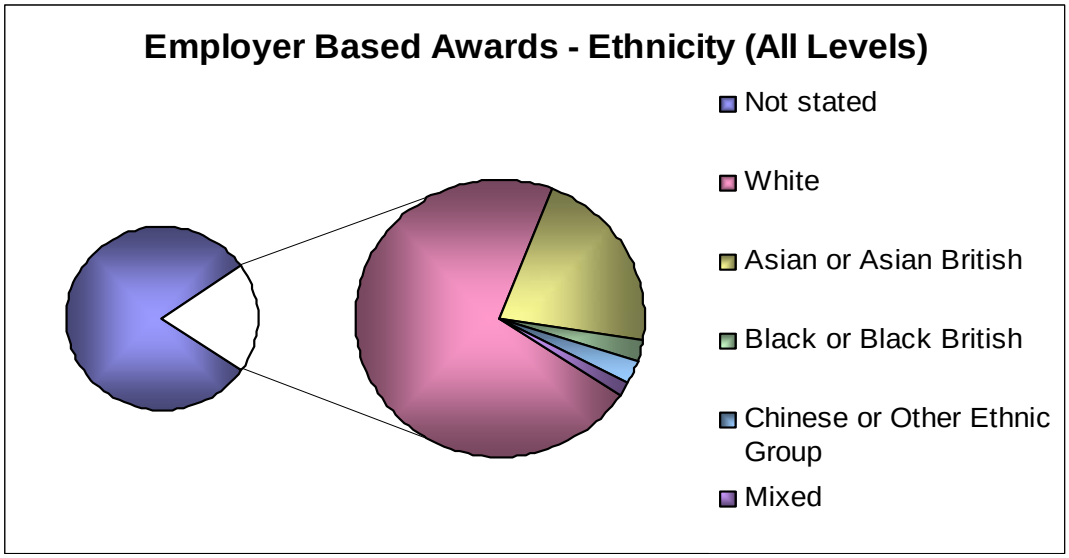


2.12. From the graph we can see that the female consultants are more heavily weighted in the lower level of the awards - almost 30% of male award holders hold a Level 6 or above, this compares to just fewer than 20% of the female population of award holders holding the same level of award.

Ethnicity

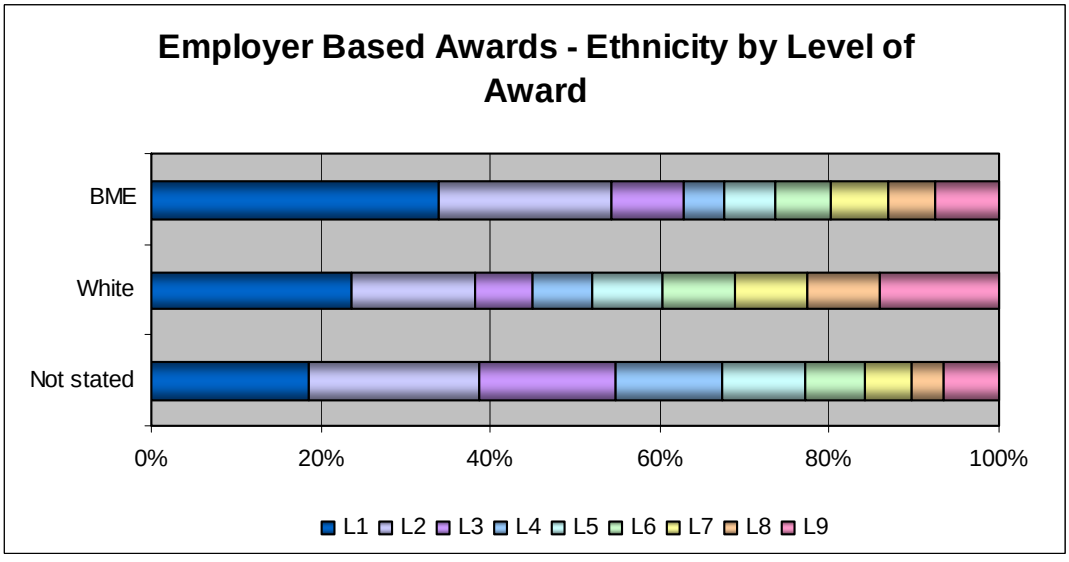
2.13. Almost 81% of consultants have a 'not stated' ethnicity recorded in ESR. This makes a detailed analysis of ethnicity at each award level statistically nonviable. The figure below shows the ethnicity of award holders for the remaining 19.06% across all levels of award.

Figure 17: Ethnic Distribution of Employer Based Awards – All Levels Combined



2.14. A simple analysis has been conducted against 'BME', 'White' and 'not-stated' across each level of award. This is shown at Figure 18. This indicates that over 50% of BME award holders have an award of level 1 or level 2, compared to less than 40% of white award holders. Just over 40% of white award holders hold a level 6 or above compared to almost 25% of BME award holders. However, with the low response rate for ethnicity, these figures need to be treated with caution.

Figure 18: Ethnic Distribution of Employer Based Awards



Section 3: Development of the Scheme

3.1. There have been a number of developments during the 2010 Awards Round.

Reviewing Awards

3.2. During the 2010 Awards Round, ACCEA continued discussions to refine and formalise the business rules for reviews. All CEAs and DAs are subject to review at least every five years; this ensures that ACCEA only rewards consultants who continue to meet the standards required. A flow-chart of the process outlined below is at Appendix 2.

3.2.1. Consultants applying to review their award should complete an application form. Applications for review are considered by the appropriate regional sub-committee who make a recommendation to ACCEA.

3.2.2. Applications for reviews are considered one year before the expiry of the award. Table 28 shows the award rounds where the first, second and third reviews should be submitted for normal five year reviews.

Table 28: The Awards Round where First, Second and Third Reviews Should be Submitted

Award valid from 1 April	Award Round for 1st Review	Award Round for 2nd Review *	Award Round for 3rd Review *
2004	2008	2013	2018
2005	2009	2014	2019
2006	2010	2015	2020
2007	2011	2016	2021
2008	2012	2017	2022
2009	2013	2018	2023
2010	2014	2019	2024
2011	2015	2020	2025
2012	2016	2021	2026
2013	2017	2022	2027

Note: presuming the consultant has not progressed in the Scheme or been given a shorter period of review for any reason

3.2.3. A two year review will be recommended where the consultant has had a period away from the NHS due to sabbatical or sickness, or when the consultant has a major job change. If, after a two year review, the consultant then submits a satisfactory review, the next review period will be for three years as shown in Table 29. This allows the consultant to get back into their normal five year review cycle.

Table 29: The Awards Round Where the Second and Third Reviews Should be Submitted if a Two Year Review is Given

Award valid from 1 April	Award Round for 1st Review	Award Round for 2nd Review *	Awards Round for 3rd Review **
2004	2008	2010	2013
2005	2009	2011	2014
2006	2010	2012	2015
2007	2011	2013	2016
2008	2012	2014	2017
2009	2013	2015	2018
2010	2014	2016	2019
2011	2015	2017	2020
2012	2016	2018	2021
2013	2017	2019	2022

*** if two-year review granted**
**** assuming satisfactory review**

3.2.4. If an application to review an award does not demonstrate sufficiently that the consultant is doing work normally expected of an award holder, or where the evidence supplied is unclear, a one-year review is usually recommended. In these cases, consultants are written to with a warning that if they fail to submit a satisfactory review in the following awards round, the award may be withdrawn, if mitigating evidence is not submitted.

3.2.5. If after a one year review, a satisfactory application is then received, the consultant will be given a four year review period. This will bring the consultant back into their normal five year cycle as shown in Table 30.

Table 30: The Awards Round Where the Second and Third Reviews Should be Submitted if a One Year Review is Given

Award valid from 1 April	Award Round for 1st Review	Award Round for 2nd Review *	Awards Round for 3rd Review **
2004	2008	2009	2013
2005	2009	2010	2014
2006	2010	2011	2015
2007	2011	2012	2016
2008	2012	2013	2017
2009	2013	2014	2018
2010	2014	2015	2019
2011	2015	2016	2020
2012	2016	2017	2021
2013	2017	2018	2022

*** if one-year review granted**
**** assuming satisfactory review**

3.2.6. Consultants who fail to submit a review for awards will be given a year's grace and must submit an adequate application the following year or their award may be withdrawn, if mitigating evidence is not submitted. If an application is subsequently received the following year, and is successful, the award will then be renewed. However, in order to maintain the original five-year

review cycle the award will be renewed for four years. If, following the year's grace, the consultant fails to submit a review form again in the following round, their award will be ceased. If they do submit a review, but the application is considered inadequate, a recommendation will go to ACCEA for the award to be ceased.

3.2.7. Where the original application submitted is inadequate, consultants will be given a one-year review and must submit review papers in the following round. If an application is received and is successful, the award will then be renewed. However, in order to maintain the original five-year review cycle the award will be renewed for four years. If they fail to do this or submit another inadequate application, a recommendation will be made to ACCEA that the award is ceased.

3.2.8. All awards should be subject to five-year reviews (unless a shorter review period has been applied by ACCEA). There will be occasions when ACCEA needs to exercise discretion, and extension requests from consultants may be considered in special cases such as retirement, secondments and periods of illness etc.

3.2.9. All retire and return cases for Distinction Award holders are subject to annual review. Failure to submit a review or providing inadequate information will lead to the cessation of the award.

3.3. During the 2009 Round, ACCEA introduced five-year reviews for Local Level 9s. ACCEA expects EBACs to develop similar processes as outlined above.

Distinction Awards Following Retirement (Retire and Return)

3.4. On 14 June 2010, a working group of ACCEA met to discuss the reinstatement of Distinction Awards following retirement, and discussed proposals, which were accepted, to form a standing sub-committee of ACCEA to consider these cases.

Background

3.5. Consultants in receipt of a Distinction Award (B, A or A+), who retire and return to a substantive consultant post, can apply to have their award reinstated. Historically, qualifying consultants would submit a job plan approved by the Chief Executive to ACCEA; the ACCEA Medical Director would consider this, and if approved, the award was reinstated and reviewed every five years.

3.6. In recent years, ACCEA has taken steps to strengthen the process for considering applications and reviewing awards - in 2008, ACCEA instigated an annual review process to ensure the continued probity of the award and since 2009, all new applicants have had to submit a full application form.

3.7. The working group agreed that a more robust system for considering applications, that could withstand appeal, should be instigated to ensure the integrity of decisions taken and the continued probity of the awards, and that decisions should be taken at the national level to ensure consistency.

3.8. Consequently, it was agreed that a standing sub-committee of ACCEA would be formed to consider all applications from consultants requesting reinstatement of their distinction award after retirement, and to consider all annual reviews of current retire and return cases in payment. These decisions were ratified at the main ACCEA Committee meeting on 14 July 2010.

The Retire and Return Sub-Committee

3.9. Following ratification of the proposals, the Working Group formed an interim sub-committee awaiting the creation of the formal Retire and Return Committee. The Chair of ACCEA has now written to the proposed formal membership. The agreed Terms of Reference of the sub-committee are attached at Appendix 3 for information.

3.10. From 1 October 2010 all new applications were collated and these will be sent to the sub-committee for consideration. For the 2011 Round, all 'Retire and Return' reviews will be withdrawn from regional sub-committees' consideration and redirected to the ACCEA sub-committee. The Committee will meet in December for the first time.

Development of Quality Criteria

3.11. The Guides for the 2011 Round have an even stronger emphasis on the need for applicants to give evidence on the quality of their work. For example, the guidance asks consultants to use Indicators for Quality Improvement or Quality Standards and other reference data sources in England or the Healthcare Standards for Wales where it allows them to provide performance data against indicators for their specialty. The 2011 guidance benefited from further advice on this and other points from both the National Quality Board and National Leadership Council.

ACCEA and Regional Sub-Committee Quorum

3.12. During the 2010 Awards Round, ACCEA developed a proposal to introduce formal quorums to the regional sub-committees and main ACCEA committee. This was to ensure the propriety of decisions taken by the committees. The proposals were approved by the main ACCEA at their 14 July 2010 meeting.

3.13. The quorum applies to the two awards meetings of each regional subcommittee, including Wales, and the meetings of the main ACCEA and Platinum Committees.

Regional Sub-Committees

3.14. There are twenty-four members on each regional sub-committee. These include:
- Six lay members (including the Chair);
- Six employer members; and
- Twelve professional members (including the Medical Vice-Chair).

3.15. The quorum for sub-committees is a minimum of twelve members, and will include:
- at least two professional members;
- one lay member; and
- one employer member.

3.16. If there is no quorum, the meeting still goes ahead however, the recommendations must be circulated to all committee members for ratification. These must be agreed by the majority of current committee members.

ACCEA (Main Committee)

3.17. There are sixteen members of ACCEA. These include:
- Four lay members (including the Chair);
- Four professional members (including the Medical Director);
- Three employer members; and
- Five ex-officio members (including a representative from Wales).

3.18. The quorum of the main committee is a minimum of six appointed members present, with representatives from the professional, lay and employer categories. For this purpose ex-officio members could be included as being representative of the categories from which they are drawn.

3.19. The new quorum rules will be effective from the 2011 Awards Round.

Appeals, Concerns and Complaints

Appeals

3.20. The Guide for Applicants 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 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 and Part 8 of the Guide to Employer Based Awards give examples of what would be considered grounds for appeal.

3.21. 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 reason why they feel the procedure was not correctly followed. Once this process has been exhausted and if the consultant is still dissatisfied they can appeal directly to the Chair of ACCEA and ask for an investigation.

3.22. 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 will consider the appeal. The panel will include a professional member (medical or dental), an employer member and a lay member as the 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.

3.23. 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.

Appeals received in 2009

3.24. There were thirteen appeals against the national awards process following the 2009 Round. This compares to four appeals following the 2008 Round. The details are given in Table 31.

Table 31: National Awards Appeals 2009 (processed in 2010)

Date	Nature of Appeal	Sent for investigation	Report received	Resolution and date
13/08/09 received 14/08/09	Appeal against decision not to award a Silver CEA in the 2009 Awards Round	n/a	n/a	Grounds for appeal not sufficiently made. Letter to advise sent 28/08/2009 CASE CLOSED
Phone call July 09	Thinks he may be disadvantaged as the wrong year of previous award appeared on his application form.	n/a	n/a	Considered by the Chair who upheld the appeal Letter sent 14/08/09 saying that if awarded in 2010 Round the award would be backdated to 01/04/09 CASE CLOSED
Phone call July 09	Thinks he may be disadvantaged as the wrong year of previous award appeared on his application form.	n/a	n/a	Considered by the Chair who upheld the appeal Letter sent 14/08/09 saying that if awarded in 2010 Round the award would be backdated to 01/04/09 CASE CLOSED
E-mail 14/08/09	Bias or conflict on the part of the Committee and support from NNB and Specialist Societies was ignored by the committee	n/a	n/a	Letter sent 14/9/09 – no evidence of bias or failure of process CASE CLOSED

Date	Nature of Appeal	Sent for investigation	Report received	Resolution and date
Letter dated 17/08/09	Appeal against decision on grounds of discrimination based on ethnicity, age and/or gender	Appeal panel set up to view appeal Feb 2010	20/04/10 Report from appeal panel rec'd – passed to Chair for consideratio n	Letter sent 05/05/10 Appeal not upheld – CASE CLOSED Appellant requested copy of panel report – sent & advised no more correspondence can be rec'd on this case. 27/05/10
Letter rec'd 24/08/09	Review of application for a Bronze award	n/a	n/a	Letter sent 14/9/09 - no evidence of personal discrimination CASE CLOSED
E-mail 21/08/09	Review of application for a Bronze award	n/a	n/a	No basis for thinking that any speculative higher ranking would have been regarded as significant. Letter sent 30/09/10 CASE CLOSED
Rec'd by email 04/09/09	Review of application for a Gold award	n/a	n/a	Letter sent 30/10/09, Appeal not upheld – CASE CLOSED
Rec'd by email 18/9/09	Review of application for a Bronze Award (Wales)	To MVC 16/01/10	Report from Med MVC rec'd 01/02/10 (10/043) – To Chair 16/02/10	Letter 02/03/10, appeal not upheld proceeded to appeal panel that met in September Appeal not upheld CASE CLOSED
Telephon e enquiry	Possibly been disadvantaged because of erroneous date of previous award shown on his application form	n/a	n/a	Chair agreed that should they apply in the 2010 Awards Round and be successful, the award would be backdated to 01/04/09. CASE CLOSED
Telephon e enquiry	Possibly been disadvantaged because of erroneous date of previous award shown on his application form	n/a	n/a	Chair agreed that should they apply in the 2010 Awards Round and be successful, the award would be backdated to 01/04/09. CASE CLOSED
Telephon e enquiry	Possibly been disadvantaged because of erroneous date of previous award shown on his application form	n/a	n/a	Chair agreed that should they apply in the 2010 Awards Round and be successful, the award would be backdated to 01/04/09. CASE CLOSED
05/03/10	Appeal against application process. CE would not complete part 2 & he could not submit application because of this. Feels he has been disadvantaged	n/a	n/a	Appeal upheld. Should they apply in 2011 Round and be successful award will be backldated to April 2010. CASE CLOSED

3.25. Twenty Employer Based Awards appeals were received by the Secretariat following the 2009 Round. This compares to thirteen appeals following the 2008 Round. These are summarised in Table 32. Nine of these are still ongoing.

Table 32: Employer Based Awards Appeals 2009 (processed in 2010)

Date	Nature of Appeal	Sent for investigation	Report received	Resolution and date
30/06/09	Appeal against Employer Based Awards process	n/a – dealt with internally		Letter 21/08/09 – no admissible grounds for appeal CASE CLOSED
9/07/09 Received 15/07/09	Appeal against Employer Based Awards process	n/a	n/a	Final reply sent 17/07/09. Appeal withdrawn 18/08/09 CASE CLOSED

Date	Nature of Appeal	Sent for investigation	Report received	Resolution and date
21/07/09	Appeal against Employer Based Awards process	n/a	n/a	Letter sent advising to go through Trust process first 24/07/09. CASE CLOSED
27/07/09	Appeal against Employer Based Awards process	Papers sent to MVC for investigation on 10/08/2009	04/01/10 – To Chair	Appeal upheld. Letter to appellant and trust 11/02/10 CASE CLOSED Trust responded – 2010 applications looked at with a view to backdate awards if successful – wanted advice if this was ok as review of 2009 applications. Chair advised this was satisfactory. Letter sent 16/03/10 CASE CLOSED 17/03/10 Further response from appellant rec'd 23/04/10 **On going**
31/07/09	Appeal against Employer Based Awards process	Papers sent to MVC for investigation on 10/08/09,	04/01/10 – To Chair	Appeal upheld. Letter to appellant and trust 11/02/10 CASE CLOSED Trust responded – 2010 applications looked at with a view to backdate awards if successful – wanted advice if this was ok as review of 2009 applications. Chair advised this was satisfactory. Letter sent 16/03/10 CASE CLOSED 17/03/10 Further response from appellant rec'd 23/04/10 **On going**
05/08/09	Appeal against employer based process	To MVC 21/08/09	16/09/09	Letter sent 24/10/09 – appeal not upheld CASE CLOSED
Letter dated 14/08/09	Appeal against employer based process	MVC 25/06/10		**On going**
03/09/09	Appeal against local decision	Sent to MVC for investigation 14/01/10.		**On going**
28/10/09	Appealing against local decision - those who were below his score were awarded and management errors.	To MVC for investigation 11/02/10	MVC report rec'd dated 23/02/10.	06/04/10 – letter sent appeal not upheld. CASE CLOSED
06/11/09	Appeal against EBA process at the trust	Sent to MVC to investigate 22/12/09.	MVC report received 08/03/10.	30/04/10 – CASE CLOSED. Appeal not upheld
03/12/09 Received 09/12/09	Appealing against employer decision for 2009 round. Gone through Local appeal procedure already.	Sent to MVC for investigation 14/01/10.		**On going**
11/12/09 Received 21/12/09	Appeal against employer based awards process	Sent letter & papers to MVC for investigation 25/03/10. MVC chased 28/04/10	Rec'd 04/06/10	Appeal not upheld CASE CLOSED 25/06/10
21/12/09 Received 23/12/09	Appeal against employer based awards process	Sent to MVC for investigation 14/01/10		**On going**
08/02/10	Appeal against EBA process	To MVC 01/04/10. MVC chased	Report rec'd 04/06/10	Appeal not upheld CASE CLOSED 25/06/10
25/02/10	Appeal against process	n/a	n/a	Appeal not upheld 16/03/10. CASE CLOSED
Originally November 2009 – never logged. 29/03/10	Appeal against EBA process & denied right of appeal in Trust	Sent to MVC for investigation 21/04/10		**On going**

Date	Nature of Appeal	Sent for investigation	Report received	Resolution and date
Dated 26/02/09 & 25/03/09	Appeal against EBA process	MVC 06/05/10.		**On going**
14/04/10 received 16/04/10	Appealing against the appeal panel – many reasons suggested.	With MVC 04/06/10		**On going**

3.26. Despite improved advice in the 2010 Guides, the length of time taken to resolve appeals is still not ideal. Only 46% of national and 20% of Employer Based Awards appeals were resolved within the published timescales. The Secretariat has conducted an informal analysis of the possible reasons for the failure to achieve the published timescales. The two main areas of delay have been identified as:

- The ACCEA Chair has to consider all appeals before a decision can be made on the next step to be taken which is time consuming, and logistically difficult: and
- In Employer Based Award appeals, where they are sent to the Medical Vice-Chair for investigation, the process may sometimes be delayed while enquires are made with the Trust.

3.27. ACCEA will continue to look at ways of improving the process.

Complaints and Concerns in 2009

3.28. There were no complaints or concerns received in the 2009 Round.

Training Activity

3.29. During this year, the Secretariat has arranged training events and awareness sessions on the Scheme. The Chairman and Medical Director have also arranged to speak at events arranged by external organisations.

3.30. These events are listed in Table 33 below:

Table 33: Training Activities in 2010 Award Round

Date of Training	Name of Training
21 Aug 2009	British Association of Physicians of Indian Origin
09 Sep 2009	Ministry of Defence (MOD) CEAC
21 Sep 2009	NHS North East
22 Sep 2009	East of England SHA Remuneration Committees Group
30 Sep 2009	Consultants at St Georges Hospital
05 Oct 2009	Chairs and Medical Vice-Chairs Wash-up Meeting
07 Oct 2009	National Nominating Bodies Wash-up Meeting
07 Oct 2009	Specialist Societies Wash-up Meeting
10 Oct 2009	British Association of Indian Anaesthetists
19 Oct 2009	Women in Surgery- Medical Conference
16 Nov 2009	New Member Training

20 Nov 2009	British Association of Medical Managers, Job Planning Conference
23 Nov 2009	New Members Training
06 Feb 2010	British Association of Physicians of Indian Origin
16 Apr 2010	Association of Surgeons of Great Britain and Ireland
11 Jun 2010	Royal College of Psychiatrists Council

Awards Timetable

3.31. The awards timetable for 2010 followed the principles first used in the 2009 Round. This aimed to enable recommendations to reach the Minister before the summer Parliamentary recess. Despite a new administration, with a new set of Ministers, this has gone smoothly. An efficient process continued to be facilitated by the sub-committees working electronically, using the online scoring system which has delivered greater robustness in scoring

Committee Membership

3.32. For the 2010 Round, it was decided that SHA Medical Directors would be invited to serve on all the regional sub-committees in an ex-efficio positions. This position could be filled by the Medical Director or the Regional Director of Public Health (the other may serve on the sub-committee by application).

3.33. In April 2010 ACCEA launched a recruitment exercise to replace one member 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. However, due to the Ministerial decision to hold a review of the Scheme in 2011, ACCEA took the decision to postpone the recruitment of the ACCEA member due to step down, and instead to extend the appointment of the current member.

3.34. For the 2011 recruitment campaign, following a review of the policy of a three-year term in the lay and employer appointments, ACCEA introduced a new policy allowing lay members to re-apply for a second three year term.

3.35. The recruitment campaign resulted in 95 applications, with 47 subsequent appointments. These are shown in Table 34. As of 7 October 2010, 57 positions remain vacant. ACCEA is currently sourcing additional applications for these vacancies.

Table 34: 2011 Sub-Committee Recruitment

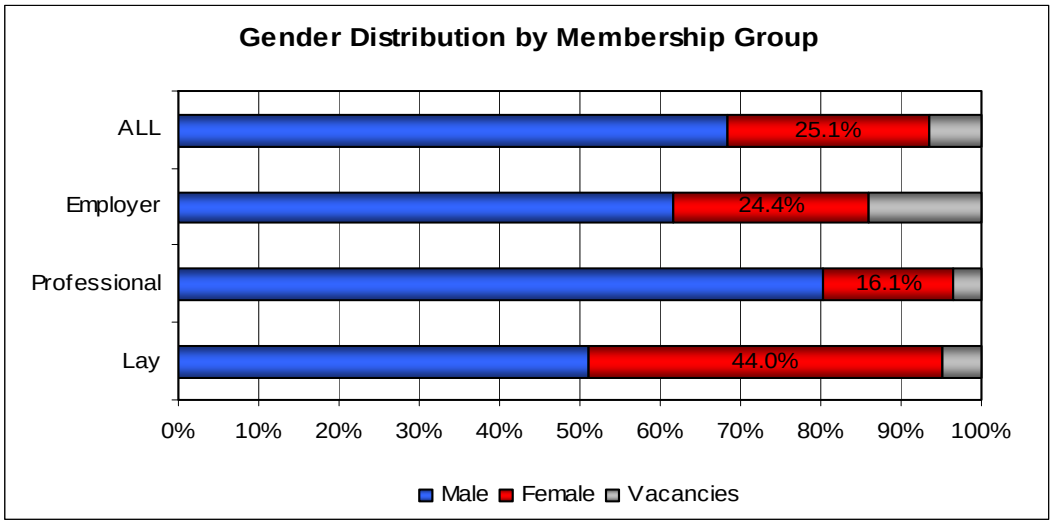
	Applications	Appointments	Success Rate
Lay	37	17	**45.95%**
Professional	54	28	**51.85%**
Employer	4	2	**50.00%**
ALL	95	47	**49.47%**

Diversity

3.36. 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.

3.37. Figure 19 illustrates the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2010 Awards Round, together with any vacancies. Despite an improvement in the number of female lay members since 2009, there remains a significant gender imbalance in relation to professional and employer members. Overall, the percentage of all female members reduced by 3% compared to 2009.

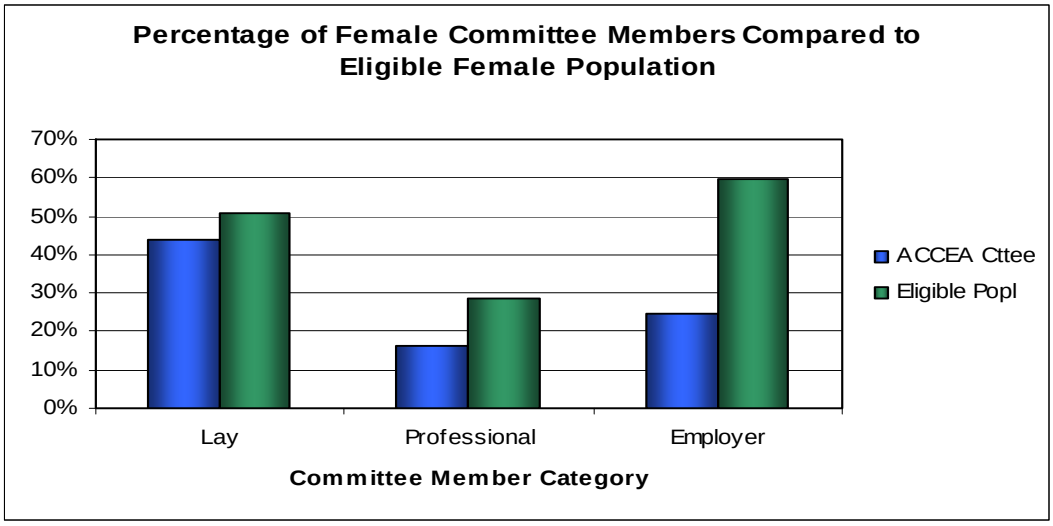
Figure 19: Gender Distribution on Regional Sub-Committee in 2010 Awards Round



3.38. For the first time, ACCEA has begun to analyse the percentage of female committee members against the eligible female population, this is shown in Figure 20.[6] [7] [8] This shows that the levels of female professional and employer members are significantly below the gender distribution of the eligible population.

[6] The eligible population for employer members has been taken from the Information Centre 2009 Non-Medical Workforce Census, March 21 2010.
[7] The eligible population for professional members has been taken from the Information Centre 2009 Medical Workforce Census, March 21 2010.
[8] The eligible population for lay members has been calculated as the total female population in England in 2009 aged 25-79, minus the employers and consultants. Information on the total female population in England has been taken form the Office of National Statistics mid-year population estimate 2009.

Figure 20: Comparison of the Gender Distribution of Committee Members and the Eligible Population in 2010 Awards Round



3.39. However, ACCEA does not believe that there is any evidence of gender bias in their appointment of members in these categories. Figure 21 shows the gender split of all applications and resulting appointments in the initial stage of the 2011 recruitment campaign. This shows that while female applications formed 37.9% of applications, they accounted for 42.6% of new positions. Table 35 shows the success rates of men and women in each membership category. These indicate that women, while equally successful in the lay category, show significantly more success in the employer and professional categories. This indicates that the gender imbalance on regional committees is the result of lower numbers of applications from women.

Figure 21: Comparison of the Gender Distribution of 2011 Sub-Committee Applications and Appointments

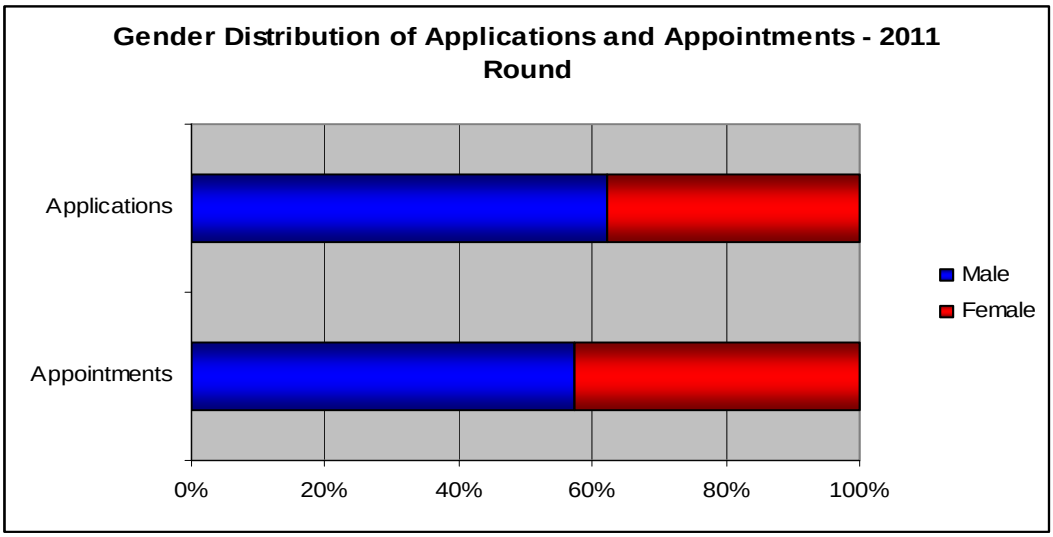


Table 35: Comparison of the Gender Distribution of 2011 Sub-Committee Applications and Appointments

	Male			Female		
	Application	Appointments	Success Rate	Application	Appointments	Success Rate
Lay	13	6	**46.15%**	24	11	**45.83%**
Professional	44	21	**47.73%**	10	7	**70.00%**
Employer	2	0	**0.00%**	2	2	**100.00%**
ALL	59	27	**45.76%**	36	20	**55.56%**

3.40. On the main ACCEA Committee in 2010, the gender breakdown was twelve men and four women. With the retirement of the Chief Medical Officer, Professor Sir Liam Donaldson, and the appointment of the Interim Chief Medical Officer, Professor Dame Sally Davies, in June 2010, the gender breakdown was eleven men, five women.

Section 4: The Doctors' and Dentists' Review Body 2011 Review of the Scheme

Review of Compensation Levels and Incentives for NHS Consultants

4.1. 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 includes the Clinical Excellence and Distinction Award Schemes at both national and local level. The Terms of Reference for the review are attached at Appendix 4.

4.2. The Review Body has asked for written evidence to be submitted by 26 November 2010. ACCEA's evidence will include a history of the Schemes since 1948. The ACCEA Chair and Medical Director will also submit comments about the strengths and weaknesses of the Scheme. The Review Body has been asked to make recommendations to UK Ministers by July 2011.

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 36a-36d 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.

Table 36a: Distribution of new Bronze Awards in 2010 by Specialty and Region

	Accidemt & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gyn	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	Indicative Number	Difference
ACCEA DoH										1			1			**2**	3	-1
Cheshire & Mersey			1		1	1			1	2					1	**7**	15	-8
East Midlands					4					1	1		2	1	1	**10**	18	-8
East of England			1		8				1	1	1			1	3	**16**	28	-12
London North East			2	1	5				3	1	1				2	**15**	25	-10
London North West			1		3			1	1		1		1		3	**11**	15	-4
London South			1	1	3	2		2	1	3	1		1	1	1	**17**	25	-8
North East			1		3	3			1						3	**11**	19	-8
North West		1	1	1	7									1	1	**12**	28	-16
South East			1	1	4	1		1		1					3	**12**	20	-8
South					7	2		1	1		1				4	**16**	23	-7
South West		1	1	1	5			1	2	1			1	1	3	**17**	30	-13
Wales		1	1	3	1				2	1				1	2	**12**	18	-6
West Midlands		3	1		2	2		1	1				1		3	**14**	31	-17
Yorkshire & Humber			2	2	3				2	1	2			3	2	**17**	32	-15
Total		**6**	**14**	**10**	**56**	**11**		**7**	**16**	**13**	**8**		**7**	**9**	**32**	**189**	**330**	**-141**
Specialty Benchmark	**9**	**n/a**	**52**	**7**	**74**	**15**	**1**	**8**	**21**	**22**	**40**	**1**	**8**	**21**	**51**	**330**		
Difference	-9	n/a	-38	3	-18	-4	-1	-1	-5	-9	-32	-1	-1	-12	-19	**-141**		
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 36b: Distribution of new Silver Awards in 2010 by Specialty and Region

	Accidemt & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gyn	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	Indicative Number	Difference
ACCEA DoH																**0**	2	-2
Cheshire & Mersey					2				1	1						**4**	9	-5
East Midlands					2	1		1			1					**5**	10	-5
East of England			1		1				1				1	1	1	**6**	12	-6
London North East					4				1						2	**7**	16	-9
London North West			1		2					1				1		**5**	11	-6
London South				1	1	2			1	2	3					**10**	17	-7
North East					1	1			1						2	**5**	9	-4
North West					2							1			3	**6**	13	-7
South East					1									1		**2**	7	-5
South		1	1		3				2							**7**	14	-7
South West		1	2		3					1					2	**9**	14	-5
Wales				1					1			1	1			**4**	8	-4
West Midlands					2				2						2	**6**	13	-7
Yorkshire & Humber					2				1	1	1			1	2	**8**	16	-8
Total	**0**	**2**	**5**	**2**	**26**	**4**	**0**	**1**	**11**	**6**	**5**	**2**	**2**	**4**	**14**	**84**	**171**	**-87**
Specialty Benchmark	3	1	15	3	48	8	0	4	13	16	14	1	4	13	28	171		
Difference	-3	1	-10	-1	-22	-4	0	-3	-2	-10	-9	1	-2	-9	-14	-87		
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																		

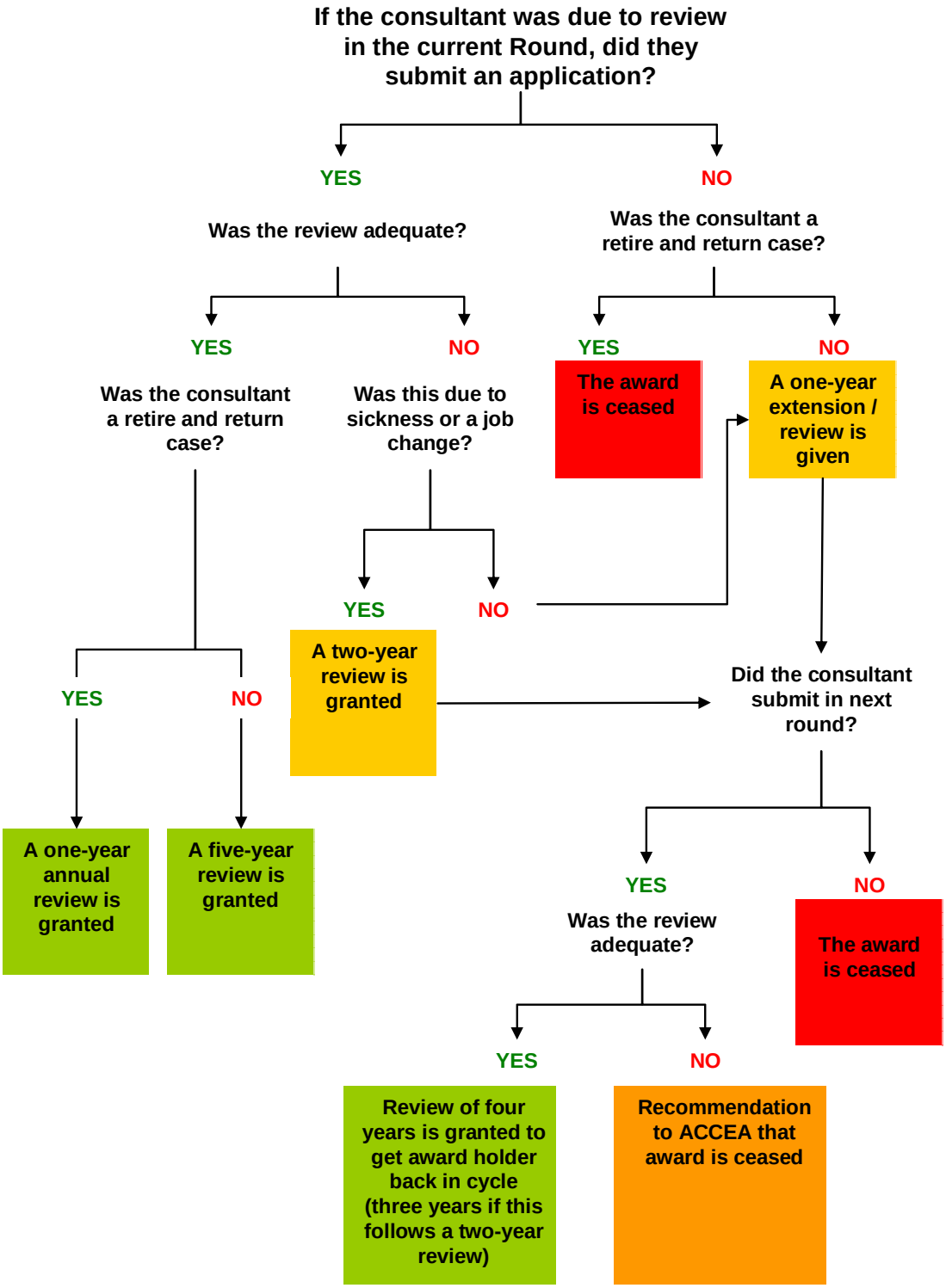
Table 36c: Distribution of new Gold Awards in 2010 by Specialty and Region

	Accidemt & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gyn	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	Indicative Number	Difference
ACCEA DoH																**0**	1	-1
Cheshire & Mersey											1					**1**	2	-1
East Midlands									1							**1**	3	-2
East of England					1										1	**2**	3	-1
London North East		1			1					1						**3**	4	-1
London North West					1											**1**	3	-2
London South									1		1		1			**3**	4	-1
North East											1					**1**	2	-1
North West														1		**1**	3	-2
South East					1										1	**2**	2	0
South					1										2	**3**	3	0
South West			2													**2**	3	-1
Wales					1											**1**	2	-1
West Midlands					1											**1**	4	-3
Yorkshire & Humber					1											**1**	3	-2
Total	**0**	**1**	**2**	**0**	**8**	**0**	**0**	**0**	**2**	**1**	**3**	**0**	**1**	**1**	**4**	**23**	42	-19
Specialty Benchmark	0	1	3	1	13	1	0	1	3	4	3	0	1	3	7	42		
Difference	0	0	-1	-1	-5	-1	0	-1	-1	-3	0	0	0	-2	-3	**-19**		
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 36d: Distribution of new Platinum Awards in 2010 by Specialty and Region

	Accidemt & Emergency	Academic GP	Anaesthetics	Dental	Medicine	Obs & Gyn	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	**Total**	Indicative Number	Difference
ACCEA DoH													1			**1**	1	0
Cheshire & Mersey					1											**1**	2	-1
East Midlands					1										1	**2**	2	0
East of England										1						**1**	2	-1
London North East																**0**	3	-3
London North West					1				1						1	**3**	3	0
London South					2						1					**3**	4	-1
North East			1													**1**	2	-1
North West					1				1							**2**	3	-1
South East																**0**	1	-1
South						1										**1**	4	-3
South West				1						1						**2**	2	0
Wales																**0**	2	-2
West Midlands		1			1											**2**	3	-1
Yorkshire & Humber						1					1					**2**	3	-1
Total	**0**	**1**	**1**	**1**	**7**	**2**	**0**	**0**	**2**	**2**	**2**	**0**	**1**	**0**	**2**	**21**	**37**	**-16**
Specialty Benchmark	**0**	**1**	**2**	**1**	**14**	**2**	**0**	**1**	**2**	**3**	**3**	**0**	**1**	**3**	**5**	**37**		
Difference	0	0	-1	0	-7	0	0	-1	0	-1	-1	0	0	-3	-3	-16		
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																		

REVIEW PROCESS



TERMS OF REFERENCE FOR THE ACCEA SUB-COMMITTEE ON REINSTATEMENT OF DISTINCTION AWARDS FOLLOWING RETIREMENT (RETIRE AND RETURN)

A sub-committee of ACCEA will be formed to consider all applications from consultants requesting reinstatement of their distinction award after retirement (hereafter known as retire and return), and to consider all annual reviews of current retire and return cases in payment.

1. The sub-committee of ACCEA will be constituted of:
    - The ACCEA Chair;
    - The ACCEA Medical Director;
    - Two professional representatives (excluding the ACCEA Medical Director);
    - One employer representative; and
    - One lay representative (excluding the ACCEA Chair)

2. The sub-committee will be chaired by the ACCEA Chair.

3. The sub-committee will have the remit of:
    - Considering all retire and return applications;
    - Considering all retire and return annual reviews; and
    - Considering the development of retire and return policy and supporting processes.

4. The sub-committee will meet annually following the closure of the application process (January-March) to consider all retire and return annual reviews. The sub-committee will advise ACCEA whether to recommend the continuation of an award with an annual review, or recommend the cessation of an award due to inadequate evidence of continued justification, or to cease an award due to failure to submit a review.

5. New applications from consultants will be sent to committee members on a quarterly basis for consideration. The sub-committee will assess applications against the Scheme's criteria, recognising consultants who perform 'over and above' the standard expected of their role, and ensuring that awards are given for quality and excellence, acknowledging exceptional personal contributions. The Secretariat will collate responses and prepare the sub-committee's recommendations for the Medical Director as to whether applications should be approved or rejected.

6. The Chair is given the authority to take urgent decisions on behalf of the sub-committee. The sub-committee may be requested to consider individual applications out with the quarterly cycle under advice of the Chair.

7. The quorum for decisions will be set as the majority of serving members.

COMPENSATION LEVELS, INCENTIVES AND THE CLINICAL EXCELLENCE AND DISTINCTION AWARD SCHEMES FOR NHS CONSULTANTS

TERMS OF REFERENCE FOR A UK WIDE REVIEW

The review is to look at compensation levels and incentive systems and the various Clinical Excellence and Distinction Award Schemes for NHS consultants at both national and local level in England, Wales, Scotland and Northern Ireland. The review will take place in the context of key Government documents and the remit is -

- To consider the need for **compensation levels** above the basic pay scales for NHS consultant doctors and dentists including clinical academics with honorary NHS contracts, in order to recruit, retain and motivate the necessary supply of consultants in the context of the international medical job market and maintain a comprehensive and universal provision of consultants across the NHS. The review will consider total compensation levels for consultants and may make observations (rather than recommendations) on basic pay scales.
- To consider the need for **incentives** to encourage and reward excellent quality of care, innovation, leadership, health research, productivity and contributions to the wider NHS - including those beyond the immediate workplace, and over and above contractual expectations. The review should specifically reassess the structure of and purpose for the Clinical Excellence and Distinction Awards Schemes and provide assurance that any system for the future includes a process which is fair, equitable and provides value for money

The review will be fully linked into other activity on public sector pay including:

- The benchmarking work on senior public sector pay being carried out by the Senior Salaries Review Body;
- The Fair Pay Review in the public sector led by Will Hutton; and
- The review of public service pensions by the Independent Public Service Pensions Committee chaired by John Hutton

The review should consider issues of comparability with other public sector and NHS incentive schemes. The recommendations of the review must take full account of affordability and value for money. The recommendations must also respect the accrued rights of individuals.

The review is to be led by the Review Body on Doctors' and Dentists' Remuneration (DDRB). The DDRB as an independent body will work closely with a range of external stakeholders, including NHS employers, the British Medical Association and the independent Committees which make awards in the four countries.

The review has been commissioned by Ministers of the four countries in the UK.

The DDRB has been asked to submit recommendations to UK Ministers by July 2011.