



## ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS



# ANNUAL REPORT

(Covering the 2011 Awards Round)

January 2012

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





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## **Foreword**

We are pleased to report on the operation of the Clinical Excellence Awards Scheme during 2011.

As always, we are grateful to those who have put in considerable effort to ensure that consultants' and academic general practitioners' applications are objectively and robustly assessed. This includes those within the Trusts, specialist societies, national nominating bodies and the ACCEA sub-committees, who bear the brunt of the workload. The latter group have assisted us this year by extending their formal scoring to all renewal applications, so that a more rigorous comparison between the standards of renewal applications and those for new awards has become possible. This process, and an analysis of what we have discovered, is set out in detail in the report and its annexes. We believe that this is an important step forward in ensuring that the Scheme rewards the best contributors to the NHS.

Once again, we were not able to recommend as many new awards as we found deserving applicants. Ministers asked us to limit the number of recommendations to the number made in 2010 and we set out in this report the process used to select the most deserving from those who had passed the quality threshold for an award. As in 2010, we have analysed whether the reduction in the number of awards altered the diversity of award holders and have concluded that it has not had a significant impact in this area.

A significant amount of work was done during the year to supply evidence, both written and oral, to the review of the Scheme being undertaken by the Review Body on Doctors' and Dentists' Remuneration (DDRB). We understand that its report is under consideration by the UK governments and anticipate that its consequences will form a substantial part of our work in 2012.

Finally, we would like to record our thanks to the ACCEA Secretariat for their support during a busy and sometimes challenging year. We depend on their good humour, efficiency and industry, and the successful conclusion of the Round is a testament to their dedication.



**Jonathan Montgomery**  
Chair



**David Lindsay**  
Medical Director



## **Introduction**

- i. This is the eighth 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.
  - iv. ACCEA 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 are 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 2011, 3181 consultants in England and Wales, began applications on our web-based submission system.<sup>1</sup> 2744 new and renewal applications were completed and submitted on-line, and carefully considered by the regional sub-committees who made recommendations for consideration.<sup>2</sup> Following this first stage of sifting, together with the nominations from the national nominating bodies, the Chair and Medical Director examined 829 applications for new awards and discussed them with the relevant sub-committees.<sup>3</sup>
- vi. In the 2011 Awards Round year 316 awards were made for England and Wales as against 317 in 2010 and 601 in 2009.

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<sup>1</sup> 2011 is the first Awards Round that Welsh consultants have been able to use the on-line system. ACCEA is therefore unable to provide comparable numbers in previous years. In England the figures were 2930 in 2011, 2634 in 2010, and 2560 in 2009.

<sup>2</sup> As above: in England the numbers were 2523 in 2011, 2269 in 2010 and 2053 in 2009.

<sup>3</sup> As above: in England the numbers were 779 in 2011, 1163 in 2010, 907 in 2009 and 964 in 2008



## Section 1: Distribution of Awards

### Introduction

1.1. In the 2011 Awards Round, the number of new awards was held to 2010 levels. In a letter to the Chair and Medical Director of ACCEA, the Minister of State for Health stated in reference to England:

*"My judgement is that the best course is to limit the volume of the new awards to 300 as last year. This number of awards would be a significant recognition of the work which has been done by the most excellent consultants in pursuit of NHS objectives. It would also allow us to retain scarce resources and enable us to be on a good footing when we launch a new scheme in due course. In the current climate we are having to take a number of difficult decisions across the public sector. A limit on new awards for consultants this year is just one of these."*

Simon Burns MP, Minister of State for Health, 7 September 2011

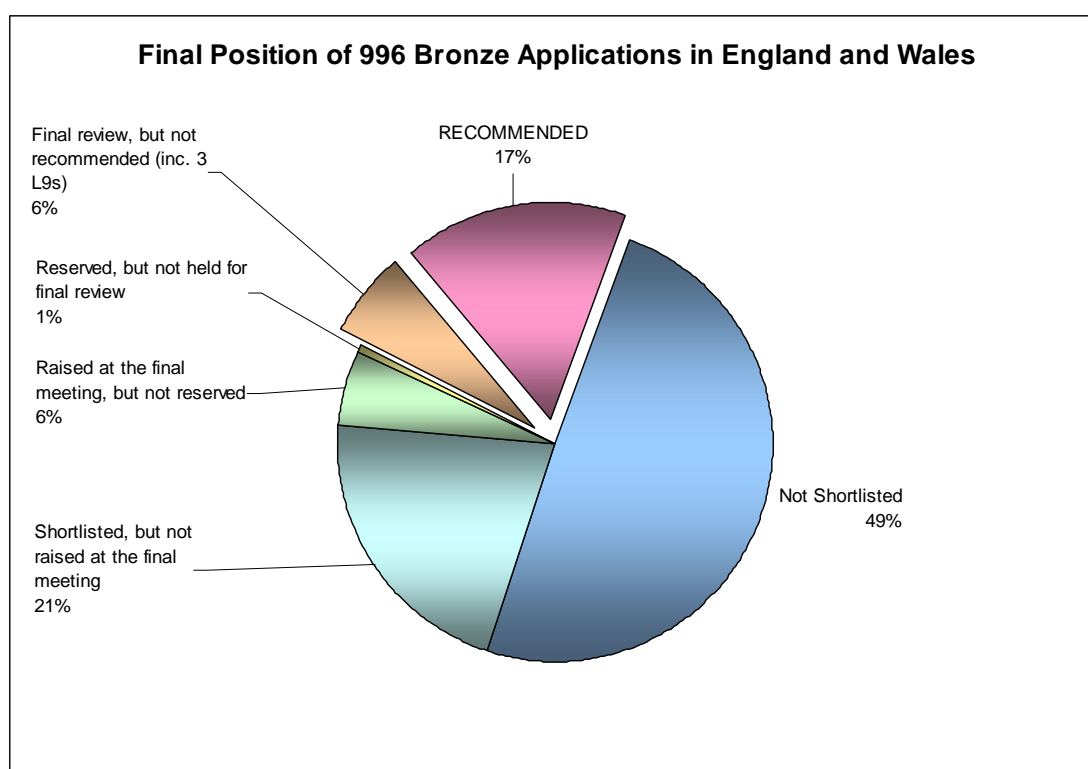
1.2. ACCEA received equivalent advice from NHS Wales. This year a total of 316 awards were made for England and Wales as against 317 in 2010 and 601 in 2009.

1.3. In view of the restriction of awards to a similar number as in 2010, there needed to be a reduction in numbers from those who had passed the quality threshold. For the bronze and silver applications, a similar process was used to that employed in 2010: this relied on the rankings of applications by the regional sub-committees and national nominating bodies. This meant that to achieve the target of 317 awards the top 61% of those ranked by the sub-committees and the top 31% of those ranked by the national nominating bodies, who had achieved the quality threshold, received awards. The difference in these percentages reflects the fact that the sub-committees were asked to shortlist a smaller proportion on potential applicants than the national nominating bodies.

1.4. Figure 1 illustrates the various stages of the process that Bronze applications fell out of consideration. The Bronze applications which met the quality threshold, but were removed at the final filtering stage, are indicated as *"Final review, but not recommended"*

1.5. In view of the high quality of applications for gold and platinum awards, and the fact that far fewer awards were available at these levels, all those applicants who had achieved the quality threshold received awards. This approach was discussed and agreed by the main ACCEA.

**Figure 1: Filtering Process for Bronze Recommendations**



1.6. 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.

1.7. ACCEA was also concerned that this process may have had implications for the diversity of award holders, if the sub-committees ranked those from under-represented groups lower. In fact, this does not seem to be the case. As in 2010, ACCEA has 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 the reduction in award numbers, and allowed ACCEA to consider how the patterns of awards were affected by the contraction in resources.

### **The 2011 Awards**

1.8. From the final shortlists, 165 Bronze, 91 Silver, 35 Gold and 25 Platinum awards were made in 2011 Awards Round in England and Wales. A list of the individuals granted awards was made public through the ACCEA website.

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

**Table 1a: New Awards in England 2011**

| New Awards | 2011 |
|------------|------|
| Platinum   | 25   |
| Gold       | 33   |
| Silver     | 87   |
| Bronze     | 154  |

**Table 1b: New Awards in Wales 2011**

| New Awards Wales | 2011 |
|------------------|------|
| Platinum         | 0    |
| Gold             | 2    |
| Silver           | 4    |
| Bronze           | 11   |

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

**Table 2: 2011 Awards by Region**

| REGION       | Bronze     | Silver    | Gold      | Platinum  | Total      |
|--------------|------------|-----------|-----------|-----------|------------|
| CHES and MER | 7          | 3         | 2         | 2         | 14         |
| DOH          | 2          | 2         | 2         | 0         | 6          |
| EAST ENG     | 13         | 7         | 1         | 2         | 23         |
| EAST MID     | 9          | 5         | 3         | 3         | 20         |
| LON NE       | 13         | 8         | 3         | 5         | 29         |
| LON NW       | 6          | 6         | 2         | 1         | 15         |
| LON STH      | 14         | 9         | 3         | 1         | 27         |
| NTH EAST     | 10         | 5         | 2         | 5         | 22         |
| NTH WEST     | 11         | 8         | 3         | 1         | 23         |
| SOUTH        | 12         | 5         | 4         | 2         | 19         |
| STH EAST     | 9          | 4         | 1         | 0         | 18         |
| STH WEST     | 17         | 8         | 2         | 2         | 29         |
| WALES        | 11         | 4         | 2         | 0         | 17         |
| WEST MID     | 14         | 9         | 3         | 0         | 26         |
| YORK and HUM | 17         | 8         | 2         | 1         | 28         |
| <b>Total</b> | <b>165</b> | <b>91</b> | <b>35</b> | <b>25</b> | <b>316</b> |

**Table 3: 2011 Awards by Specialty**

| Specialty               | Bronze     | Silver    | Gold      | Platinum  | Total      |
|-------------------------|------------|-----------|-----------|-----------|------------|
| Academic GP             | 4          | 2         | 1         | 0         | 7          |
| Anaesthetics            | 13         | 3         | 2         | 1         | 19         |
| Dental                  | 4          | 1         | 1         | 1         | 7          |
| Emergency Medicine      | 4          | 1         | 0         | 0         | 5          |
| Medicine                | 51         | 32        | 13        | 8         | 104        |
| Obs and Gynaecology     | 3          | 1         | 2         | 1         | 7          |
| Occupational Medicine   | 0          | 0         | 0         | 0         | 0          |
| Ophthalmology           | 7          | 2         | 2         | 1         | 12         |
| Paediatrics             | 14         | 8         | 1         | 4         | 27         |
| Pathology               | 14         | 7         | 3         | 1         | 25         |
| Psychiatry              | 6          | 8         | 0         | 3         | 17         |
| Public Health Dentistry | 0          | 0         | 0         | 0         | 0          |
| Public Health Medicine  | 5          | 2         | 1         | 0         | 8          |
| Radiology               | 8          | 4         | 2         | 1         | 15         |
| Surgery                 | 32         | 20        | 7         | 4         | 63         |
| <b>Total</b>            | <b>165</b> | <b>91</b> | <b>35</b> | <b>25</b> | <b>316</b> |

### Applications for Awards

1.11. The web based application system enables ACCEA to consider the efficiency of the application process and consider how it could be improved. In 2011, 3181 consultants began applications on to the system, resulting in 2744 completed on-line applications for new awards or for renewal of existing awards. Of these, 338 were consultants who had submitted an application for a new award and renewal of their existing award. If these are counted as a new application only, 2406 completed applications were received. Thus, 75.6 per cent of consultants who registered for the system submitted completed applications. Table 4 shows the percentage of registered consultants submitting completed applications in 2007-2011.

1.12. 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 have been able to use the ACCEA on-line system from the 2011 Awards Round.

**Table 4: Applications in England 2007- 2011 (and Wales in 2011)**

|  | 2007  | 2008  | 2009  | 2010  | 2011  |
|--|-------|-------|-------|-------|-------|
| No. of Consultants Logging on to the System      | 3114  | 2944  | 2560  | 2634  | 3181  |
| No. of Completed Applications Submitted to ACCEA | 2243  | 2434  | 2053  | 2259  | 2406  |
| % of Consultants Completing Applications         | 72.0% | 82.7% | 80.2% | 85.8% | 75.6% |

1.13. Table 5a and b show the total number of new award applications in England 2007–2011, and in Wales in 2009-2011, by award level. The success rates of all England and Wales 2011 applications are shown in Table 6.

**Table 5a: New Award Applications in England 2007- 2011**

| New Award Applications | 2007 | 2008 | 2009 | 2010 | 2011 |
|------------------------|------|------|------|------|------|
| Platinum               | 193  | 144  | 136  | 133  | 94   |
| Gold                   | 656  | 118  | 153  | 176  | 198  |
| Silver                 |      | 574  | 634  | 786  | 752  |
| Bronze                 | 1105 | 993  | 850  | 885  | 865  |

Note: Prior to the 2008 Awards Round, Consultants could apply for a Silver or Gold award simultaneously – the Committee assessed the level of award to be granted. One Silver application was received off-line

**Table 5b: New Award Applications in Wales 2009-2011**

| New Award Applications Wales | 2009 | 2010 | 2011 |
|------------------------------|------|------|------|
| Platinum                     | 8    | 5    | 6    |
| Gold                         | 8    | 7    | 8    |
| Silver                       | 25   | 34   | 38   |
| Bronze                       | 181  | 180  | 131  |

**Table 6: Success Rates of New Award Applications in England and Wales 2011**

|          | Applications | Awards | Success Rate |
|----------|--------------|--------|--------------|
| Platinum | 100          | 25     | 25.00%       |
| Gold     | 206          | 35     | 16.99%       |
| Silver   | 790          | 91     | 11.53%       |
| Bronze   | 996          | 165    | 16.57%       |

## Distribution of New National Awards

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

1.15. 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.

1.16. 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 underrepresented groups rather than applications being less successful.

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

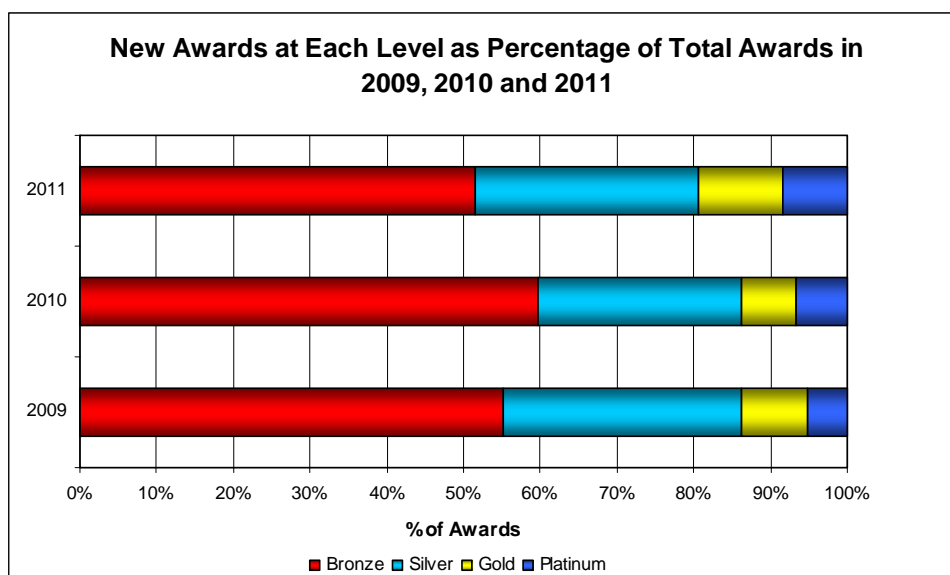
1.18. Historically ACCEA has not been able to access the diversity data for Welsh applicants. The following data is for England only.

*Level*

1.19. In the 2011 Awards Round, national award numbers in England were held to 300 as they had been in the 2010 Awards Round. This has made direct comparisons of the number of awards with years prior to 2010 problematic. Figure 2 shows the new awards, by award level, as a percentage of all new awards in the last three award years.

1.20. This year has seen a reduction in the proportion of new Bronze awards granted (although they continue to represent over half of all new awards), and an increase in the proportion of the Gold and Platinum awards.<sup>4</sup> The proportion of new Silver awards has returned to their 2009 levels.

**Figure 2: New Awards as a Percentage of all Awards 2009-2011**



1.21. In 2010, ACCEA began reporting on the number of applications, and the corresponding success rates, of L9, Bs and Bronze progressing to Silver to better understand the local compared to national eligible consultants. Table 7a and b show the number of applications and awards within the eligible population of L9, compared with B and Bronze. Table 8a and b shows corresponding data for 2010.

1.22. Bronze award holders continue to form the largest eligible cohort for Silver at just under 50%, and account for the highest proportion of applications and significantly more of the new awards. However, comparison with 2010 data shows that the L9 cohort has increased relative to the other populations,

<sup>4</sup> Please refer to paragraphs 1.3-1.5 for an explanation of the distribution of new awards

and although the percentage of eligible population applying and the percentage of all applications in 2011 are consistent with 2010, the success rates of the L9 applications and their percentage of new awards have increased significantly. It is too soon to speculate if this is an emerging trend. ACCEA will continue to monitor this in future rounds.

**Table 7a: Silver 2011 Applications**

|  | L9    | B     | Bronze |
|--|-------|-------|--------|
| Eligible Population                          | 1326  | 500   | 1777   |
| No. of Applications                          | 162   | 124   | 503    |
| % of Eligible Population Applying            | 12.2% | 24.8% | 28.3%  |
| Applications as % of all Silver Applications | 20.5% | 15.7% | 63.8%  |

**Table 7b: Silver 2011 Awards**

|                                     | L9     | B      | Bronze |
|-------------------------------------|--------|--------|--------|
| No. of New Awards                   | 11     | 13     | 63     |
| % of All Silver Awards              | 12.64% | 14.94% | 72.41% |
| % of Successful Applications        | 6.79%  | 10.48% | 12.52% |
| % of Successful Eligible Population | 0.83%  | 2.60%  | 3.55%  |

**Table 8a: 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 8b: 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%  |

1.23. Figure 3 shows the previous levels of Clinical Excellence Awards held by consultants in England who received a Bronze award in 2009, 2010 and 2011. Consultants progressing from discretionary points to a Bronze award are excluded from this graph - these numbers are 17 in 2011, 10 in 2010 and 64 in 2009.<sup>5</sup> Also excluded are consultants who moved from no award of any sort to a Bronze award (4 in 2011, 4 in 2010, and 2 in 2009). In each case, the application was specifically discussed by the main ACCEA as an exceptional case before the recommendation was made to the Minister.

1.24. Levels 5 and 6 continue to be the most common level held by consultants granted a new Bronze award. In each year since 2008 an average of 48.5 per cent of all progressions have held one of these two levels.

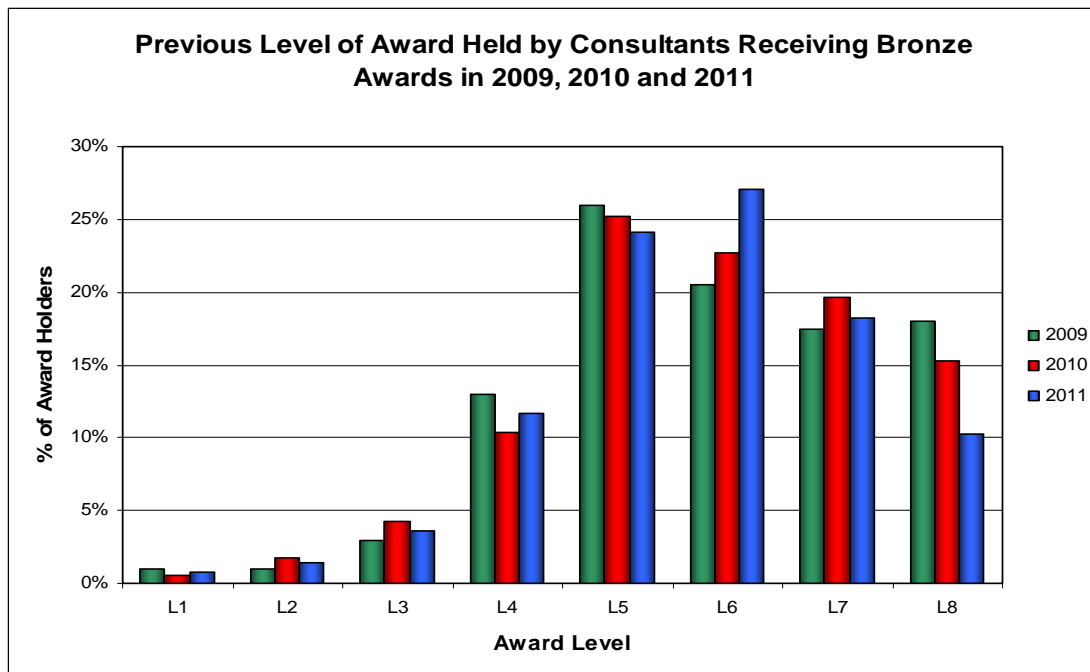
<sup>5</sup> The Secretariat found that many consultants who entered Discretionary Points on their application form actually held local level awards. The corrected information, taken from the NHS ESR, is used in the 2011 analysis. It is possible that the majority of the consultants in previous rounds, recorded as holding DPs, actually held local awards.

When taken with Level 7, they represent almost 67 per cent of new Bronze awards.

1.25. Figure 4a shows consultants in England receiving a new Bronze award by their time as a consultant. The 2011 data continues to show that the majority of consultants have held the grade for 10-15 years, with an average among all new award holders of 12 years. As in 2010, there has been an increase in the proportion of new award holders in post for less than ten years. A more detailed analysis shows that this is the result of an increase in the numbers of consultants with seven to nine years experience - very few consultants are granted new Bronze awards with less than seven years service. A comparison of the number of years of service cohorts is shown in Figure 4b. This indicates that while early progression is possible for outstanding candidates, the majority of consultants will require at least 10 years service to build a body of work of the necessary standard for national excellence awards.

1.26. Figure 5a - Figure 5c show the interval between awards for those consultants in England progressing to higher awards in 2009-2011. These continue to show that very few consultants progress to a higher award in less than four years. The average time before progressing to Silver is 5.52 years; at Gold it is 4.48; and at Platinum it is slightly higher at 6.16 years.<sup>6</sup>

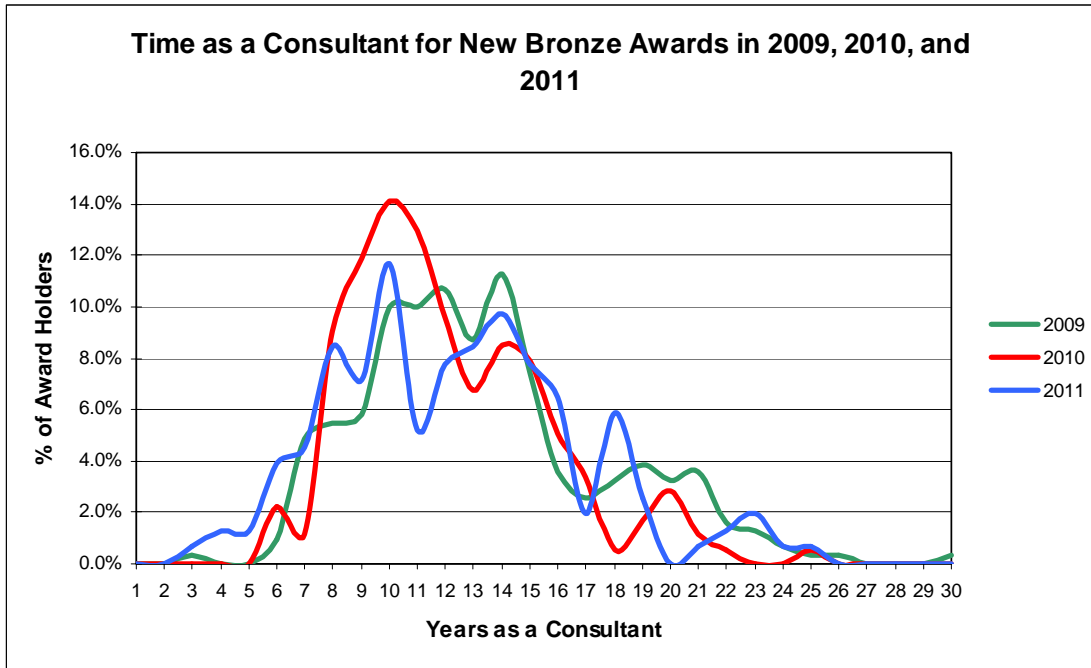
**Figure 3: Previous level of award held by consultants in England receiving Bronze awards in 2009, 2010 and 2011 (percentage at each level)**



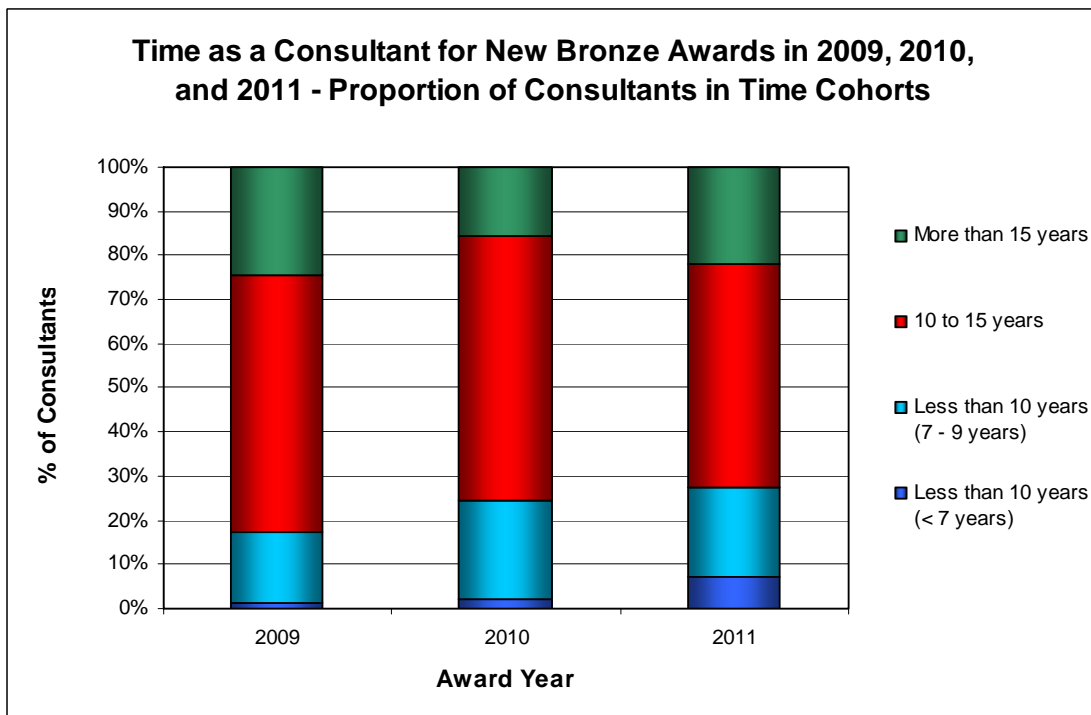
<sup>6</sup> Averages are for the 2011 Awards Round



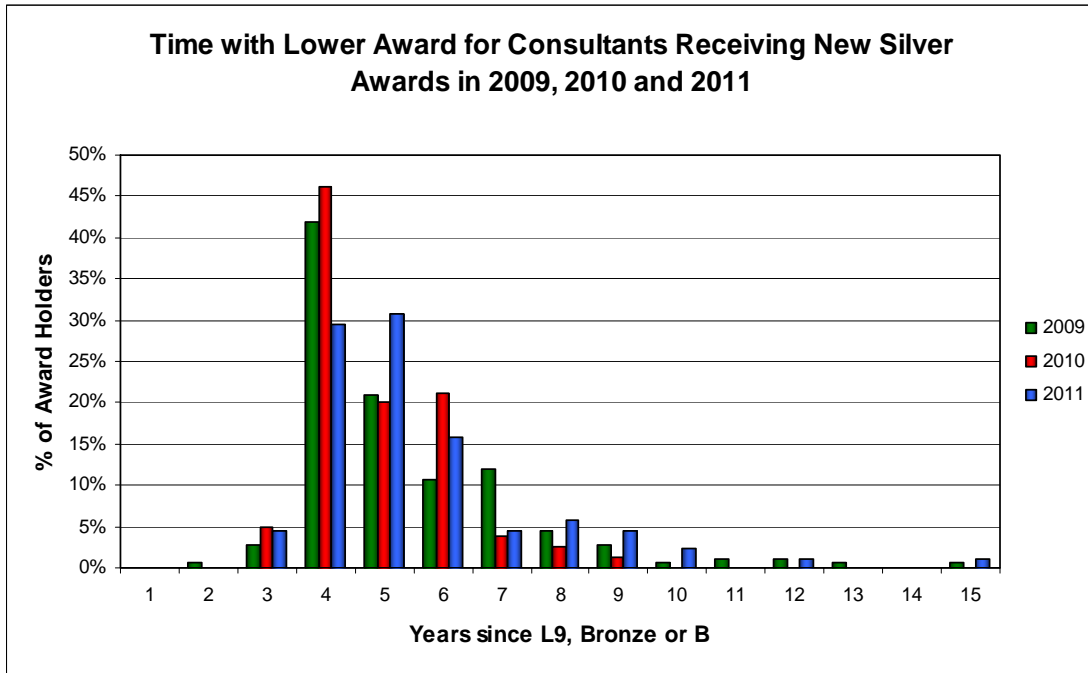
**Figure 4a: Consultants in England receiving a new Bronze award in 2009, 2010 and 2011 time as a consultant**



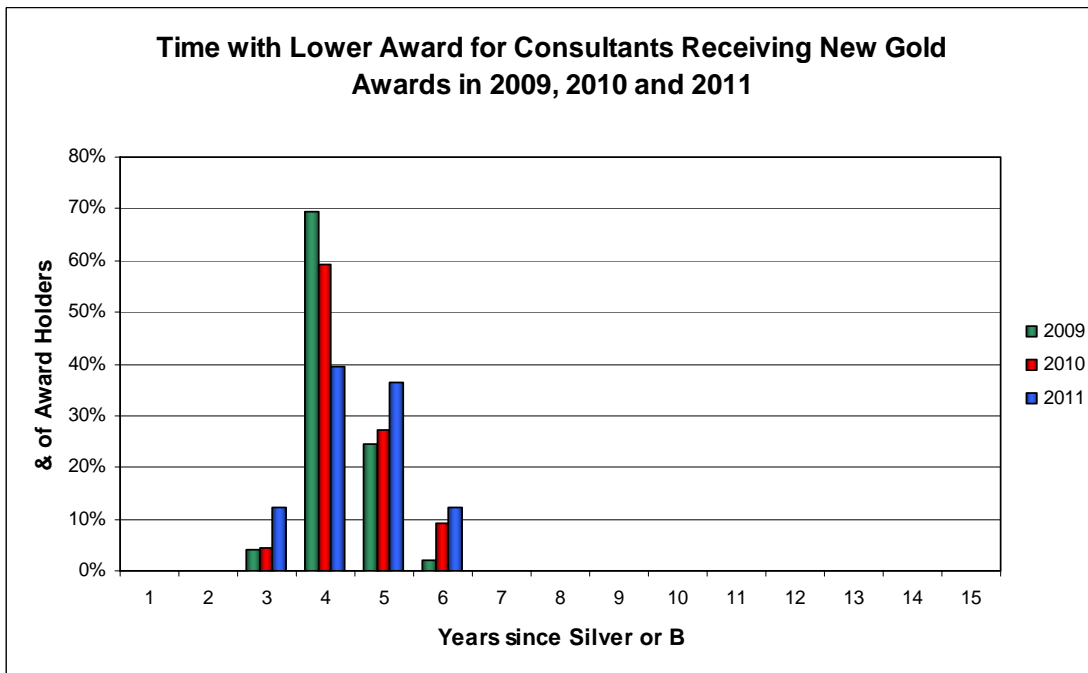
**Figure 4b: Consultants in England receiving a new Bronze award in 2009, 2010 and 2011 – Proportion of new award holders in time as a consultant cohorts**



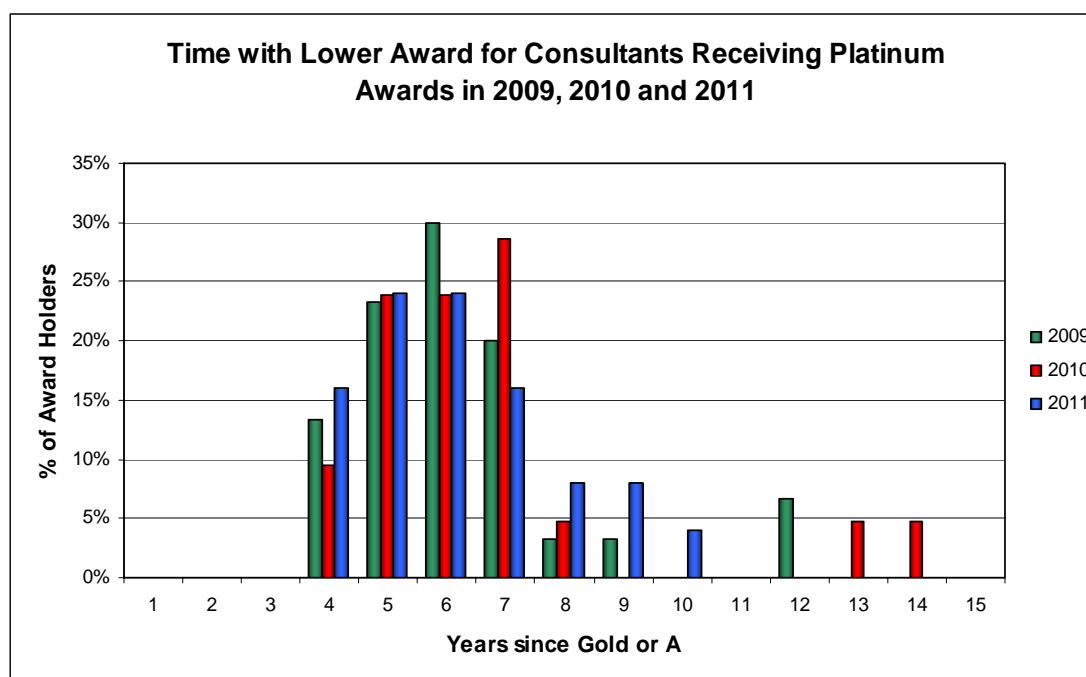
**Figure 5a: Consultants in England receiving a new Silver award in 2009, 2010 and 2011 by time since receiving L9, Bronze or B**



**Figure 5b: Consultants in England receiving a new Gold award in 2009, 2010 and 2011 by time since receiving Silver or B**



**Figure 5c: Consultants in England receiving a new Platinum award in 2009, 2010 and 2011 by time since receiving Gold or A**



### *Specialty*

**1.27.** Table 3 on page 8 shows the distribution of all levels of new awards across the specialties. Table 9 below provides a detailed analysis of the Bronze award level, showing the proportion of consultants who received awards in 2011 by specialty, and the percentage of applicants from each specialty who succeeded.

**1.28.** Eligibility for a Bronze award is calculated as consultants with no award or L1-L8 through to 31 October.<sup>7</sup> It was reported in 2010 that there was considerable under representation from anaesthetists and psychiatrists. Unfortunately, application rates among these specialties remain lower than the average. In addition, in 2011 a low percentage of eligible applicants applied from Obstetrics and Gynaecology.

**1.29.** As in past years, the ACCEA Chair and Medical Director will work with the specialties where there are low application rates and try to understand the reasons behind this and to see what the specialties can do themselves to encourage their members to apply.

**1.30.** It was also reported in 2010 that attention would need to be given to the Emergency Medicine specialty, which saw only 1.95 per cent of eligible consultants apply, and no new awards granted. Figures for 2011 show that there has been a slight increase in the numbers of applications from this cohort.

<sup>7</sup> ACCEA does not hold information for Wales' consultants not in receipt of a national award, it is therefore unable to analyse eligibility by speciality

**Table 9: 2011 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             | 6*                           | 13                  | _***                   | 4                    | 30.77%              | _***                     |
| Anaesthetics            | 5204                         | 80                  | 1.54%                  | 12                   | 15.00%              | 0.23%                    |
| Dental                  | 570                          | 23                  | 4.04%                  | 3                    | 13.04%              | 0.53%                    |
| Emergency Medicine      | 982                          | 20                  | 2.04%                  | 4                    | 20.00%              | 0.41%                    |
| Medicine                | 6644                         | 221                 | 3.33%                  | 49                   | 22.17%              | 0.74%                    |
| Obs & Gynaecology       | 1575                         | 26                  | 1.65%                  | 3                    | 11.54%              | 0.19%                    |
| Occupational Medicine   | 88                           | 3                   | 3.41%                  | 0                    | 0.00%               | 0.00%                    |
| Ophthalmology           | 873                          | 31                  | 3.55%                  | 7                    | 22.58%              | 0.80%                    |
| Paediatrics             | 2191                         | 71                  | 3.24%                  | 12                   | 16.90%              | 0.55%                    |
| Pathology               | 2114                         | 69                  | 3.26%                  | 12                   | 17.39%              | 0.57%                    |
| Psychiatry              | 3925                         | 69                  | 1.76%                  | 6                    | 8.70%               | 0.15%                    |
| Public Health Dentistry | 54                           | 2                   | 3.70%                  | 0                    | 0.00%               | 0.00%                    |
| Public Health Medicine  | 731                          | 30                  | 4.10%                  | 5                    | 16.67%              | 0.68%                    |
| Radiology               | 2598                         | 50                  | 1.92%                  | 8                    | 16.00%              | 0.30%                    |
| Surgery                 | 5173                         | 157                 | 3.03%                  | 29                   | 18.47%              | 0.56%                    |
| <b>TOTAL</b>            | <b>32728</b>                 | <b>865</b>          | <b>2.64%</b>           | <b>154</b>           | <b>17.80%</b>       | <b>0.47%</b>             |

**Note :** Eligibility is calculated as consultants with no award or L1-L8 through to 31st October 2010 as recorded in the ESR data. 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 October 2010 and would not meet the minimum one-year qualification criteria by 1st April 2011.

Due to delays in extracting the relevant data from ESR, some consultants who were eligible for Bronze in 2011 will not be shown here as they have recently granted an L9. It is estimated that the % shown for consultants applying and of those succeeding may have an error value of +-0.005%

\* Due to the different way that clinical academics are employed, not all academics, including academic GPs, will be included in the ESR data and will not be shown in the above figures.

\*\* As academic GPs are not recorded by the Information Centre as part of the Consultant cohort, ACCEA cannot estimate the number of eligible GPs against our verified national data.

## Age

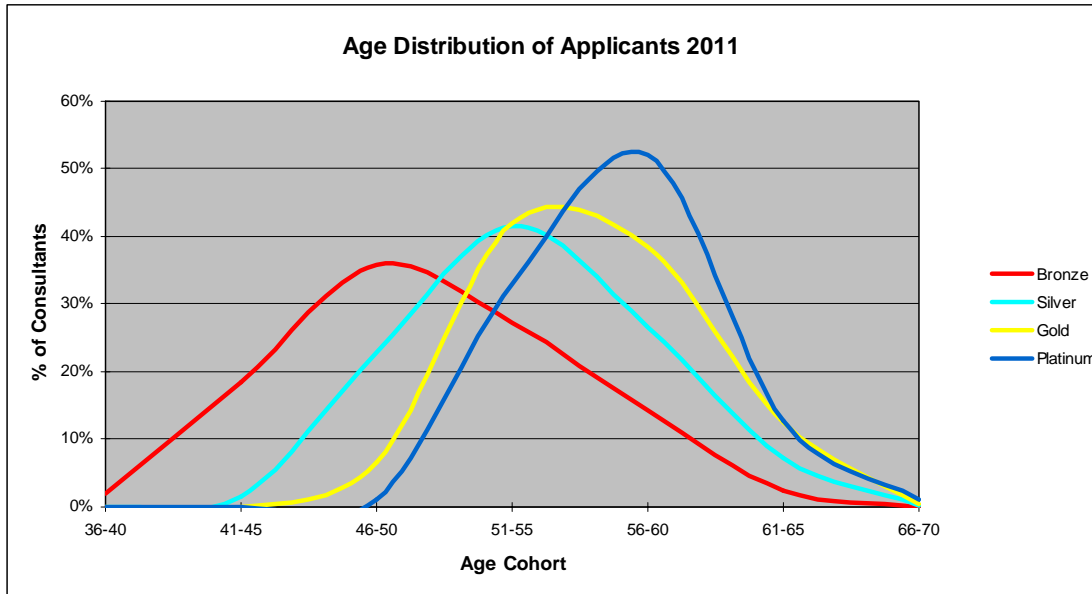
1.31. The mean age of awardees in 2007-2011 is shown in Table 10 below. The mean ages appear to be settling into a relatively stable pattern, with averages since 2007 of 49.18 at Bronze, 52.76 at Silver, 55.83 at Gold, and 57.93 at Platinum.

1.32. Figure 6a and b show the age distribution of 2011 applications and awardees in five yearly cohorts. In general, the age distribution of applicants at all levels mirrors the distribution of awardees. At Gold and Platinum a higher percentage of awardees fall within the 51-55 cohort compared to applicants. Given the small number of awards at this level, ACCEA does not consider this divergence statistically significant.

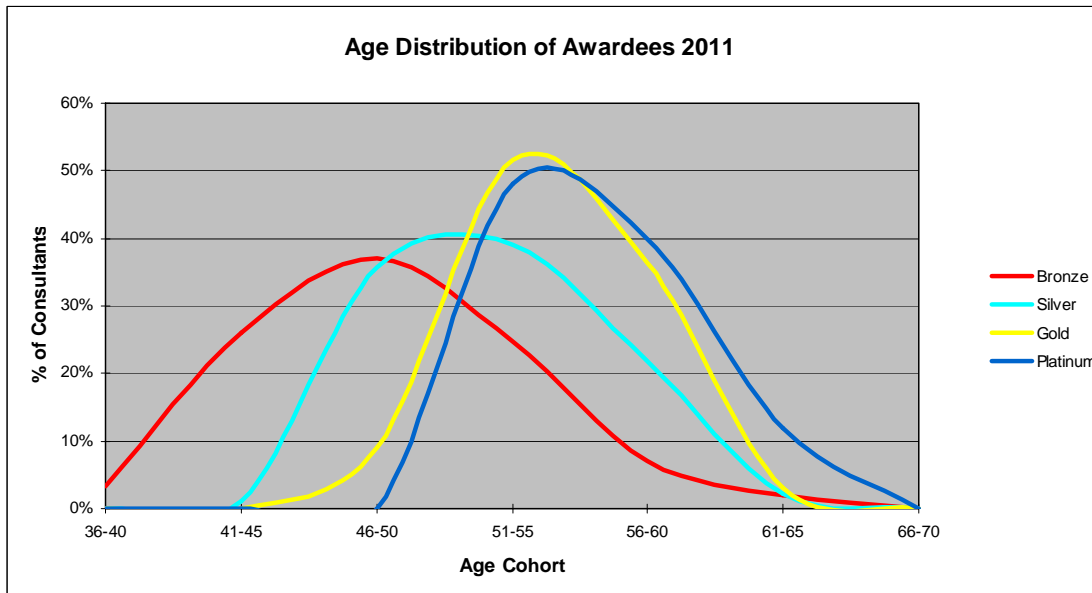
**Table 10: Age of Awardees 2007-2011**

|          | Age of Awardees (mean as 1st April on award year) |      |      |      |      |
|----------|---|------|------|------|------|
|          | 2007  | 2008 | 2009 | 2010 | 2011 |
| Bronze   | 49.9  | 49.8 | 49.6 | 48.4 | 48.2 |
| Silver   | 54  | 53   | 53   | 51.3 | 52.5 |
| Gold     | 51.55   | 57   | 60.5 | 55   | 55.1 |
| Platinum | 56.9  | 57.8 | 58   | 56   | 56.0 |

**Figure 6a: Age Distribution of Applicants 2011**



**Figure 6: Age Distribution of Awardees 2011**



*Gender*

1.33. The distribution of all awards considered against all applications in 2007-2011 among women is shown in Table 11. This shows that despite the continued low numbers of applications from female consultants, 2011 has

seen an increase in the proportion of new awards held by women, accounting for almost a quarter of new awards.

**Table 11: Number of Women Consultants Receiving New Awards in England 2007-2011**

|                            | 2007           | 2008           | 2009           | 2010           | 2011           |
|----------------------------|----------------|----------------|----------------|----------------|----------------|
| Total number of applicants | 1944           | 1889           | 1773           | 1980           | 1908           |
| No of women applicants     | 320<br>(16.4%) | 301<br>(15.9%) | 305<br>(17.2%) | 366<br>(18.5%) | 358<br>(18.8%) |
| Total no. of new awards    | 531            | 544            | 566            | 300            | 299            |
| No. of new awards to women | 100<br>(18.8%) | 93<br>(17.1%)  | 107<br>(18.9%) | 59<br>(19.7%)  | 72<br>(24.1%)  |

1.34. New awards at each level by gender are shown in Table 12 below, both by percentage of eligible consultants, and by percentage of actual applicants. This shows that the percentage of eligible female consultants applying for awards continues to be less than their male counterparts at each level, however, the proportion of women who do apply and are successful is not significantly different from men.

1.35. It was noted in the 2010 Annual Report that there was a more uneven pattern at Gold and Platinum level, with success rates of female applicants significantly lower than their male counterparts (with only 8.7% of female applicants succeeding at Gold, and 7.7% at Platinum).<sup>8</sup> Data for 2011 shows that the situation has improved, significantly so at Platinum level. Such fluctuations may be a result of the small numbers of awards at these levels. ACCEA does not consider them as evidence of gender bias in awards.

**Table 12: 2011 New Awards in England by Gender**

|            |        | No. of eligible consultants* | No. of applicants | % of consultants applying | No of awards | % of applicants succeeding | % of consultants succeeding |
|------------|--------|------------------------------|-------------------|---------------------------|--------------|----------------------------|-----------------------------|
| Bronze*    | All    | 32684                        | 865               | 2.6%                      | 154          | 17.8%                      | 0.5%                        |
|            | Male   | 21865                        | 659               | 3.0%                      | 107          | 16.2%                      | 0.5%                        |
|            | Female | 10819                        | 206               | 1.9%                      | 47           | 22.8%                      | 0.4%                        |
| Silver**   | All    | 3410                         | 751               | 22.0%                     | 87           | 11.6%                      | 2.6%                        |
|            | Male   | 2807                         | 641               | 22.8%                     | 71           | 11.1%                      | 2.5%                        |
|            | Female | 603                          | 110               | 18.2%                     | 16           | 14.5%                      | 2.7%                        |
| Gold**     | All    | 739                          | 198               | 26.8%                     | 33           | 16.7%                      | 4.5%                        |
|            | Male   | 611                          | 165               | 27.0%                     | 28           | 17.0%                      | 4.6%                        |
|            | Female | 128                          | 33                | 25.8%                     | 5            | 15.2%                      | 3.9%                        |
| Platinum** | All    | 492                          | 94                | 19.1%                     | 25           | 26.6%                      | 5.1%                        |
|            | Male   | 436                          | 85                | 19.5%                     | 21           | 24.7%                      | 4.8%                        |
|            | Female | 56                           | 9                 | 16.1%                     | 4            | 44.4%                      | 7.1%                        |

\* 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 2011)

<sup>8</sup> ACCEA Annual Report 2010, Table 11, pg 16.

## *Ethnicity*

1.36. In its annual evidence to the Review Body on Doctors' and Dentists' Remuneration, ACCEA reported on the number of consultants from Black and Minority Ethnic (BME) groups applying for, and receiving a national award. ACCEA found that a significant number of applicants recorded their ethnicity as 'not stated' on the official Electronic Staff Record (ESR). ACCEA highlighted this as a cause for concern, particularly as this group appeared to under perform when compared to the White and BME applicants.<sup>9</sup>

1.37. Further investigation by ACCEA has discovered that many of these 'not stated' consultants had recorded their ethnicity on their application forms. These former 'not stated' consultants were distributed proportionally among BME and White applicants, and has not significantly affected the patterns for these groups originally reported to the DDRB.

1.38. The BME analysis of actual awards was unaffected.

1.39. 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 13. Table 14 shows the success rates of these BME applicants against White and Not Stated. These figures are broken down by award level in Table 15. These show that the proportion of successful BME awardees is comparable with the proportion of BME applicants.

1.40. 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.<sup>10</sup> Figures for 2010 showed that while the position had improved for Silver applicants, Gold continued to show a disparity.<sup>11</sup> The data for 2011 indicates that while the proportion of BME award holders at Gold level are not as high as those at the other award levels, the situation has improved on previous years.

**Table 13: Number of BME consultants receiving a national award in 2007–2011**

|  | 2007          | 2008           | 2009           | 2010           | 2011           |
|--|---------------|----------------|----------------|----------------|----------------|
| Total number of applicants                           | 1944          | 1889           | 1773           | 1980           | 1908           |
| No. of BME applicants (% of total applicants)        | 252<br>(13%)  | 253<br>(13.4%) | 263<br>(14.8%) | 298<br>(15.1%) | 274<br>(14.4%) |
| Total awards   | 565           | 544            | 566            | 300            | 299            |
| No. of awards to BME consultants (% of total awards) | 67<br>(11.9%) | 66<br>(12.1%)  | 82<br>(14.5%)  | 46<br>(15.3%)  | 42<br>(14.0%)  |

<sup>9</sup> Analysis found that 'not stated' consultants had a success rate of only 3.75%, compared to 16.5% for BME and 17.3% for White - <http://www.dh.gov.uk/ab/ACCEA/Publications/index.htm#jumpTo9>

<sup>10</sup> ACCEA Annual Report 2009, pg 20.

<sup>11</sup> ACCEA Annual Report 2010, pg 16.

**Table 14: Success rates of applicants by ethnicity 2011**

|                            | Not Stated | BME    | White  |
|----------------------------|------------|--------|--------|
| Total number of applicants | 71         | 274    | 1563   |
| Total number of awards     | 8          | 42     | 249    |
| Success rate of applicants | 11.27%     | 15.33% | 15.93% |

**Table 15: Number of BME consultants receiving a national award in 2011 by Award Level**

|          | Ethnicity  | No. of Applications | %     | Actually Awarded | %     |
|----------|------------|---------------------|-------|------------------|-------|
| Bronze   | Not stated | 30                  | 3.5%  | 0                | 0.0%  |
|          | BME        | 147                 | 17.0% | 25               | 16.2% |
|          | White      | 688                 | 79.5% | 129              | 83.8% |
| Silver   | Not stated | 31                  | 4.1%  | 6                | 6.9%  |
|          | BME        | 100                 | 13.3% | 11               | 12.6% |
|          | White      | 620                 | 82.6% | 70               | 80.5% |
| Gold     | Not stated | 9                   | 4.5%  | 2                | 6.1%  |
|          | BME        | 18                  | 9.1%  | 2                | 6.1%  |
|          | White      | 171                 | 86.4% | 29               | 87.9% |
| Platinum | Not stated | 1                   | 1.1%  | 0                | 0.0%  |
|          | BME        | 9                   | 9.6%  | 4                | 16.0% |
|          | White      | 84                  | 89.4% | 21               | 84.0% |

1.41. Table 16 shows Bronze applications by the main Ethnic Origin groups.<sup>12</sup> As in previous years, the largest BME category continues to be Asian or Asian British, accounting for over 70 per cent of BME awards at this level. Although there are variances between the proportion of applications and awards granted within the sub-categories, this may be a result of the small number of awards in these categories. Overall, the proportion of successful BME awardees is comparable with the proportion of BME applicants.

<sup>12</sup> The current coding methodology is the same as that used in the NHS.



**Table 16: Bronze Applications by Ethnic Origin - England**

| Ethnicity                            | No. of Applications |     | %    |      | Actually Awarded |    | %    |      |
|--------------------------------------|---------------------|-----|------|------|------------------|----|------|------|
|                                      |                     |     |      |      |                  |    |      |      |
| White                                | 688                 |     | 79.5 |      | 129              |    | 83.8 |      |
| BME                                  | 147                 |     | 17.0 |      | 25               |    | 16.2 |      |
| <i>Asian or Asian British</i>        |                     | 104 |      | 12.0 |                  | 17 |      | 11.0 |
| <i>Black or Black British</i>        |                     | 11  |      | 1.3  |                  | 0  |      | 0.0  |
| <i>Chinese or Other Ethnic Group</i> |                     | 20  |      | 2.3  |                  | 4  |      | 2.6  |
| <i>Mixed</i>                         |                     | 12  |      | 1.4  |                  | 4  |      | 2.6  |
| Not stated                           | 30                  |     | 3.5  |      | 0                |    | 0.0  |      |
| <b>Total</b>                         | <b>865</b>          |     |      |      | <b>154</b>       |    |      |      |

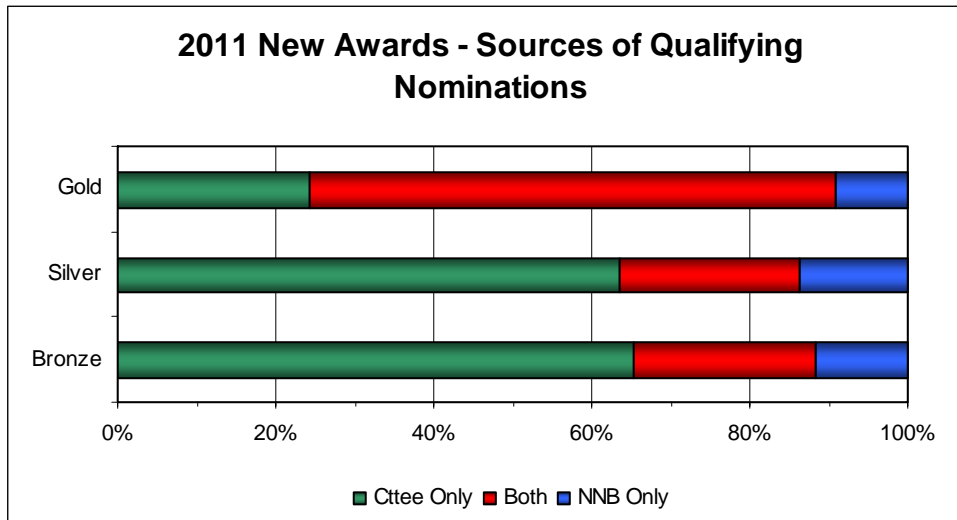
1.42. Due to the small numbers of Silver, Gold and Platinum applications, ACCEA is unable to justify a more detailed statistical analysis of the patterns in these levels.

### Sources of Nominations

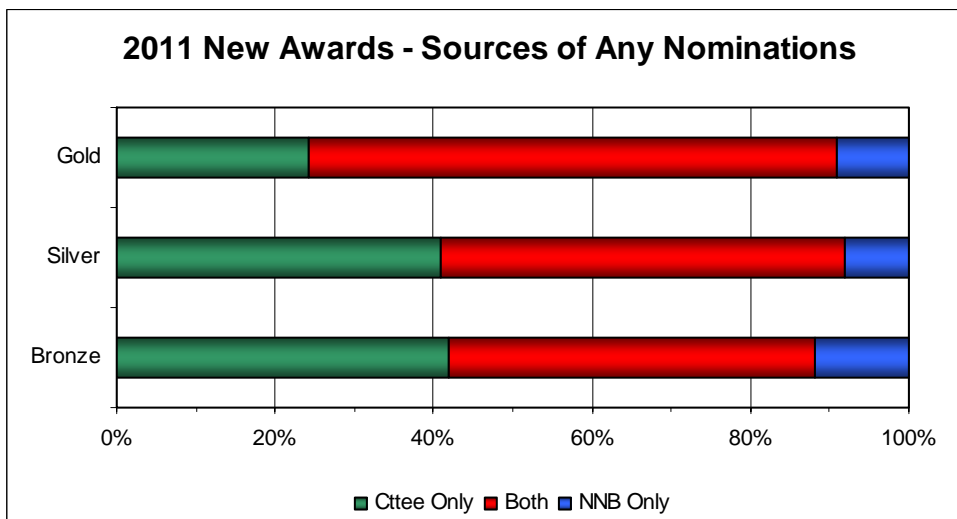
1.43. In the past few years, ACCEA has reported on the source of nominations of successful applicants. Figure 7a shows the percentage of new awardees who, in light of the mathematical formula used to identify the 299 consultants to be granted awards, were successful either through their Committee ranking, through their NNB ranking, or through both. This indicates that the vast majority of successful candidates at Bronze and Silver (over 65%) qualified on their regional committee ranking, with only 12% qualifying on their NNB ranking alone. The remaining consultants had been ranked highly enough by both their committees and their NNBs to qualify for a new award under either route.

1.44. Of the successful applicants at Bronze and Silver level who qualified through their regional committee ranking, a significant percentage did in fact hold an NNB ranking, although this ranking was not sufficiently high enough to meet the formula's qualifying criteria. Likewise, a small number of consultants who qualified on their NNB rank did hold a committee rank, again, this committee rank was not sufficiently high enough to meet the formula's qualifying criteria. Figure 7b shows the profile of sources of nominations for successful applicants if the actual positions of their rankings are ignored.

**Figure 7a: Sources of qualifying national award nominations for 2011 awardees**



**Figure 7b: Sources of all national award nominations held by 2011 awardees**



**Comparable Analysis**

1.45. As discussed previously, the 2011 Awards Round saw fewer new awards being granted. In total, 402 candidates in England made the original quality threshold and were put forward as proposed awards. Of these, 299 were successfully granted awards following the additional filtering stage.<sup>13</sup> Although ACCEA believes that the rigorous mathematical process identified the most deserving candidates, it has, as in the 2010 Annual Report, 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 reduction.

<sup>13</sup> Please see paragraphs 1.3-1.5.

1.46. The detailed findings of this analysis are available at Appendix ii. Through this basic analysis ACCEA has assured itself that, despite some minor variances, the diversity of the actual awards granted in 2011 is comparable with what was originally proposed. We can therefore conclude that the diversity of the awards was not negatively affected by the reduction in overall award numbers.

### **Applications for Renewals**

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

1.48. In order to strengthen its processes for assessing renewal applications, and a continued desire by ACCEA to ensure the probity of its awards, ACCEA introduced a scoring system for all renewal applications in the 2011 Awards Round. A more detailed background and an explanation of the process are available at paragraph 4.3 - 4.8, pages 43 - 44.

1.49. The scoring of the renewals has allowed ACCEA to identify with more consistency the renewal applicants who;

- are working over and above, i.e. scored equal to, or above, the score set by the lowest ranked new award at the same level in the sub-committee;
- are no longer achieving excellence, i.e., scored below 18 points - the score set by ACCEA as the minimum required to show 'over and above' expectations in some areas; or
- require further discussion by sub-committees, i.e. those renewal applications that fell below the score set by the lowest ranked new award at the same level, and above 18 points.

1.50. The scoring process has allowed ACCEA in each sub-committee region to compare the renewal scores with each other and with the scores obtained by new applications at the same or similar levels. By taking the renewal score as a percentage of the score of the lowest indicative number for a new award it has been possible to make comparisons across the majority of the sub-committees. An analysis of the renewals scores is provided at Appendix iii.

1.51. In the 2011 Round, under the current five-year renewal procedures, the committees considered the awards given to consultants in 2007, 2002 and 1997.

1.52. In total ACCEA considered 654 applications to renew existing Clinical Excellence and Distinction Awards. The majority of consultants (526) produced good evidence of continuing excellence and were successfully renewed, or had successfully applied for progression to a higher award. A further 23 cases were from 'retire and return' applicants who successfully

produced good evidence of continuing excellence and were renewed for a further year.

1.53. There were 70 cases where ACCEA found the evidence insufficient to provide assurance that the Award was still merited. As these consultants hold awards valid until 31 March 2012, they have an opportunity to resubmit renewal papers in the 2012 Round. In a further 35 cases, consultants who had already submitted an inadequate submission in 2010, had failed to submit any submission in that Round, or were retire and return consultants on annual review, failed to provide sufficient evidence of awardable clinical contribution to justify continuation of the awards. As these consultants were already on their second opportunity to renew, their awards were withdrawn.

1.54. Table 17 considers the 2011 renewals across England and Wales against the renewals in 2008, 2009 and 2010, and analyses the outcomes as a percentage of all the reviews.

**Table 17: Outcomes of review applications in England and Wales 2008-2011**

| Review Applications                                 | 2008 |       | 2009 |       | 2010 |       | 2011 |       |
|---|------|-------|------|-------|------|-------|------|-------|
| Total   | 731  |       | 541  |       | 730  |       | 654  |       |
| Successful renewal or progression to a higher award | 713  | 97.0% | 505  | 93.3% | 667  | 91.4% | 526  | 80.4% |
| Annual renewal (retire & returns)                   | -    | -     | -    | -     | 22   | 3.0%  | 23   | 3.5%  |
| Unsuccessful renewal - 1 year resubmission          | 16   | 2.2%  | 33   | 6.1%  | 32   | 4.4%  | 70   | 10.7% |
| Unsuccessful renewal - Withdrawal of award          | 2    | 0.3%  | 3    | 0.6%  | 9    | 1.2%  | 35   | 5.4%  |

### Indicative Numbers 2011

1.55. For 2011, ACCEA set indicative numbers against the 'Quality Threshold'. This threshold was determined by the findings of the 2010 Awards Round.

1.56. In the 2010 Awards Round applications were initially considered, scored, and short listed by the regional sub-committees of ACCEA and in parallel by the national nominating bodies. These were reviewed by the ACCEA Chair and Medical Director, who, with the assistance of further advice on specific issues and re-examination of the application forms, selected out those applications that appeared weaker than others. This left 445 applications: 417 in England and 28 in Wales.<sup>14</sup>

1.57. It is believed that the rigorous consideration processes employed by ACCEA identified the most deserving quality candidates in a highly

<sup>14</sup> Of these 445, 317 were awarded following affordability considerations.

competitive year. ACCEA did not believe that the quality of applications would fall in the 2011 Awards Round and that 445 could reasonably be assumed as representing the quality threshold of awards.

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

**Table 18: Indicative Numbers 2011**

|              | <b>Bronze</b> | <b>Silver</b> | <b>Gold</b> | <b>Platinum</b> | <b>All</b> |
|--------------|---------------|---------------|-------------|-----------------|------------|
| CHES & MER   | 11            | 6             | 2           | 1               | <b>20</b>  |
| DOH          | 2             | 1             | 1           | 0               | <b>4</b>   |
| EAST ENG     | 22            | 11            | 3           | 2               | <b>38</b>  |
| EAST MID     | 16            | 9             | 2           | 1               | <b>28</b>  |
| LON NE       | 18            | 11            | 3           | 2               | <b>34</b>  |
| LON NW       | 10            | 9             | 2           | 2               | <b>23</b>  |
| LON STH      | 18            | 12            | 3           | 2               | <b>35</b>  |
| NTH EAST     | 14            | 9             | 2           | 2               | <b>27</b>  |
| NTH WEST     | 21            | 12            | 3           | 2               | <b>38</b>  |
| SOUTH        | 17            | 9             | 3           | 2               | <b>31</b>  |
| STH EAST     | 16            | 8             | 1           | 0               | <b>25</b>  |
| STH WEST     | 23            | 12            | 3           | 1               | <b>39</b>  |
| WALES        | 16            | 5             | 2           | 1               | <b>24</b>  |
| WEST MID     | 25            | 13            | 3           | 2               | <b>43</b>  |
| YORK and HUM | 24            | 12            | 3           | 2               | <b>41</b>  |
| <b>TOTAL</b> | <b>253</b>    | <b>139</b>    | <b>36</b>   | <b>22</b>       | <b>450</b> |

1.59. ACCEA made members aware that the indicative figures might have to be adjusted once the funding decisions were known.

1.60. Following the initial consideration, scoring and short listing of applicants, 402 consultants in England and 24 in Wales met the quality criteria and were put forward for awards as against the 426 indicative in England and 24 in Wales. However, as discussed previously, the number of new awards was held to 2010 levels: 299 awards were made for England with 17 in Wales.

### **The Distribution of Awards in Payment**

1.61. 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.

1.62. Table 19 shows the distribution of awards of all levels across the Scheme as of 23 December 2011.

**Table 19: Number and Percentage of Consultants with Clinical Excellence Awards**

| <b>AWARDS RECORDED IN PAYMENT AT 23 DECEMBER 2011</b> |                                |                                   |                  |
|---|--------------------------------|-----------------------------------|------------------|
| <b>Level</b>  | <b>Number of Award Holders</b> | <b>% of Consultant Population</b> | <b>Value (£)</b> |
| Platinum  | 177                            | 0.47%                             | 75,796           |
| A+  | 84                             | 0.22%                             | 75,889           |
| Gold  | 281                            | 0.74%                             | 58,305           |
| A   | 222                            | 0.59%                             | 55,924           |
| Silver  | 815                            | 2.16%                             | 46,644           |
| Bronze  | 1862                           | 4.93%                             | 35,484           |
| B   | 459                            | 1.22%                             | 31,959           |
| L9  | 1490                           | 3.95%                             | 35,484           |
| L8  | 893                            | 2.37%                             | 29,570           |
| L7  | 1096                           | 2.90%                             | 23,656           |
| L6  | 1391                           | 3.68%                             | 17,742           |
| L5  | 1761                           | 4.66%                             | 14,785           |
| L4  | 2211                           | 5.86%                             | 11,828           |
| L3  | 2699                           | 7.15%                             | 8,871            |
| L2  | 3496                           | 9.26%                             | 5,914            |
| L1  | 4077                           | 10.80%                            | 2,957            |
| None  | 14738                          | 39.04%                            | 0                |

**Note:** The total consultant population in England is 37752. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff 2010, Detailed Results Tables, March 25, 2011.  
Wales runs a separate system of local commitment awards. ACCEA does not hold information of these consultants

1.63. Over the past few years, the Secretariat has undertaken some analysis of award trends at national level. This compared data on award distribution from ACCEA annual publications (Annual Reports and DDRB submissions) with the NHS Information Centre's statistics on consultant numbers.

1.64. Table 20 below shows the distribution of clinical excellence awards held at Level 9 or higher in 2011 and 2010.

**Table 20: Number and Percentage of Current National Awards**

| Level      | AWARDS RECORDED IN PAYMENT AT 23 DECEMBER 2011 |                         | AWARDS RECORDED IN PAYMENT AT 30 AUGUST 2010 |                         | CHANGE IN NUMBER OF AWARDS RECORDED |
|------------|--|-------------------------|--|-------------------------|-------------------------------------|
|            | Number   | % Consultant Population | Number                                       | % Consultant Population |                                     |
| Platinum   | 177  | 0.47%                   | 196  | 0.53%                   | -19                                 |
| A+         | 84   | 0.22%                   | 104  | 0.28%                   | -20                                 |
| Gold       | 281  | 0.74%                   | 291  | 0.79%                   | -10                                 |
| A          | 222  | 0.59%                   | 332  | 0.90%                   | -110                                |
| Silver     | 815  | 2.16%                   | 847  | 2.29%                   | -32                                 |
| Bronze     | 1862   | 4.93%                   | 1814   | 4.91%                   | 48                                  |
| B          | 459  | 1.22%                   | 564  | 1.53%                   | -105                                |
| L9         | 1490   | 3.95%                   | 1203   | 3.26%                   | 287                                 |
| <b>ALL</b> | <b>5390</b>                                    | <b>14.28%</b>           | <b>5351</b>                                  | <b>14.49%</b>           | <b>39</b>                           |

1.65. This shows a relatively small increase in the overall number of higher awards despite new awards being made in 2011. During April and May 2011, the Secretariat undertook an extensive cleansing exercise. This process identified around 120 award holders who should have had their award ceased due to retirement etc., but ACCEA was not notified either by the consultants or by the employer. A further exercise was undertaken in November 2011. This cleansing, along with the usual number of retirement notifications, has seen a relatively significant reduction in Distinction Award numbers. In the 2010 and 2011 Awards Round, Ministers held the total number of new awards in England at 300, which was less than the levels witnessed in previous years. These factors explain the relatively small increase in the number of award holders at the higher levels.

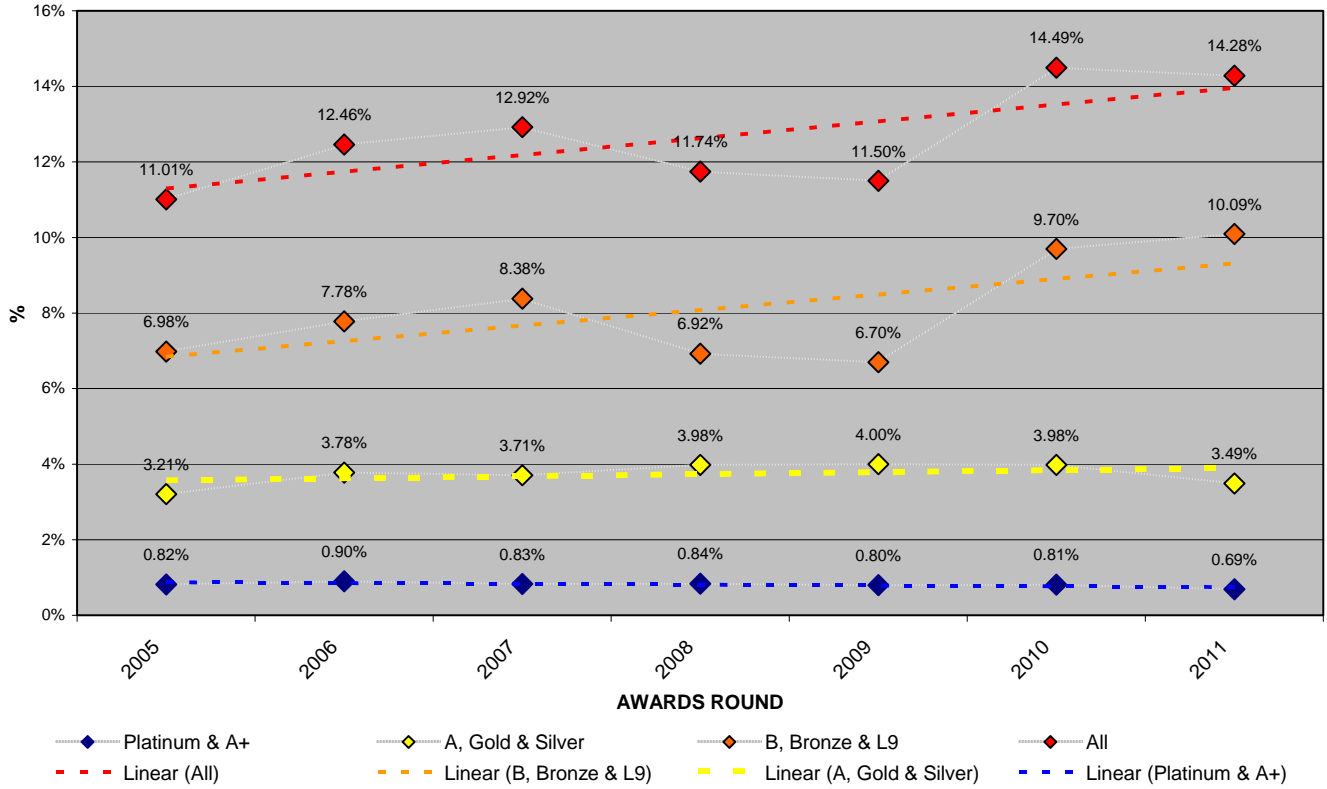
1.66. It should also be noted that the overall numbers of consultants employed in the NHS has increased and this will account for the slight reduction in the percentage of consultants holding a higher award.

1.67. Figure 8 shows the distribution of clinical excellence awards held at Level 9 or higher over the past six CEA rounds. Awards are presented in appropriate cohorts e.g. Bronze, B and Level 9 have similar monetary value and form the progressional pool for silver. To allow for historic comparison, the number of silver awards is grouped with Gold and A awards.

1.68. 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 that for the years 2005-2009, 14% of the consultant population held awards Level 9 or higher. It is thought that the greater use of Level 9's locally, coupled with a lack of data reporting, resulted in a dip in the proportion of B, Bronze and Level 9's in 2007.

**Figure 8: National Awards as a Per Cent of Consultant Population - Recent Trends**

**NATIONAL AWARDS AS A PERCENTAGE OF CONSULTANT POPULATION - RECENT TRENDS**





## Section 2: Employer Based Awards

### Introduction

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 submit an Annual Report to ACCEA to allow us to monitor that the committee composition and minimum investment requirements are met. For the 2011 Round the deadline was 31 May 2011. Unfortunately ACCEA only received 30 (9.97%) of the expected reports by this date.

2.3. A second trawl of reports up to and including 31 August 2011 found that the number of Employer Based Awards Committee reports received for the 2011 Round is 85 (21.7%), this compares with 111 (28.8%) in 2010. Table 21 below shows the number of reports received by NHS Organisation type. This indicates that, again, NHS Trusts are submitting reports more consistently than other NHS Organisations.

**Table 21: EBAC Reports Received by Organisation as of 31 August 2011**

| EBAC Reports Received by Organisation as of 31 August 2011  |                           |          |
|---|---------------------------|----------|
| Total organisations (NHS Trusts, PCT's, Foundation Trusts, Care Trusts)                           | 391 <sup>15</sup>         |          |
| Total number of organisations by type   | NHS Trusts:               | 103      |
|   | Foundation Trusts:        | 132      |
|   | PCT's:                    | 146      |
|   | SHAs:                     | 10       |
| Percentage of total number of organisations submitted as of 30 June 2010 (total number received): | 21.73% (85) <sup>16</sup> |          |
| Percentage of total number of reports received by organisation (total number received):           | NHS Trusts:               | 40% (42) |
|   | Foundation Trusts:        | 14% (19) |
|   | 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 point's scheme. ACCEA's main responsibility is to oversee compliance with published guidance on the composition of EBAC and minimum investment in the CEA Scheme.

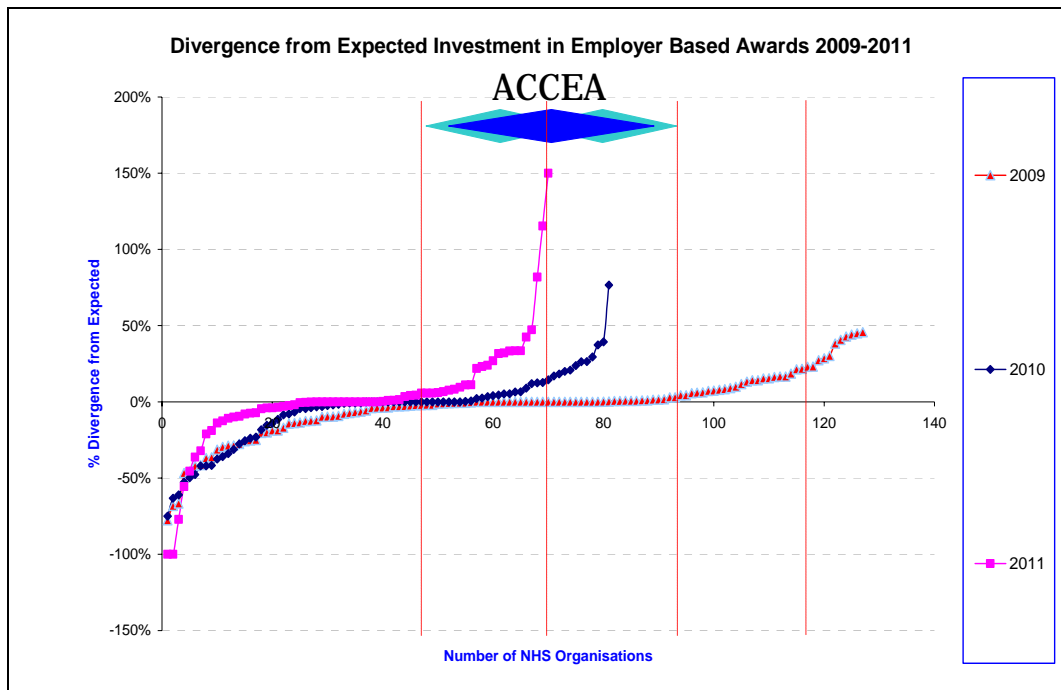
<sup>15</sup> Based on figures from NHS Connecting for Health.

<sup>16</sup> Includes return from DH which does not fall into any of the 4 categories in the table.

2.5. In 2010, the Department of Health 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 indicated that this was to reflect the reduction in the number of national awards in 2010 and the tighter NHS financial circumstances. The Department also said that Trusts can, if they wish, choose to increase this ratio. This does not affect the value of awards.

2.6. Analysis of the 85 Annual Reports received from the EBACs suggests that as of 31 August 2011 there was a 3% overspend on EBA in the 2011 Round, this equates to £182,459. This compares to the 2010 Round where there was a net under investment of 2%, and the 2009 Round when there was a net under investment of 1%. The graph below shows the deviation from expected investment over the last three years. Given the small number of returns, ACCEA cannot conclude if this expenditure pattern is indicative of the situation across the NHS organisations.

**Figure 9: Deviation from expected investment in Employer Based Awards 2009, 2010, 2011**



### 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.<sup>17</sup> 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.

<sup>17</sup> Data extracted from ESR is valid up to 31<sup>st</sup> August 2011, new awards granted by local trusts but not updated on the ESR by this date will be shown under their previous award level.

*Level*

2.8. The number of consultants holding an Employer Based Award is 18837. Table 22 shows this total broken down by region and award level.

**Table 22: Employer Based Awards by Region and Level of Award 2011**

|                 | L 1  | L 2  | L 3  | L 4  | L 5  | L 6  | L 7  | L 8 | L 9  |       |
|-----------------|------|------|------|------|------|------|------|-----|------|-------|
| CHES and MER    | 184  | 171  | 128  | 86   | 77   | 67   | 61   | 46  | 63   | 883   |
| DOH             | 16   | 32   | 13   | 27   | 16   | 9    | 6    | 8   | 18   | 145   |
| EAST ENG        | 339  | 321  | 252  | 192  | 159  | 135  | 99   | 81  | 99   | 1677  |
| EAST MID        | 263  | 246  | 172  | 148  | 107  | 94   | 89   | 51  | 88   | 1258  |
| LON NE          | 277  | 284  | 207  | 181  | 117  | 90   | 69   | 71  | 143  | 1439  |
| LON NW          | 182  | 129  | 104  | 73   | 66   | 73   | 47   | 33  | 98   | 805   |
| LON STH         | 315  | 230  | 178  | 157  | 101  | 108  | 68   | 150 | 124  | 1431  |
| NTH EAST        | 223  | 177  | 145  | 104  | 108  | 63   | 57   | 37  | 91   | 1005  |
| NTH WEST        | 349  | 267  | 220  | 196  | 166  | 98   | 107  | 89  | 140  | 1632  |
| SOUTH           | 312  | 243  | 208  | 180  | 119  | 93   | 96   | 57  | 71   | 1379  |
| STH EAST        | 328  | 217  | 235  | 161  | 155  | 101  | 77   | 51  | 86   | 1411  |
| STH WEST        | 439  | 380  | 288  | 256  | 178  | 159  | 113  | 97  | 132  | 2042  |
| WALES           | 1    | 3    | 0    | 0    | 1    | 0    | 0    | 0   | 0    | 5     |
| WEST MID        | 363  | 385  | 263  | 223  | 179  | 137  | 114  | 84  | 166  | 1914  |
| YORK and HUM    | 459  | 394  | 283  | 194  | 184  | 143  | 98   | 77  | 148  | 1980  |
|                 | 4050 | 3479 | 2696 | 2178 | 1733 | 1370 | 1101 | 932 | 1467 | 19006 |
|                 |      |      |      |      |      |      |      |     |      |       |
| Actual cons no. | 4033 | 3447 | 2679 | 2162 | 1721 | 1363 | 1095 | 883 | 1454 | 18837 |

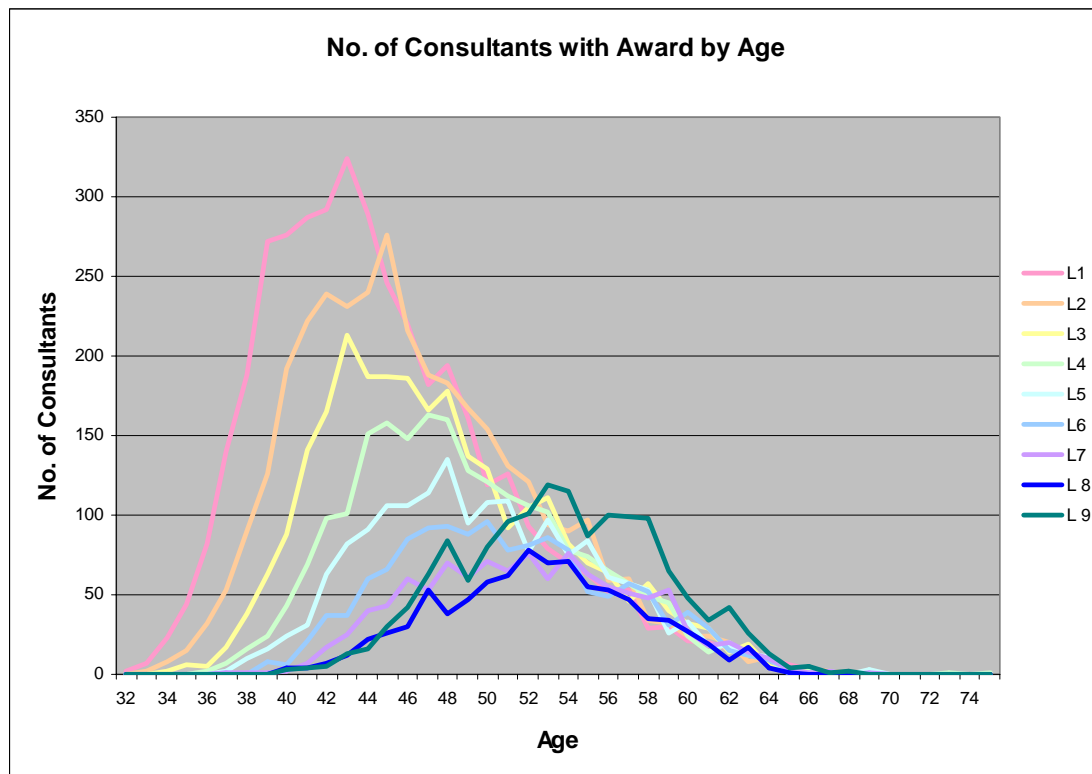
**Note:** A small number of consultants work cross-region and these are recorded twice in ESR. Current figures show this to be 169  
Some honorary consultants are not included in this figure.

2.9. Although EBAs are not awarded in Wales, five 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 10 shows the number of award holders, by age and award level.

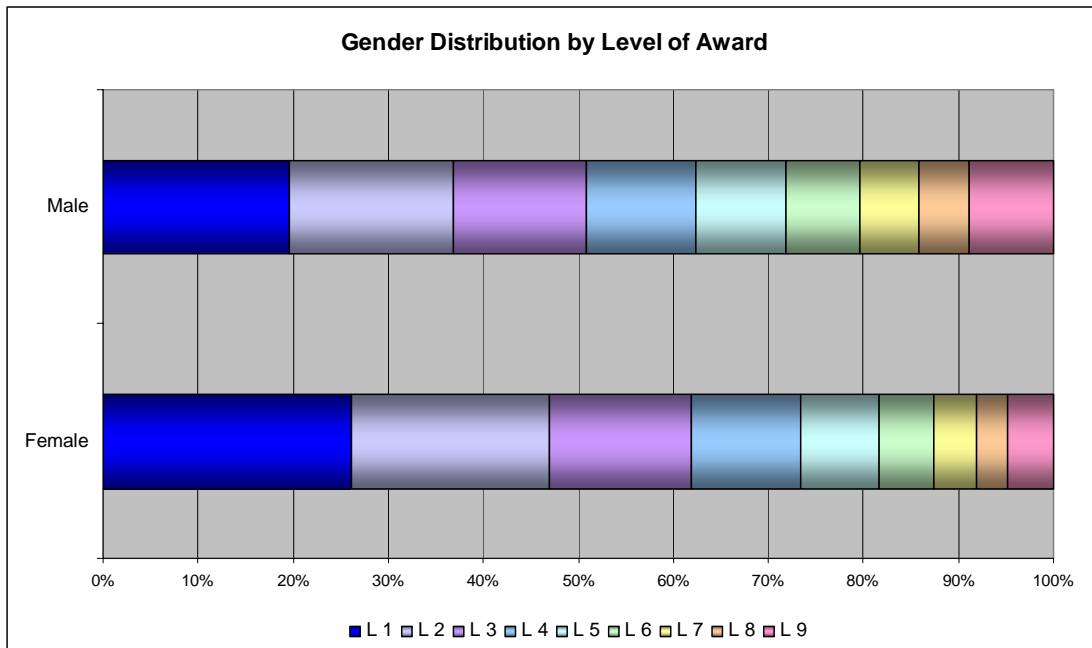
**Figure 10: Age Distribution of Employer Based Awards 2010**



## Gender

2.11. Figure 11 below shows the gender split for each level of Employer Based Awards. Calculations show that across all levels of awards 72 per cent are male. This compares to 69 per cent in the whole consultant population.

**Figure 11: Gender Distribution of Employer Based Awards**

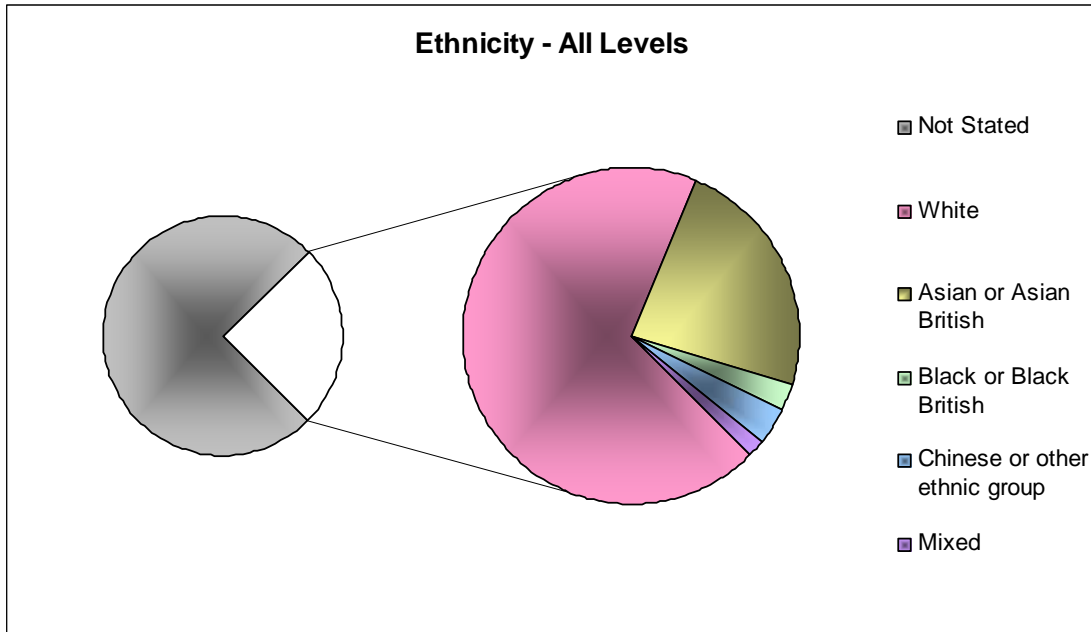


2.12. From the graph we can see that the female consultants are more heavily weighted in the lower level of the awards - almost 62 per cent of female local award holders hold a Level 3 or lower, compared to 52 per cent of males. At the higher levels almost 20 per cent of male award holders hold a Level 7 or above, this compares to just fewer than 13 per cent of the female population of award holders holding the same level of award.

*Ethnicity*

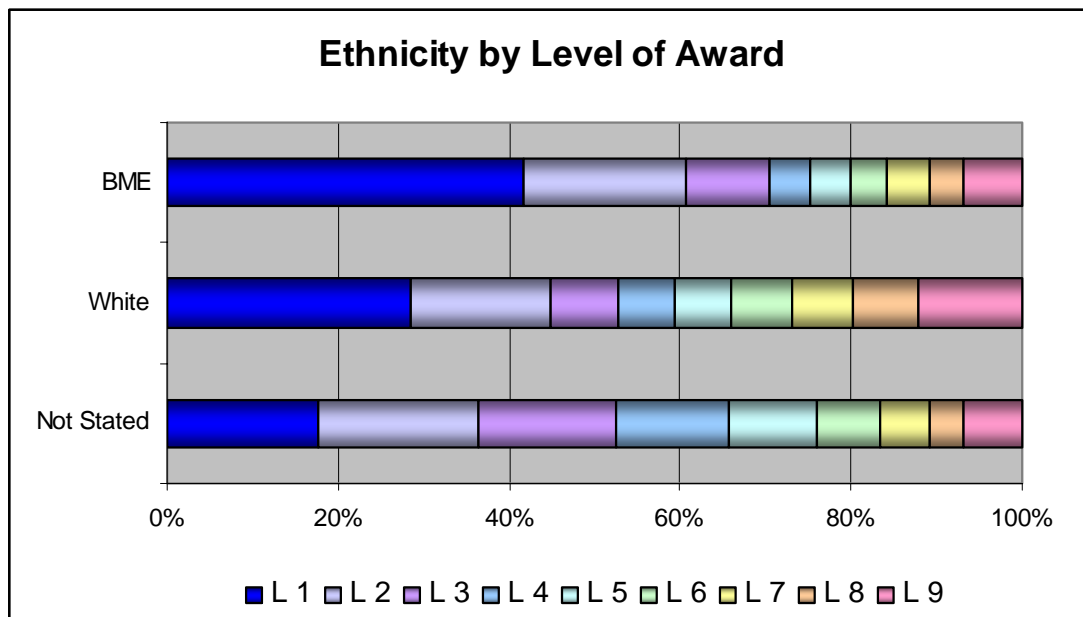
2.13. 75 per cent of consultants have a 'not stated' ethnicity recorded in ESR. This makes a detailed analysis of ethnicity at each award level statistically nonviable. The figure below shows the ethnicity of award holders for the remaining 25 per cent across all levels of award.

**Figure 12: 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 13. This indicates that over 60 per cent of BME award holders have an award of Level 1 or Level 2, compared to less than 45 per cent of white award holders. Just over 26 per cent of white award holders hold a Level 7 or above compared to almost 16 per cent of BME award holders. However, with the low response rate for ethnicity, these figures need to be treated with caution.

**Figure 13: Ethnic Distribution of Employer Based Awards**



## **Section 3: Reports on the National Scheme**

### **Appeals, Concerns and Complaints**

3.1. 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.

3.2. 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.

3.3. If consultants make an appeal against the process for national awards, they should send a letter to the ACCEA Chair detailing where they consider the process has failed. Where concerns cannot be resolved informally, a panel of people not previously involved in the application 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.

3.4. 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 2010*

3.5. There were fourteen appeals against the national awards process following the 2010 Round. This compares to thirteen appeals in the 2009 Round and four following the 2008 Round. These are summarised in Table 23.

3.6. Twenty Employer Based Awards appeals were received by the Secretariat following the 2010 Round. This equals the number of appeals following the 2009 Round and there were thirteen in the 2008 Round. These are summarised in Table 24. Three of these are still ongoing.

3.7. The tables also provide an indication of the length of time taken to resolve appeal cases. Appeals at employer based level take longer than those at national level to resolve owing to the investigations by the relevant Medical Vice Chairs. This is an additional step in the process, which can be lengthy.

### *Complaints and Concerns in 2010*

3.8. There were no complaints or concerns received in the 2010 Round, although a small number of the national appeals raised concerns around the additional filtering stage of the process that became necessary in the 2010 Round. We hope that the description of the additional stage, and the analysis of actual results versus the quality threshold, which can be found in the 2010 Annual Report, has alleviated these concerns.

### *Conclusion*

3.9. We expected an increase in the number of national appeals following the 2010 Round, owing to the reduced number of awards. However this does not appear to be the case. Most applicants who contacted us who were considering appealing have been satisfied when we have given them their scores and final rankings by the sub-committees and on this basis decided not to lodge an official appeal. Appeals are still taking longer than desired to be completed, but the Secretariat will continue to work on improving this.

**Table 23: National Awards Appeals 2010 Awards Round (processed in 2011)**

| <b>Date</b> | <b>Nature of Appeal</b>   | <b>Considered by a panel</b> | <b>Resolution and date</b>                |
|-------------|---|------------------------------|---|
| 05/03/2010  | Part 2 of application was not completed by CE   | n/a                          | Upheld. Appellant informed 08/10/2010     |
| 22/08/2010  | Appellant alleges that trust failed to follow due process   | n/a                          | Not upheld. Appellant informed 06/07/2011 |
| 24/08/2010  | Various issues  | n/a                          | Not upheld. Appellant informed 20/12/2010 |
| 25/08/2010  | Appellant felt relevant supporting material not considered by assessors                                   | n/a                          | Appellant withdrew appeal 02/12/2010      |
| 27/08/2010  | Not initially provided. Appellant failed to respond to communications from ACCEA asking for clarification | n/a                          | Not upheld. File closed 01/11/2010        |
| 02/09/2010  | Appellant felt some aspects of process unfair   | n/a                          | Not upheld. Appellant informed 15/10/2010 |
| 03/09/2010  | Appellant alleged discrepancy on scores   | n/a                          | Not upheld. Appellant informed 17/03/2010 |
| 03/09/2010  | Appellant alleged discrepancy on scores   | n/a                          | Not upheld. Appellant informed 02/11/2010 |
| 06/09/2010  | Appellant alleged process is flawed   | n/a                          | Not upheld. Case closed 13/09/2010        |



| Date       | Nature of Appeal   | Considered by a panel | Resolution and date  |
|------------|--|-----------------------|--|
| 13/08/2010 | Not initially provided. Appellant failed to respond to communications from ACCEA asking for clarification. | n/a                   | Not upheld. Case closed 13/09/2010                                       |
| 05/09/2010 | Applicant felt disadvantaged by lack of clinical sessions  | n/a                   | Not upheld. Appellant informed 20/12/2010                                |
| 07/09/2010 | Appellant alleges he was disadvantaged by an IT failure  | n/a                   | Not upheld. Appellant informed 02/11/2010                                |
| 06/09/2010 | Felt work had not been taken into account  | n/a                   | No further information received from appellant so case closed 03/02/2011 |
| 13/09/2010 | Claimed bias; extraneous factors taken into account; and material submitted was not duly considered        | 17/10/2011            | Panel upheld the appeal and rescoring process currently in progress.     |

**Table 24: Employer Based Awards Appeals 2010 Awards Round (processed in 2011)**

| Date       | Nature of Appeal   | Sent for investigation                                   | Report received | Resolution and date   |
|------------|--|--|-----------------|---|
| 11/01/2011 | Appellant alleges possible bias and failure of trust to comply with ACCEA guidance                                 | 11/02/11   | 08/07/2011      | Ongoing. Appeal upheld.   |
| 26/02/2010 | Appellant alleges possible bias in terms of gender/race  | 11/05/2010. Then again on 01/03/2011                     | 12/10/11        | Not upheld. Appellant informed October 2011.                        |
| 23/05/2010 | Possible discrimination in scoring   | 25/06/2010   | September 2010  | Upheld. Appellant informed 18/02/2011                               |
| 24/05/2010 | Disability issue   | 05/07/2010   | 09/09/2010      | Not upheld. Appellant informed 1/11/2010                            |
| 09/06/2010 | Local process not been exhausted – appellant advised to contact ACCEA if dissatisfied when local process completed | No   | n/a             | No action yet taken by ACCEA – pending completion of local process. |
| 21/06/2010 | 2 x appellants – issue re mandatory training   | 11/02/2011 (following an attempt at informal resolution) | 03/05/2011      | Not upheld. Appellants informed 16/06/2011                          |
| 12/07/2010 | Appellant felt their work was not fully considered in the assessment process                                       | 04/11/2010   | 02/03/2011      | Not upheld. Appellant informed 24/03/2011                           |
| 13/08/2010 | Appellant alleges that ACCEA guidance not followed   | 15/09/2010   | 30/09/10        | Not upheld. Appellant informed 18/11/2010                           |
| 15/08/2010 | Trust position is that failure to sign local document rendered him ineligible for consideration                    | No   | n/a             | Not upheld appellant informed 18/02/2011/                           |
| 12/10/2010 | Appellant felt was scored unfairly low   | No   | n/a             | Not upheld. Appellant informed 15/04/2011                           |

| Date       | Nature of Appeal  | Sent for investigation | Report received | Resolution and date   |
|------------|---|------------------------|-----------------|---|
| 10/12/2010 | Possible misunderstanding of ACCEA guidance re current level of award necessary for progression   | 14/02/2010             |                 | Ongoing   |
| 21/12/2010 | Appellant alleges possible bias and conflict by panel   | 20/03/2011             | 20/03/2011      | Not upheld. Appellant informed 15/06/2011                           |
| 12/02/2011 | Various issues  | 02/03/2011             | 23/06/2011      | Not upheld. Appellant informed 18/07/2011                           |
| 15/03/2011 | Application considered late by abbreviated panel  | 18/03/2011             | 25/04/2011      | Ongoing. Appeal upheld, awaiting satisfactory resolution.           |
| 13/04/2011 | 4 x appellants – Alleged bias and conflict of interest. Local process has not been exhausted. Appellants advised to contact ACCEA is dissatisfied when local process has been completed | n/a                    | n/a             | No action yet taken by ACCEA – pending completion of local process. |
| 13/06/2011 | Appellant alleges trust protocols not followed  | No                     | n/a             | Not upheld. Appellant informed July 2011                            |

## Training Activity

3.10. 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. These events are listed in Table 25.

**Table 25: Training Activities in 2010 Award Round**

| Date of Training  | Name of Training                               |
|-------------------|--|
| 2 July 2010       | Palliative Care Physicians                     |
| 30 July 2010      | BMA Academic consultants group                 |
| 10 August 2010    | Care Quality Commission                        |
| 10 September 2010 | Medical Schools Council                        |
| 13 September 2010 | RCR Annual Scientific Programme                |
| 12 October 2010   | New Member Training (London)                   |
| 12 October 2010   | Chairs and Medical Vice-Chairs Wash-up Meeting |
| 13 October 2010   | Medical Women's Federation                     |
| 19 October 2010   | CoPMED   |
| 21 October 2010   | Royal College of Physicians                    |
| 26 October 2010   | New Members Training (Leeds)                   |
| 22 November 2010  | National Nominating Bodies Wash-up Meeting     |
| 22 November 2010  | Specialist Societies Wash-up Meeting           |
| 7 March 2011      | College of Emergency Medicine                  |
| 25 May 2011       | JMCC   |
| 31 May 2011       | Royal College of GPs                           |
| 11 October 2011   | Chairs and Medical Vice-Chairs Wash-up Meeting |

## Committee Membership in 2012

3.11. Due to the DDRB review of the Awards Scheme, and the uncertainty surrounding future rounds and the structure of the committees, the decision was taken to seek extensions to the term of appointment of all committee members due to stand down in 2011. This will allow ACCEA to retain the knowledge and experience of its members through the period of transition. It will also allow the Secretariat to reallocate the resources that would have been used in the recruitment exercise, and in running new member training sessions, to developing the new scheme and the transitional arrangements.

3.12. All members of the main ACCEA Committee due to stand down this year have agreed to remain on the committee through 2012; although one member has resigned as they are leaving the NHS and no longer qualify as a member. It has been agreed that the vacancy can be carried for one year.

3.13. 101 members of the Regional Sub-Committees were due to stand down at the end of the 2011 Awards Round, 93 of whom were suitable for extension. Of these, 81 confirmed that they were happy to remain on the committee for a further year. With 3 resignations and 19 carryover vacancies from 2010, 34 positions remained to be filled.

3.14. The Secretariat wrote to all Chairs of the regional sub-committees describing the process for 2012, and where appropriate, drawing their attention to the vacancies. The Secretariat asked the Chairs to seek suitable candidates for any remaining vacancies and to forward these to the Chair and Medical Director for consideration.

3.15. This recruitment process, so far, has resulted in twenty-two applications for membership, with twelve subsequent appointments. These are shown in the table below.

**Table 26: 2012 Sub-Committee Recruitment**

|                            | <b>Applications</b> | <b>Appointments</b> | <b>Success Rate</b> |
|----------------------------|---------------------|---------------------|---------------------|
| Lay                        | 6                   | 5                   | <b>83%</b>          |
| Professional <sup>18</sup> | 14                  | 5                   | <b>36%</b>          |
| Employer                   | 2                   | 2                   | <b>100%</b>         |
| ALL                        | 22                  | 12                  | <b>54%</b>          |

3.16. Unfortunately, during this period a number of committee members have stood down due to employment changes. As of 19 December 2011, 29 positions remain vacant. The Chairs and Medical Vice Chairs are continuing to identify and approach suitable applicants for the remaining vacancies. However, as most committees only carry a few vacancies and remain quorate, ACCEA can continue to run the round with the remaining posts unfilled.

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<sup>18</sup> Within the professional applications, ACCEA received ten applications for one vacant professional vacancy.

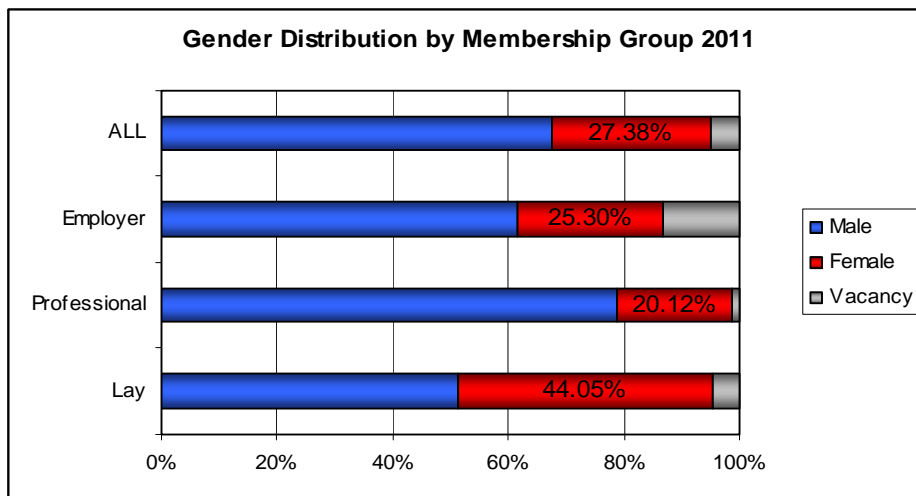
*Diversity*

3.17. 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.

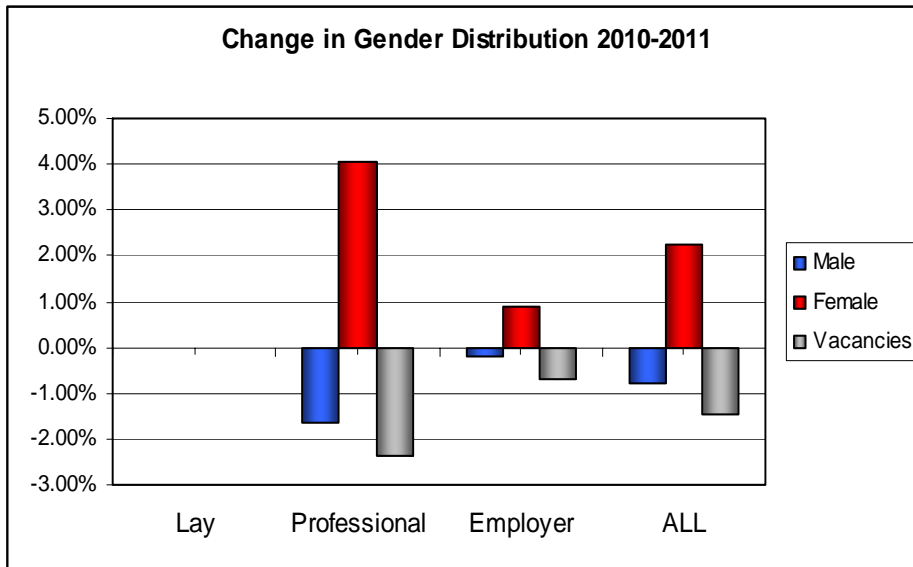
3.18. Figure 14 illustrates the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2011 Awards Round, together with any vacancies. Figure 15 shows the change in gender distribution on regional sub-committees between the 2010 and 2011 Awards Rounds.

3.19. These figures show that lay membership continues to display the improvements in the number of female members seen in 2009. However, despite improvements in the numbers of female professional and employer members, there remains a significant gender imbalance in these two categories. Overall, the percentage of all female members has increased by just over two per cent, which although encouraging, is still less than the three per cent reduction seen between 2009-2010.

**Figure 14: Gender Distribution on Regional Sub-Committee in 2011 Awards Round**

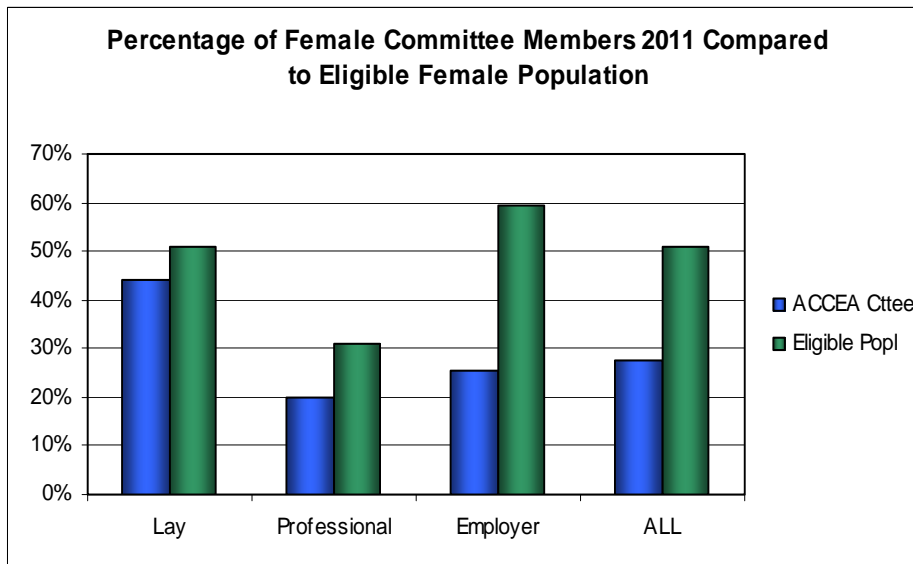


**Figure 15: Change in Gender Distribution on Regional Sub-Committee 2010-2011**



3.20. For the second year, ACCEA has analysed the percentage of female committee members against the eligible female population, this is shown in Figure 16.<sup>19 20 21</sup> This shows that the levels of female professional and employer members are significantly below the gender distribution of the eligible population.

**Figure 16: Comparison of the Gender Distribution of Committee Members and the Eligible Population in 2011 Awards Round**



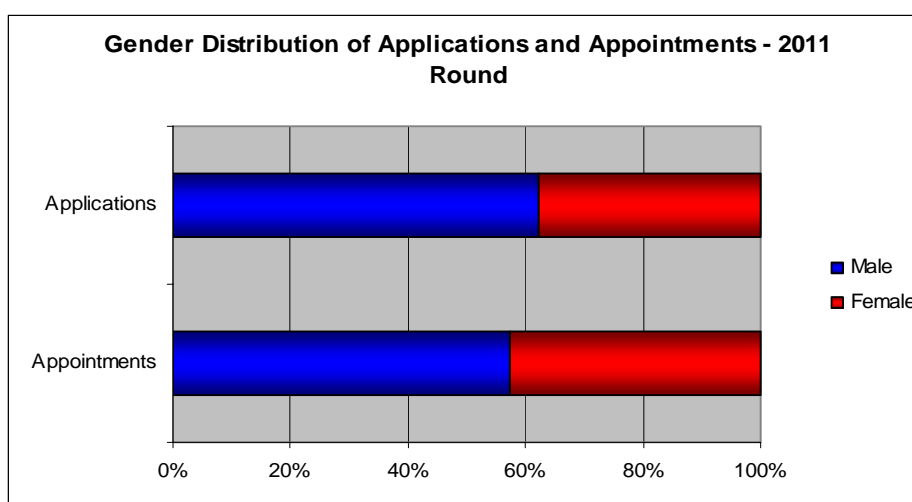
<sup>19</sup> The eligible population for employer members has been taken from the Information Centre 2010 Non-Medical Workforce Census, March 22 2011.

<sup>20</sup> The eligible population for professional members has been taken from the Information Centre 2010 Medical Workforce Census, March 21 2011.

<sup>21</sup> The eligible population for lay members has been calculated as the total female population in England in 2010 aged 25-79, minus the employers and consultants. Information on the total female population in England has been taken from the Office of National Statistics mid-year population estimate 2010 [www.ons.gov.uk](http://www.ons.gov.uk).

3.21. However, ACCEA does not believe that there is any evidence of gender bias in their appointment of members in these categories. Figure 17 shows the gender split of all applications and resulting appointments in the 2011 recruitment campaign.<sup>22</sup> This shows that while female applications formed 32% of applications, they accounted for 35% of new positions. Table 27 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 professional category and overall. This indicates that the gender imbalance on regional committees is the result of lower numbers of applications from women. It is particularly concerning that there are such low numbers of applications from female employer candidates given the high percentage of eligible women in this category.

**Figure 17: Comparison of the Gender Distribution of 2011 Sub-Committee Applications and Appointments**



**Table 27: 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 | 84          | 41           | 48.81%       | 23          | 16           | 69.57%       |
| Employer     | 9           | 7            | 77.78%       | 3           | 2            | 66.67%       |
| ALL          | 106         | 54           | 50.94%       | 50          | 29           | 58.00%       |

3.22. On the main ACCEA Committee in 2011, the gender breakdown was eleven men and five women.

<sup>22</sup> Please note that these figures will differ from those published in the ACCEA Annual Report 2010 – the original data analysed only the initial stage of the 2011 recruitment campaign.

## **Section 4: Development of the Scheme**

4.1. Despite the significant amount of work involved in supporting the DDRB Review, ACCEA has continued to develop and improve the current CEA scheme through the 2011 Awards Round.

### **Renewing Awards**

4.2. As discussed in paragraphs 1.47-1.48, ACCEA took steps to strengthen the processes for arrangements for renewing awards to ensure the continued probity of its awards, by introducing a scoring system for all renewal applications in the 2011 Awards Round.

#### *Background*

4.3. In an attempt to understand the reliability of scoring by regional sub-committees, and the changes that could be made in the future without compromising reliability, ACCEA commissioned a study from the Peninsula Medical School. The report found that there was considerable variability within, and to a lesser extent, between Sub-Committees. It concluded that a very high reliability coefficient of 0.86 (rounded to 0.9) could be obtained if 14 members of one committee, or 9 members from each of two committees, do scoring.

4.4. Further discussions with the authors concluded that a reliability coefficient of 0.84 would be obtained if 12 members of one committee scored. This compared favourably with the Postgraduate Medical Education and Training Board, and the GMC, who both accept a reliability of 0.8 for their medical assessments.

#### *The Scoring Process in 2011*

4.5. Each sub-committee was split into two groups: Group A were assigned the scoring of new Bronze applications and the Bronze/B Reviews; and Group B was assigned the scoring of all new and review applications for all other levels. This division was approximately an even split of applications and workload.

4.6. Very close attention was given to ensuring that the balance of committee members was maintained, taking into account member group, ethnicity, gender, employer, specialty and award level where applicable. To prevent conflict of interest, every attempt was made to ensure that committee members who were also applicants in the current round scored the alternative group. Where this was not possible, those committee members scored the award levels within their assigned group where they had no conflict of interest.

4.7. This process allowed ACCEA to identify with more consistency the renewal applicants who;

- are working over and above, i.e. scored equal to, or above, the score set by the lowest ranked new award at the same level in the sub-committee:

- are no longer achieving excellence, i.e., scored below 18 points - the score set by ACCEA as the minimum required to show 'over and above' expectations in some areas; or
- require further discussion by sub-committees, i.e. those renewal applications that fell below the score set by the lowest ranked new award at the same level, and above 18 points.

4.8. In all cases, the scorings are used as an aid to the discussion and committee members could discuss those who fell into the other two categories if they saw fit.

#### *An Analysis of Renewal Scores*

4.9. ACCEA undertook an analysis of the renewal scores. This included: scoring within each comparable award level; and comparing these with 2007 awards (the year when the award was granted or last renewed); the scoring of retire and return renewals; and the scoring patterns of the inadequate renewals. The detailed findings of this analysis are available at Appendix iii.

4.10. The analysis indicates that those applications also being considered for progression to a new higher award are of a higher standard than exhibited by those applying for renewal only, and this is particularly marked at the lower award levels. The analysis also suggest that Clinical Excellence Award renewals are more successful than the equivalent Distinction Award level renewals, and although there is limited data available, the analysis also suggests that the standard of retire and return renewals is lower than shown in their comparative groups.

4.11. Overall, analysis of the inadequate renewals suggests that the scoring process, although not an exact science, has proved a useful tool in identifying those applications requiring more detailed discussion within committees.

4.12. It has been suggested that a stronger scoring of renewals would be achieved if the regional sub-committees could access the previous application forms. Unfortunately, these applications were not available for the 2007 Awards Round; however, it is the intention, as applications from 2008 onwards are retained by ACCEA, to allow regional scorers to compare renewal applications with the individuals previous application should they fall in the indeterminate group requiring further discussion.

#### **Distinction Awards Following Retirement (Retire and Return)**

4.13. Under current rules, 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.

4.14. Over the 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. As reported in the 2010 Annual Report, ACCEA undertook further steps to strengthen the process in 2010.

4.15. In 2010, ACCEA constituted a Retire and Return Sub-Committee. From 1 October 2010, all new applications for reinstatement following retirement were collated and sent to the sub-committee for consideration.

4.16. The Committee met in March 2011 for the first time. Since then they have considered 42 applications. 21 have been granted; a success rate of 50 per cent.

4.17. The process of consideration of retire and return applications has been continually refined to ensure the robustness of decisions. From the December 2011 meeting, a new scoring process has been introduced. All applications will initially be sent to a scoring committee, constituted of sub-committee Chairs and Medical Vice Chairs. These scores are submitted to the Retire and Return Sub-Committee for consideration. This scoring group allows for a wider range of experience and knowledge to be utilised in the consideration process.

## **Changes in the 2012 Guides**

### *Removal of the 'Year's Grace' Business Rule*

4.18. Under the current ACCEA business rules, consultants who fail to renew, or provide inadequate evidence to support a renewal, in their correct renewal year, which is the fourth year after their award is made, are granted another opportunity to renew out of cycle in the following year.

4.19. In their evidence to the DDRB, the Department of Health state that they wanted this practice, which they refer to as the 'year's grace', ended, and on 20 July 2011, the Minister of State for Health, Simon Burns MP wrote to ACCEA in the following terms:

*" ... ACCEA should discontinue its policy of allowing consultants who submit inadequate renewal evidence, or do not submit at all, to renew in the following year. I know that you will be issuing guidance this Autumn for the 2012 renewals process. In my view, this anomalous provision should not be part of that guidance. It should be clear that consultants receive only one opportunity to renew, and to be successful they must provide adequate evidence."*

4.20. This proposal was discussed at the meeting of the main ACCEA committee in July 2011. This discussion was conducted alongside consideration of an analysis of the scoring of renewals undertaken by the Secretariat. This analysis showed that in the 2011 Awards Round, 654 consultants submitted renewal applications. The detailed findings of this analysis are available at Appendix iii. An additional 46 failed to submit a

renewal application at all in year four. Under current rules, all of these will qualify for another opportunity to provide adequate evidence out of cycle in year five.

4.21. From the 2012 Awards Round, consultants will be given only one opportunity to submit an adequate renewal application in their correct cycle i.e. in the fourth year following their award. Only those consultants who provide ACCEA with justifiable mitigating circumstance will be granted another opportunity to submit.

**Extract from the Guide for Applications (new and renewal) and Existing Award Holders**

**4.2.6** Applicants who were due to submit an application to renew their award in the 2011 Round and did not do so, or whose application was inadequate, must submit a renewal application in the 2012 Round or their Award will expire on 31 March 2012.

**4.2.7** If these applicants fail to submit or submit an application with insufficient evidence for renewal in the 2012 Round, a recommendation will be made to ACCEA that the award is terminated. Consultants to whom this applies will be warned that this recommendation is being made and they will be given the opportunity to write to ACCEA explaining why they were unable to submit an application with sufficient information to justify renewal, which will be presented to the main committee. There will be no opportunity to submit further evidence on the quality of contributions made, only that relating to reasons why it was not possible to do this initially.

**4.2.8** If applicants who are due to submit a renewal application in the 2012 round either fail to submit an application or submit an application with insufficient evidence to justify renewal a recommendation will be made to ACCEA that the award is terminated when it expires in March 2013.

**4.2.9** These applicants will be warned that this recommendation is being made and will be given the opportunity to write to ACCEA explaining why they were unable to submit an application with sufficient information to justify renewal, which will be presented to the main committee. There will be no opportunity to submit further evidence on the quality of contributions made, only that relating to reasons why it was not possible to do this initially.

**4.2.10** **Consultants who have failed to provide sufficient evidence to justify the renewal of an award that falls to be considered in the 2012 Round will not be able to submit a renewal application in a subsequent round.** They will, however, be able to apply for a new award if they remain eligible for the Scheme or any successor Scheme.

*Investigations or disciplinary actions*

4.22. To ensure the probity of its awards, ACCEA has amended the 2012 Guides to re-emphasise the importance of notifying ACCEA of any

investigations or disciplinary actions that are current during an application, or come to light during the term of an award:

### **Extract from the Guide for Applications (new and renewal) and Existing Award Holders**

#### **3.4 What does ACCEA need to know about investigations or disciplinary actions?**

**3.4.1** You must inform ACCEA on your application form if you are currently, or have been in the last five years the subject of any investigations or disciplinary procedures. This would include any investigations by external bodies such as the GMC, GDC, NCAS etc. It would also include any restrictions on your practice, complaints against your performance or conduct that your employer is formally investigating.

➤ If the investigation has been concluded, you must provide information on the outcome. Any declarations are recorded in a 'hidden' field within the application form and are not available to assessors during their scoring process; it will not have a negative impact on the scoring of your application.

➤ For live investigations, ACCEA maintains a policy of 'innocent unless proven otherwise'.

➤ If you are subject to a new investigation or disciplinary procedure following the submission of your application, and before the new awards are announced, you must inform ACCEA immediately.

**3.4.2** Please note that ACCEA receives regular updates on investigations or disciplinary procedures. **Failure to declare any issues will call into question the probity of your application and this could lead to the application being void and, ultimately, the withdrawal of your award.**

#### **7.5 Becoming the subject of an investigation**

**7.5.1** You must inform ACCEA, as soon as you are aware, if you become the subject of any investigations or disciplinary procedures. This would include any investigations by external bodies such as the GMC, GDC, NCAS etc. It would also include any restrictions on your practice, complaints against your performance or conduct that your employer is formally investigating.

**7.5.2** You should keep ACCEA informed of any developments and the outcome of any investigations for our records. ACCEA maintains a policy of 'innocent unless proven otherwise'. Any adverse findings will not automatically translate into an award being withdrawn, and each case will be judged individually.

**7.5.3** Failure to declare any issues will call into question the validity of your award and could lead, ultimately, to the withdrawal of your award.

4.23. ACCEA has also taken steps to improve its communications with the GMC and GDC on investigations or disciplinary actions. In previous Rounds, ACCEA sent the Councils the list of proposed new awards and renewals to confirm which, if any, had investigations or disciplinary actions against them. ACCEA, in addition to these annual checks, will now receive monthly updates from the GMC and GDC on all investigations that have reached a conclusion, which will be checked against the list of all award holders. Of the four monthly updates received to date, no award holders have been identified.

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

### **Review of Compensation Levels and Incentives for NHS Consultants**

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

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

5.3. A list of the organisations, and individuals, who submitted written evidence to the DDRB Review, and downloadable copies of this and subsequent written evidence is available on the DDRB website - [http://www.ome.uk.com/DDRB\\_CEA\\_review.aspx](http://www.ome.uk.com/DDRB_CEA_review.aspx)

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

5.5. The DDRB sent a restricted copy of their report to the Department of Health in July 2011. It is currently being considered by Ministers.

### **Next Steps and Work in ACCEA going forward**

5.6. ACCEA awaits publication of the Report and confirmation on whether there will be an awards round for new awards in 2012, or if there will only be a round for renewals. ACCEA understands that the Department intends to issue a consultation about the proposed discontinuation of two anomalous features of the current Schemes.

5.7. ACCEA will continue to operate the Clinical Excellence and Distinction Award schemes under the current business rules and in accordance with the Guidance that will be published for the 2012 Round. As the outcome of the DDRB Review is uncertain, ACCEA has told consultants, who in 2011 received new awards or successfully renewed, that the duration of the award will depend on the transitional arrangements into any new Scheme. ACCEA will communicate again with the consultant body once the details of any new Scheme and the implications for current award holders have been finalised.



## **Appendix I. Award Data Matrix by Specialty and Region**

ACCEA has developed a monitoring tool designed to track the distribution of awards on a matrix of region and specialty, benchmarked against expected distributions. The following Table 28a-d 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 28a: Distribution of new Bronze Awards in 2011 by Specialty and Region**

|                               | Academic GP | Anaesthetics | Dental   | Emergency Medicine | Medicine  | Obs & Gyn | Occupational Health | Ophthalmology | Paediatrics | Pathology | Psychiatry | Public Health Dentistry | Public Health Medicine | Radiology | Surgery   | Total      | Indicative Number | Difference |
|-------------------------------|-------------|--------------|----------|--------------------|-----------|-----------|---------------------|---------------|-------------|-----------|------------|-------------------------|------------------------|-----------|-----------|------------|-------------------|------------|
| <b>ACCEA DoH</b>              | 0           | 0            | 0        | 0                  | 0         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 1                      | 0         | 0         | <b>2</b>   | 2                 | 0          |
| <b>Cheshire &amp; Mersey</b>  | 0           | 1            | 1        | 0                  | 3         | 0         | 0                   | 0             | 0           | 0         | 1          | 0                       | 0                      | 0         | 1         | <b>7</b>   | 11                | -4         |
| <b>East Midlands</b>          | 0           | 1            | 0        | 0                  | 2         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 2                      | 0         | 3         | <b>9</b>   | 16                | -7         |
| <b>East of England</b>        | 0           | 1            | 1        | 0                  | 5         | 0         | 0                   | 1             | 1           | 1         | 0          | 0                       | 0                      | 1         | 2         | <b>13</b>  | 22                | -9         |
| <b>London North East</b>      | 0           | 1            | 0        | 0                  | 4         | 1         | 0                   | 0             | 2           | 3         | 0          | 0                       | 0                      | 0         | 2         | <b>13</b>  | 18                | -5         |
| <b>London North West</b>      | 0           | 0            | 0        | 0                  | 2         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 1                      | 1         | 1         | <b>6</b>   | 10                | -4         |
| <b>London South</b>           | 0           | 0            | 1        | 0                  | 5         | 0         | 0                   | 0             | 2           | 1         | 2          | 0                       | 0                      | 0         | 3         | <b>14</b>  | 18                | -4         |
| <b>North East</b>             | 1           | 1            | 0        | 0                  | 3         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 1         | 4         | <b>10</b>  | 14                | -4         |
| <b>North West</b>             | 0           | 0            | 0        | 0                  | 3         | 1         | 0                   | 2             | 0           | 1         | 1          | 0                       | 0                      | 0         | 3         | <b>11</b>  | 21                | -10        |
| <b>South East</b>             | 0           | 0            | 0        | 0                  | 6         | 0         | 0                   | 1             | 1           | 0         | 0          | 0                       | 0                      | 0         | 1         | <b>9</b>   | 16                | -7         |
| <b>South</b>                  | 0           | 1            | 0        | 0                  | 5         | 0         | 0                   | 1             | 1           | 1         | 0          | 0                       | 0                      | 1         | 2         | <b>12</b>  | 17                | -5         |
| <b>South West</b>             | 0           | 5            | 0        | 2                  | 0         | 0         | 0                   | 2             | 2           | 1         | 1          | 0                       | 0                      | 0         | 4         | <b>17</b>  | 23                | -6         |
| <b>Wales</b>                  | 0           | 1            | 1        | 0                  | 2         | 0         | 0                   | 0             | 2           | 2         | 0          | 0                       | 0                      | 0         | 3         | <b>11</b>  | 16                | -5         |
| <b>West Midlands</b>          | 3           | 0            | 0        | 0                  | 6         | 1         | 0                   | 0             | 1           | 0         | 0          | 0                       | 0                      | 1         | 2         | <b>14</b>  | 25                | -11        |
| <b>Yorkshire &amp; Humber</b> | 0           | 1            | 0        | 2                  | 5         | 0         | 0                   | 0             | 2           | 1         | 1          | 0                       | 1                      | 3         | 1         | <b>17</b>  | 24                | -7         |
| <b>Total</b>                  | <b>4</b>    | <b>13</b>    | <b>4</b> | <b>4</b>           | <b>51</b> | <b>3</b>  | <b>0</b>            | <b>7</b>      | <b>14</b>   | <b>14</b> | <b>6</b>   | <b>0</b>                | <b>5</b>               | <b>8</b>  | <b>32</b> | <b>165</b> | <b>253</b>        | <b>-88</b> |
| Specialty Benchmark           | 0           | 36           | 3        | 6                  | 54        | 14        | 0                   | 7             | 18          | 16        | 31         | 0                       | 3                      | 20        | 44        | <b>253</b> |                   |            |
| Difference                    | 4           | -23          | 1        | -2                 | -3        | -11       | 0                   | 0             | -4          | -2        | -25        | 0                       | 2                      | -12       | -12       | <b>-88</b> |                   |            |

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 28b: Distribution of new Silver Awards in 2011 by Specialty and Region**

|   | Academic GP | Anaesthetics | Dental   | Emergency Medicine | Medicine  | Obs & Gyn | Occupational Health | Ophthalmology | Paediatrics | Pathology | Psychiatry | Public Health Dentistry | Public Health Medicine | Radiology | Surgery   | Total      | Indicative Number | Difference |
|---|-------------|--------------|----------|--------------------|-----------|-----------|---------------------|---------------|-------------|-----------|------------|-------------------------|------------------------|-----------|-----------|------------|-------------------|------------|
| <b>ACCEA DoH</b>  | 0           | 0            | 0        | 0                  | 0         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 1                      | 0         | 0         | <b>2</b>   | 1                 | 1          |
| <b>Cheshire &amp; Mersey</b>  | 0           | 0            | 0        | 0                  | 1         | 1         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 1         | <b>3</b>   | 6                 | -3         |
| <b>East Midlands</b>  | 1           | 0            | 0        | 0                  | 2         | 0         | 0                   | 0             | 0           | 0         | 1          | 0                       | 0                      | 0         | 1         | <b>5</b>   | 9                 | -4         |
| <b>East of England</b>  | 0           | 0            | 0        | 0                  | 3         | 0         | 0                   | 0             | 0           | 0         | 1          | 0                       | 1                      | 1         | 1         | <b>7</b>   | 11                | -4         |
| <b>London North East</b>  | 0           | 0            | 0        | 0                  | 3         | 0         | 0                   | 1             | 3           | 0         | 0          | 0                       | 0                      | 1         | 0         | <b>8</b>   | 11                | -3         |
| <b>London North West</b>  | 0           | 0            | 0        | 0                  | 5         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 0                      | 0         | 0         | <b>6</b>   | 9                 | -3         |
| <b>London South</b>   | 0           | 0            | 0        | 0                  | 2         | 0         | 0                   | 0             | 1           | 1         | 3          | 0                       | 0                      | 0         | 2         | <b>9</b>   | 12                | -3         |
| <b>North East</b>   | 0           | 0            | 1        | 0                  | 1         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 0                      | 0         | 2         | <b>5</b>   | 9                 | -4         |
| <b>North West</b>   | 0           | 0            | 0        | 1                  | 3         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 1         | 3         | <b>8</b>   | 12                | -4         |
| <b>South East</b>   | 0           | 0            | 0        | 0                  | 2         | 0         | 0                   | 1             | 0           | 0         | 0          | 0                       | 0                      | 0         | 1         | <b>4</b>   | 8                 | -4         |
| <b>South</b>  | 0           | 0            | 0        | 0                  | 4         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 1         | <b>5</b>   | 9                 | -4         |
| <b>South West</b>   | 0           | 2            | 0        | 0                  | 2         | 0         | 0                   | 0             | 2           | 0         | 0          | 0                       | 0                      | 0         | 2         | <b>8</b>   | 12                | -4         |
| <b>Wales</b>  | 0           | 0            | 0        | 0                  | 0         | 0         | 0                   | 0             | 1           | 0         | 1          | 0                       | 0                      | 0         | 2         | <b>4</b>   | 5                 | -1         |
| <b>West Midlands</b>  | 1           | 1            | 0        | 0                  | 2         | 0         | 0                   | 0             | 1           | 2         | 0          | 0                       | 0                      | 0         | 2         | <b>9</b>   | 13                | -4         |
| <b>Yorkshire &amp; Humber</b>   | 0           | 0            | 0        | 0                  | 2         | 0         | 0                   | 0             | 0           | 1         | 2          | 0                       | 0                      | 1         | 2         | <b>8</b>   | 12                | -4         |
| <b>Total</b>  | <b>2</b>    | <b>3</b>     | <b>1</b> | <b>1</b>           | <b>32</b> | <b>1</b>  | <b>0</b>            | <b>2</b>      | <b>8</b>    | <b>7</b>  | <b>8</b>   | <b>0</b>                | <b>2</b>               | <b>4</b>  | <b>20</b> | <b>91</b>  | <b>139</b>        | <b>-48</b> |
| Specialty Benchmark   | 1           | 12           | 3        | 2                  | 39        | 7         | 0                   | 3             | 10          | 13        | 11         | 0                       | 3                      | 11        | 22        | <b>139</b> |                   |            |
| Difference  | 1           | -9           | -2       | -1                 | -7        | -6        | 0                   | -1            | -2          | -6        | -3         | 0                       | -1                     | -7        | -2        | <b>-48</b> |                   |            |
| 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 28c: Distribution of new Gold Awards in 2011 by Specialty and Region**

|   | Academic GP | Anaesthetics | Dental   | Emergency Medicine | Medicine  | Obs & Gyn | Occupational Health | Ophthalmology | Paediatrics | Pathology | Psychiatry | Public Health Dentistry | Public Health Medicine | Radiology | Surgery  | Total     | Indicative Number | Difference |
|---|-------------|--------------|----------|--------------------|-----------|-----------|---------------------|---------------|-------------|-----------|------------|-------------------------|------------------------|-----------|----------|-----------|-------------------|------------|
| ACCEA DoH   | 0           | 0            | 0        | 0                  | 0         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 1                      | 0         | 0        | 2         | 1                 | 1          |
| Cheshire & Mersey   | 0           | 1            | 0        | 0                  | 1         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | 2         | 2                 | 0          |
| East Midlands   | 1           | 1            | 0        | 0                  | 1         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | 3         | 2                 | 1          |
| East of England   | 0           | 0            | 0        | 0                  | 1         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | 1         | 3                 | -2         |
| London North East   | 0           | 0            | 0        | 0                  | 0         | 1         | 0                   | 1             | 1           | 0         | 0          | 0                       | 0                      | 0         | 0        | 3         | 3                 | 0          |
| London North West   | 0           | 0            | 0        | 0                  | 1         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 1        | 2         | 2                 | 0          |
| London South  | 0           | 0            | 0        | 0                  | 2         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 1        | 3         | 3                 | 0          |
| North East  | 0           | 0            | 1        | 0                  | 1         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | 2         | 2                 | 0          |
| North West  | 0           | 0            | 0        | 0                  | 2         | 1         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | 3         | 3                 | 0          |
| South East  | 0           | 0            | 0        | 0                  | 1         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | 1         | 1                 | 0          |
| South   | 0           | 0            | 0        | 0                  | 0         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 0                      | 2         | 1        | 4         | 3                 | 1          |
| South West  | 0           | 0            | 0        | 0                  | 0         | 0         | 0                   | 1             | 0           | 0         | 0          | 0                       | 0                      | 0         | 1        | 2         | 3                 | -1         |
| Wales   | 0           | 0            | 0        | 0                  | 2         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | 2         | 2                 | 0          |
| West Midlands   | 0           | 0            | 0        | 0                  | 1         | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 2        | 3         | 3                 | 0          |
| Yorkshire & Humber  | 0           | 0            | 0        | 0                  | 0         | 0         | 0                   | 0             | 0           | 1         | 0          | 0                       | 0                      | 0         | 1        | 2         | 3                 | -1         |
| <b>Total</b>  | <b>1</b>    | <b>2</b>     | <b>1</b> | <b>0</b>           | <b>13</b> | <b>2</b>  | <b>0</b>            | <b>2</b>      | <b>1</b>    | <b>3</b>  | <b>0</b>   | <b>0</b>                | <b>1</b>               | <b>2</b>  | <b>7</b> | <b>35</b> | <b>36</b>         | <b>-1</b>  |
| Specialty Benchmark   | 1           | 3            | 1        | 0                  | 11        | 1         | 0                   | 1             | 3           | 3         | 2          | 0                       | 1                      | 2         | 6        | 36        |                   |            |
| Difference  | 0           | -1           | 0        | 0                  | 2         | 1         | 0                   | 1             | -2          | 0         | -2         | 0                       | 0                      | 0         | 1        | -1        |                   |            |
| 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 28d: Distribution of new Platinum Awards in 2011 by Specialty and Region**

|   | Academic GP | Anaesthetics | Dental   | Emergency Medicine | Medicine | Obs & Gyn | Occupational Health | Ophthalmology | Paediatrics | Pathology | Psychiatry | Public Health Dentistry | Public Health Medicine | Radiology | Surgery  | Total     | Indicative Number | Difference |
|---|-------------|--------------|----------|--------------------|----------|-----------|---------------------|---------------|-------------|-----------|------------|-------------------------|------------------------|-----------|----------|-----------|-------------------|------------|
| <b>ACCEA DoH</b>  | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | <b>0</b>  | 0                 | 0          |
| <b>Cheshire &amp; Mersey</b>  | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 1           | 0         | 0          | 0                       | 0                      | 0         | 1        | <b>2</b>  | 1                 | 1          |
| <b>East Midlands</b>  | 0           | 0            | 0        | 0                  | 1        | 0         | 0                   | 1             | 0           | 1         | 0          | 0                       | 0                      | 0         | 0        | <b>3</b>  | 1                 | 2          |
| <b>East of England</b>  | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 1          | 0                       | 0                      | 0         | 1        | <b>2</b>  | 2                 | 0          |
| <b>London North East</b>  | 0           | 0            | 1        | 0                  | 2        | 0         | 0                   | 0             | 1           | 0         | 0          | 0                       | 0                      | 0         | 1        | <b>5</b>  | 2                 | 3          |
| <b>London North West</b>  | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 1           | 0         | 0          | 0                       | 0                      | 0         | 0        | <b>1</b>  | 2                 | -1         |
| <b>London South</b>   | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 1          | 0                       | 0                      | 0         | 0        | <b>1</b>  | 2                 | -1         |
| <b>North East</b>   | 0           | 0            | 0        | 0                  | 3        | 1         | 0                   | 0             | 1           | 0         | 0          | 0                       | 0                      | 0         | 0        | <b>5</b>  | 2                 | 3          |
| <b>North West</b>   | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 1          | 0                       | 0                      | 0         | 0        | <b>1</b>  | 2                 | -1         |
| <b>South East</b>   | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | <b>0</b>  | 0                 | 0          |
| <b>South</b>  | 0           | 0            | 0        | 0                  | 1        | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 1        | <b>2</b>  | 2                 | 0          |
| <b>South West</b>   | 0           | 1            | 0        | 0                  | 1        | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | <b>2</b>  | 1                 | 1          |
| <b>Wales</b>  | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | <b>0</b>  | 1                 | -1         |
| <b>West Midlands</b>  | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 0         | 0        | <b>0</b>  | 2                 | -2         |
| <b>Yorkshire &amp; Humber</b>   | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 0             | 0           | 0         | 0          | 0                       | 0                      | 1         | 0        | <b>1</b>  | 2                 | -1         |
| <b>Total</b>  | <b>0</b>    | <b>1</b>     | <b>1</b> | <b>0</b>           | <b>8</b> | <b>1</b>  | <b>0</b>            | <b>1</b>      | <b>4</b>    | <b>1</b>  | <b>3</b>   | <b>0</b>                | <b>0</b>               | <b>1</b>  | <b>4</b> | <b>25</b> | <b>22</b>         | <b>3</b>   |
| <b>Specialty Benchmark</b>  | 0           | 1            | 1        | 0                  | 8        | 1         | 0                   | 0             | 1           | 2         | 2          | 0                       | 1                      | 2         | 3        | <b>22</b> |                   |            |
| Difference  | 0           | 0            | 0        | 0                  | 0        | 0         | 0                   | 1             | 3           | -1        | 1          | 0                       | -1                     | -1        | 1        | <b>3</b>  |                   |            |
| 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       |             |              |          |                    |          |           |                     |               |             |           |            |                         |                        |           |          |           |                   |            |



## Appendix II. Comparable Analysis of New Awards with Proposed Awards

1. As discussed previously, the 2011 Awards Round saw fewer new awards being granted. In total, 402 candidates in England made the original quality threshold and were put forward as proposed awards. Of these, 299 were successfully granted awards following the additional filtering stage.<sup>23</sup> Although ACCEA believes that the rigorous mathematical process identified the most deserving candidates, it has, as in the 2010 Annual Report, 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 reduction.<sup>24</sup>

### *Region*

2. Table 29 shows the distribution of the proposed awards by region.

**Table 29: 2011 Proposed Awards by Region**

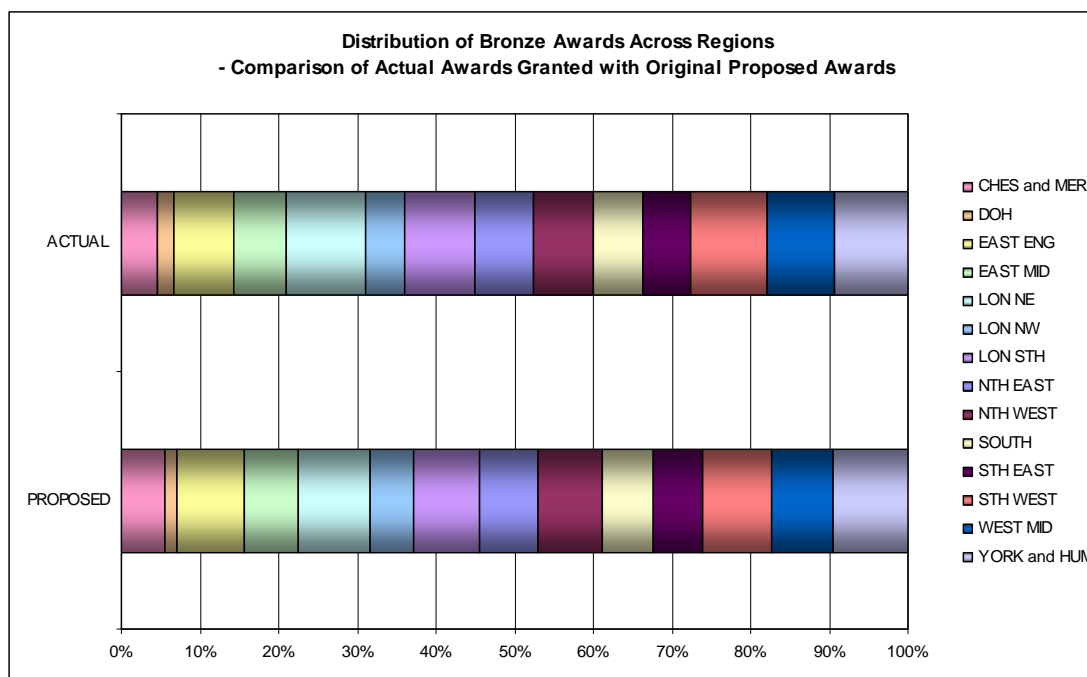
| REGION       | Bronze     | Silver     | Gold      | Platinum  | Total      |
|--------------|------------|------------|-----------|-----------|------------|
| CHES and MER | 12         | 6          | 2         | 2         | 22         |
| DOH          | 2          | 2          | 2         | 0         | 6          |
| EAST ENG     | 21         | 11         | 1         | 2         | 35         |
| EAST MID     | 13         | 8          | 3         | 3         | 27         |
| LON NE       | 17         | 12         | 3         | 5         | 37         |
| LON NW       | 9          | 10         | 2         | 1         | 22         |
| LON STH      | 17         | 13         | 3         | 1         | 34         |
| NTH EAST     | 14         | 9          | 2         | 5         | 30         |
| NTH WEST     | 16         | 13         | 3         | 1         | 33         |
| SOUTH        | 15         | 9          | 0         | 2         | 26         |
| STH EAST     | 14         | 6          | 5         | 0         | 25         |
| STH WEST     | 21         | 10         | 2         | 2         | 35         |
| WEST MID     | 15         | 14         | 3         | 0         | 32         |
| YORK and HUM | 23         | 12         | 2         | 1         | 38         |
| <b>Total</b> | <b>209</b> | <b>135</b> | <b>33</b> | <b>25</b> | <b>402</b> |

3. ACCEA has analysed the distribution of all the proposed awards across the regions against the distribution of actual awards shown in Table 2 in page 7. This found that for the majority of the regional committees their proportion of awards varied by less than +/- 1% between the proposed and actual award numbers. This distribution is shown in Figure 18.

<sup>23</sup> Please see paragraphs 1.1-1.6.

<sup>24</sup> Welsh consultants are not included in the following analysis to ensure a true analysis with the data shown in the 2011 actual awards analysis.

**Figure 18: Comparison of Actual Awards and Proposed Awards – Regional Distribution**



*Specialty*

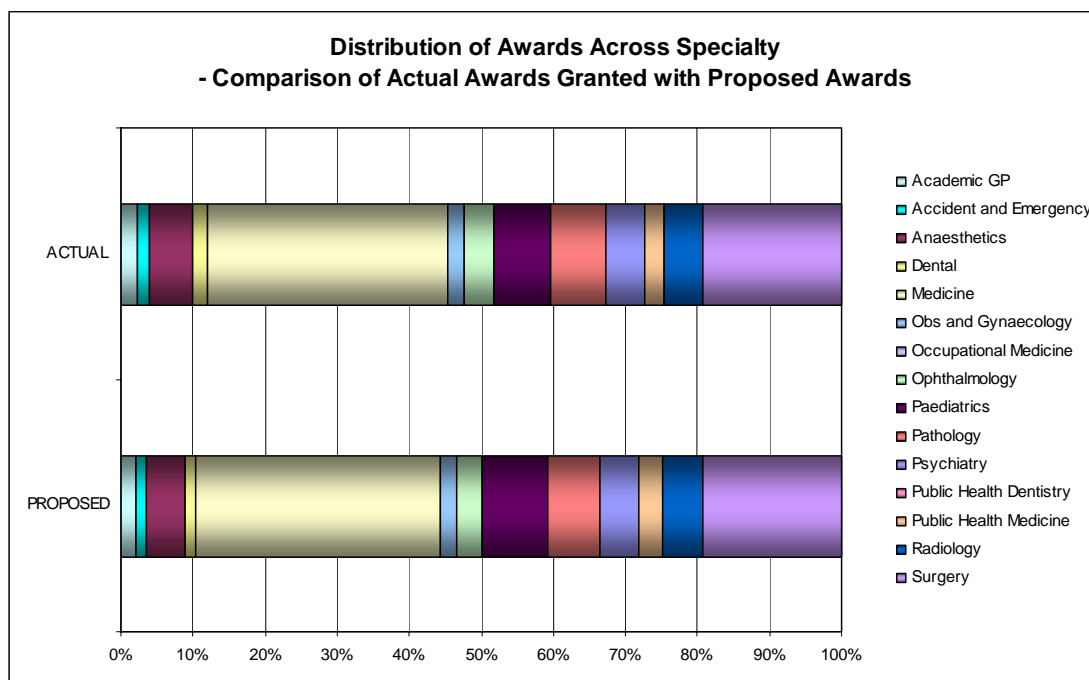
4. Table 30 shows the distribution of the proposed awards by specialty.

**Table 30: 2011 Proposed Awards by Specialty**

| Specialty               | Bronze     | Silver     | Gold      | Platinum  | Total      |
|-------------------------|------------|------------|-----------|-----------|------------|
| Academic GP             | 4          | 3          | 1         | 0         | 8          |
| Accident and Emergency  | 5          | 1          | 0         | 0         | 6          |
| Anaesthetics            | 14         | 5          | 2         | 1         | 22         |
| Dental                  | 3          | 1          | 1         | 1         | 6          |
| Medicine                | 63         | 54         | 11        | 8         | 136        |
| Obs and Gynaecology     | 3          | 3          | 2         | 1         | 9          |
| Occupational Medicine   | 0          | 0          | 0         | 0         | 0          |
| Ophthalmology           | 9          | 2          | 2         | 1         | 14         |
| Paediatrics             | 22         | 10         | 1         | 4         | 37         |
| Pathology               | 16         | 9          | 3         | 1         | 29         |
| Psychiatry              | 8          | 11         | 0         | 3         | 22         |
| Public Health Dentistry | 0          | 0          | 0         | 0         | 0          |
| Public Health Medicine  | 8          | 4          | 1         | 0         | 13         |
| Radiology               | 13         | 7          | 2         | 1         | 23         |
| Surgery                 | 41         | 25         | 7         | 4         | 77         |
| <b>Total</b>            | <b>209</b> | <b>135</b> | <b>33</b> | <b>25</b> | <b>402</b> |

5. ACCEA has analysed the distribution of all the proposed awards across the specialties against the distribution of actual awards shown in Table 3 on page 8. This found that across all specialties their proportion of awards varied from -1.18% and +0.53%. ACCEA believes that the small number of awards represented by this variance is not statistically significant. This distribution is shown in Figure 19.

**Figure 19: Comparison of Actual Awards and Proposed Awards – Specialty Distribution**

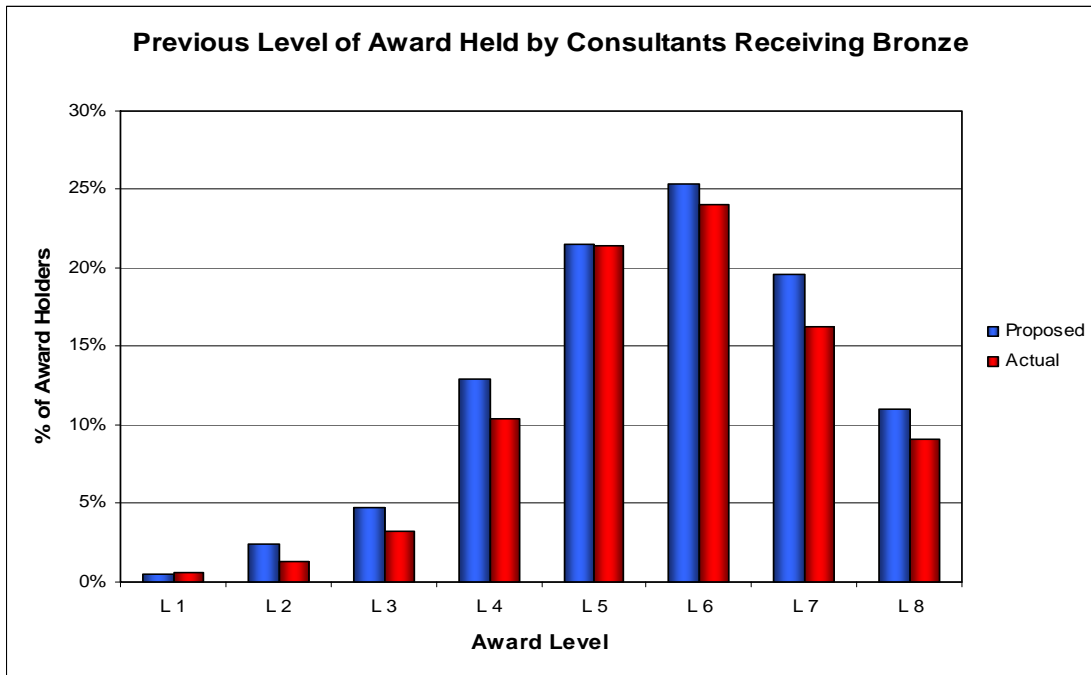


*Level*

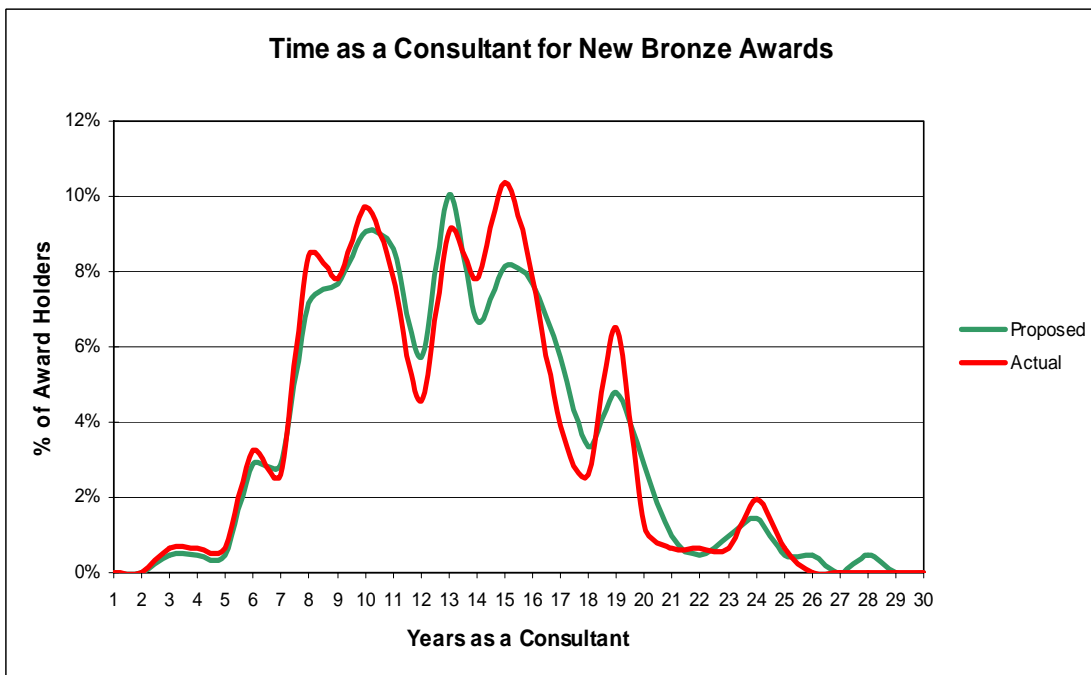
6. Figure 20a shows the previous levels of CEAs held by consultants who actually received Bronze awards against the proposed awards list. Figure 20b shows these consultants by their time as a consultant. Figure 20c shows the interval between awards for consultants progressing to Silver awards, again showing consultants who actually received awards against the proposed list of awards. Gold and Platinum awards are not shown as there was no variance between the proposed and the actual awards.

7. These graphs indicate that, despite some minor variances in the *Time as a Consultant* profile at Bronze level (Figure 20b), the actual awards granted mirror the analysis of the proposed awards.

**Figure 20a: Comparison of Actual Awards and Proposed Awards – Previous Level of Award Held by New Bronze Awards**

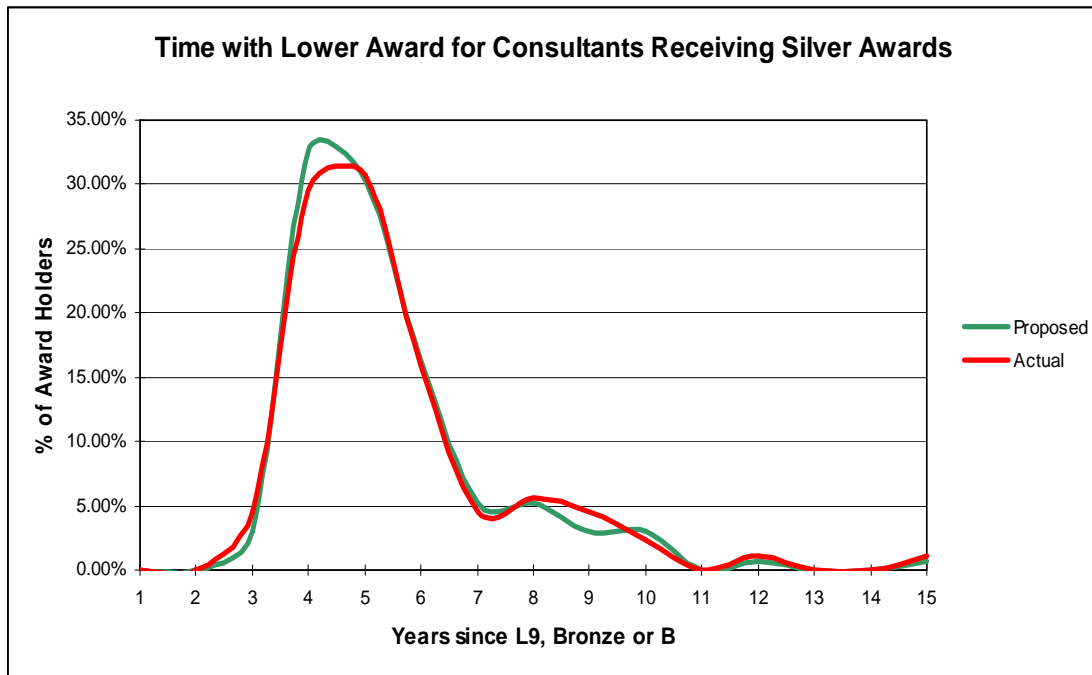


**Figure 20b: Comparison of Actual Awards and Proposed Awards – Time as a Consultant for New Bronze Awards**





**Figure 20c: Comparison of Actual Awards and Proposed Awards – Time With Previous Award for New Silver Awards**



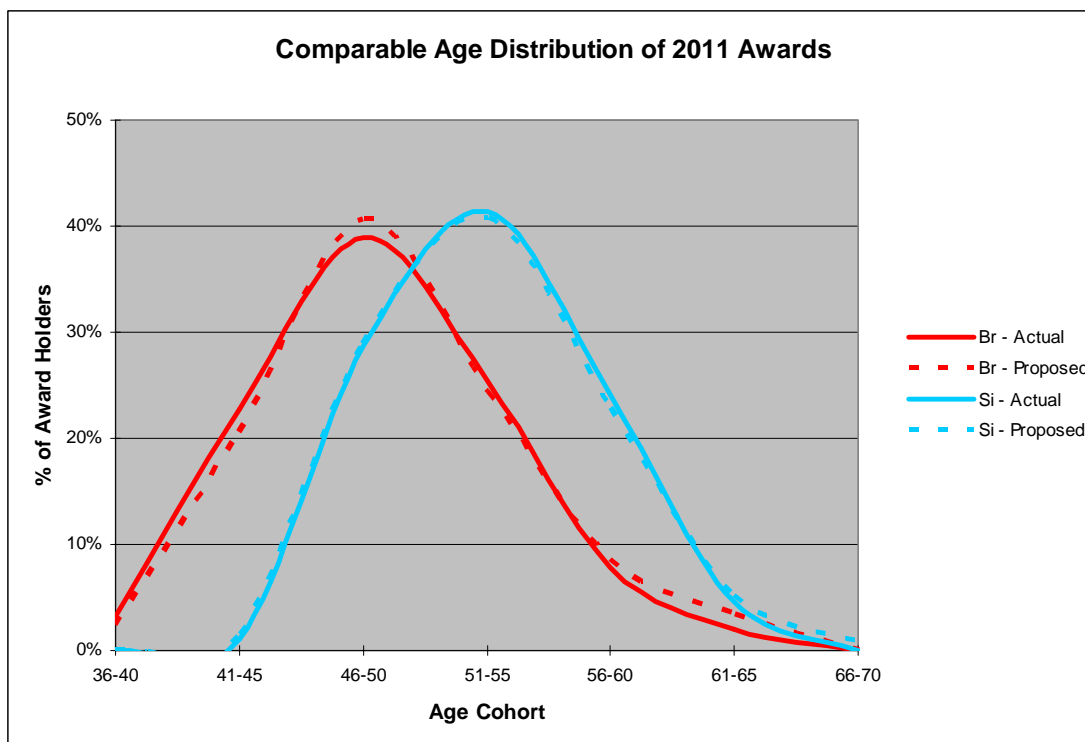
**Age**

8. An analysis of the mean age of the proposed awardees and those of the actual awards granted is shown in Table 31. Figure 21 shows the age distribution of the proposed and actual awardees in five-yearly cohorts. These indicate the age distribution of the actual awards mirror the age distribution of the proposed awards, with only a very minor variance (the equivalent of four months) seen in the mean age of new Bronze awards.

**Table 31: 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 | 48.98   | 52.96  | 55.55 | 56.41    |
| Actual   | 48.65   | 52.96  | 55.55 | 56.41    |

**Figure 21: Comparison of Actual Awards and Proposed Awards – Age Distribution of Awardees**



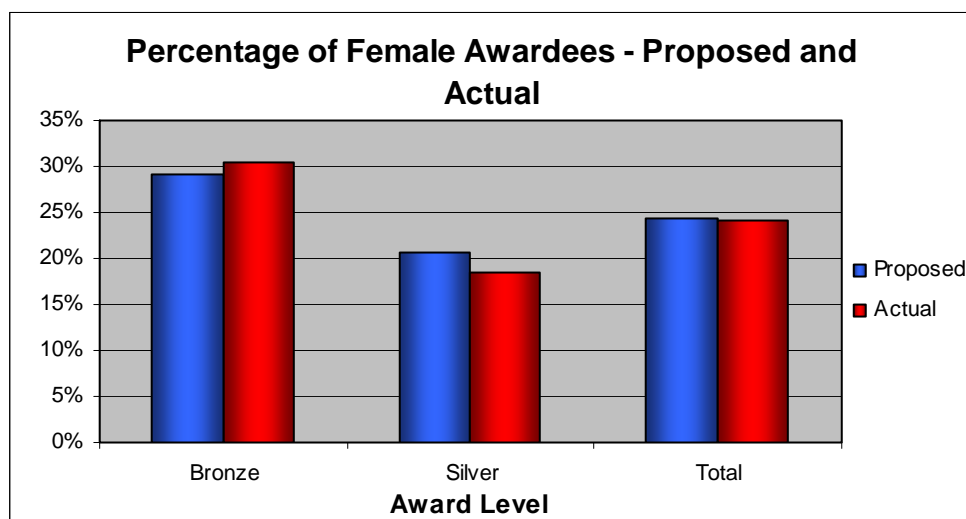
### Gender

9. The distribution of awards among women in the proposed and actual awards lists is shown in Table 32. Figure 22 shows the percentage of proposed female awardees against the actual awards granted at Bronze, Silver and all levels. These indicate that the overall reduction in award numbers has slightly reduced the proportion of women granted a new Silver award by 1.6%. This contrasts with a slight increase in the proportion of women receiving Bronze awards by 1.8%. However, given the small number of awards involved, ACCEA does not consider them statistically significant. Overall, the proportion of women being awarded is in line with the proposed awards.

**Table 32: Comparison of Actual Awards and Proposed Awards – Number of Women Receiving Awards**

|                                | Proposed        | Actual      |
|--------------------------------|-----------------|-------------|
| Total no. of applicants        | 1908            |             |
| Total no. of female applicants | 358<br>(18.76%) |             |
| Total no. of new awards        | 402             | 299         |
| No. of new awards to women     | 98<br>24.4%     | 72<br>24.1% |

**Figure 22: Comparison of Actual Awards and Proposed Awards – Percentage of Female Awardees**



10. Table 33 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 33: Comparison of Actual Awards and Proposed Awards – New Awards by Gender**

|        |        | Proposed awards  |                         |                             | Actual awards    |                         |                             |
|--------|--------|------------------|-------------------------|-----------------------------|------------------|-------------------------|-----------------------------|
|        |        | Number of awards | % applicants succeeding | % of consultants succeeding | Number of awards | % applicants succeeding | % of consultants succeeding |
| Bronze | All    | 209              | 24.2%                   | 0.6%                        | 154              | 17.8%                   | 0.5%                        |
|        | Male   | 148              | 22.5%                   | 0.7%                        | 107              | 16.2%                   | 0.5%                        |
|        | Female | 61               | 29.6%                   | 0.6%                        | 47               | 22.8%                   | 0.4%                        |
| Silver | All    | 135              | 18.0%                   | 4.0%                        | 87               | 11.6%                   | 2.6%                        |
|        | Male   | 107              | 16.7%                   | 3.8%                        | 71               | 11.1%                   | 2.5%                        |
|        | Female | 28               | 25.5%                   | 4.6%                        | 16               | 14.5%                   | 2.7%                        |

**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*

11. The distribution of awards among BME groups in the proposed and actual awards, is shown in Table 34. These figures are broken down by award level in Table 35.

**Table 34: Comparison of Actual Awards and Proposed Awards – Number of BME Awardees**

|  | Proposed     | Actual |
|--|--------------|--------|
| Total no. of applicants                                  | 1903         |        |
| Total no. of BME applicants (% of total applicants)      | 255<br>13.4% |        |
| Total no. of new awards                                  | 402          | 299    |
| No. of new awards to BME consultants (% of total awards) | 55           | 42     |
| No. of new awards to BME consultants (% of total awards) | 13.7%        | 14.0%  |

**Table 35: Comparison of Actual Awards and Proposed Awards – New Awards by Ethnicity**

|        | Ethnicity  | Proposed Awards | %     | Actual Awards | %     |
|--------|------------|-----------------|-------|---------------|-------|
| Bronze | Not stated | 1               | 0.5%  | 0             | 0.0%  |
|        | BME        | 32              | 15.3% | 25            | 16.2% |
|        | White      | 176             | 84.2% | 129           | 83.8% |
| Silver | Not stated | 6               | 4.4%  | 6             | 6.9%  |
|        | BME        | 17              | 12.6% | 11            | 12.6% |
|        | White      | 112             | 83.0% | 70            | 80.5% |

12. The analysis indicates that, overall, BME consultants account for a very slightly higher proportion of the actual award holders when compared with the proposed awards, however, as with the variations seen in analysing region, specialty and gender, the variances are not statistically significant within the small sample size.

#### *Conclusion*

13. Through this basic analysis ACCEA has assured itself that, despite some minor variances, the diversity of the actual awards granted in 2011 is comparable with what was originally proposed. We can therefore conclude that the diversity of the awards was not negatively affected by the reduction in overall award numbers.

## Appendix III. An Analysis of Renewal Scoring

### Introduction

1. The new scoring process for renewal applications has allowed ACCEA to compare the renewal scores in each sub-committee region with each other and with the scores obtained by new applications at the same or similar levels. By taking the renewal score as a percentage of the score of the lowest indicative number for a new award it has been possible to make comparisons across the majority of the sub-committees
2. Although the scores give a direct comparison with the scores required to achieve a new award at a comparative level, they obviously cannot reflect the standard required for a new award at the time the award was originally made, nor reflect the differences between the old Distinction Awards Scheme and the current Clinical Excellence Award Scheme. As an example, broadly speaking, a B award is equivalent to a Bronze award, although it should be noted that the financial value of the equivalent levels of the two schemes does vary somewhat.
3. In the guidance to award holders ACCEA advised that: “an application for renewal will be considered in the light of the standard of application for new awards at the relevant level as well as previous contributions of the award holder which led to the making of the original award.”<sup>25</sup>

### *The Analysis Process*

4. In each award year, ACCEA provides the regional subcommittees with an indication of the number of awards it hopes to grant at each award level. These are known as the indicative numbers. The indicative numbers for 2011 are shown at Table 18. The score of the lowest ranked applicant within the indicative numbers can be taken as the minimum score required to achieve an award in each region.
5. In total, 654 renewal applications were submitted to ACCEA in the 2011 Awards Round. To ensure a robust analysis, scores for the seven applications reviewed by the DH committee (four Bronze, two B and one Silver) have not been included as the small numbers of applications produced distorted data. The remaining 647 applications are broken down by award level, and in comparative levels, in Table 36.

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<sup>25</sup> NHS Consultants' Clinical Excellence Awards Scheme, 2011 Awards Round, Guide for Award Holders, pg. 12'

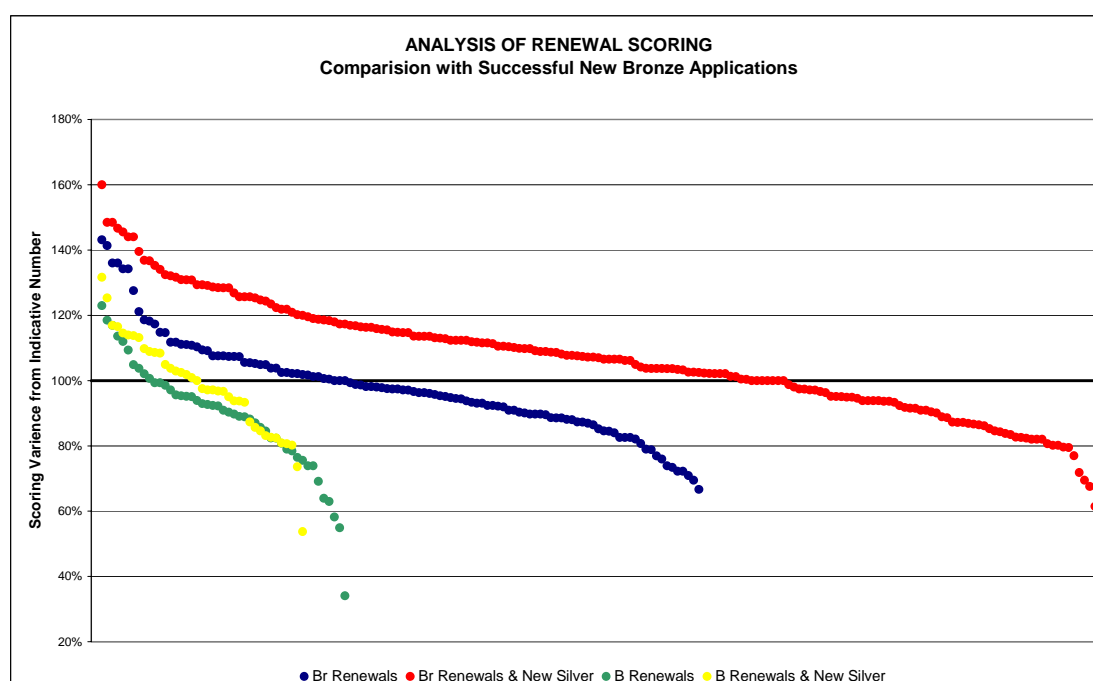
**Table 36: Breakdown of renewal applications by award level and comparative group**

|          | Total No. of Renewals | Total Renewals in Comparative Group |
|----------|-----------------------|-------------------------------------|
| Bronze   | 303                   | 389                                 |
| B        | 86                    |                                     |
| Silver   | 124                   | 124                                 |
| Gold     | 28                    | 92                                  |
| A        | 64                    |                                     |
| Platinum | 19                    | 42                                  |
| A+       | 23                    |                                     |

6. ACCEA has analysed the scores of the renewal applications in each comparable level as a per cent of the minimum score required in each regional subcommittee to be within the indicative numbers for that region. ACCEA has identified those renewal applications who also submitted at the same time their application for progression to a new higher award in order to see whether this revealed any differences in scores, which might simply reflect the quality of the application or in some cases reflect less attention being given to renewal applications.

7. The variance of scoring from the minimum indicative number in the four comparative groups at each level (i.e. Bronze renewal, Bronze renewal with new silver application, B renewal, and B renewal with new silver application) are shown in Figure 23a-c. Table 37a-c show the overall percentage of renewal applications that scored within the indicative number. It should be noted that an analysis of the Platinum/A+ renewal group is not included in this paper as the limited number of new awards used to calculate the base score in each regional subcommittee at this level produced a distorted statistical analysis.

**Figure 23a: Comparison of Bronze and B renewals scores with minimum scores of successful new Bronze applications**



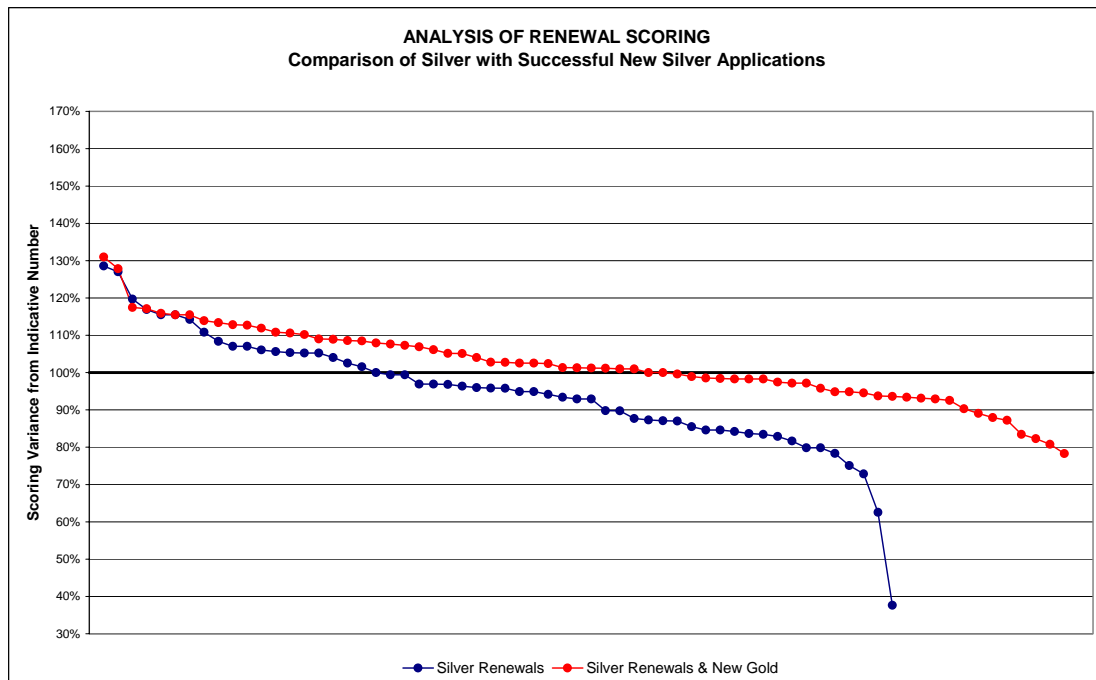
**Table 37a: Number of Bronze and B Renewals Meeting Minimum Scores of Successful New Bronze Applications**

|                           | Bronze Renewals | Bronze Renewals & New Silver | B Renewals | B Renewals & New Silver |       |
|---------------------------|-----------------|------------------------------|------------|-------------------------|-------|
| Total No. of Applications | 114             | 189                          | 47         | 39                      | 389   |
| No. meeting minimum score | 47              | 130                          | 10         | 19                      | 206   |
| %                         | 41.2%           | 68.8%                        | 21.3%      | 48.7%                   | 53.0% |

8. Figure 23a clearly indicates that the highest scoring renewals, i.e. those with a variance greater than 100 per cent, were in both groups of Bronze renewals. The graph also shows that the lowest scoring renewals were B renewals. The data also indicates that at both award levels, those renewal applications also submitted for progression to a silver award achieve higher scores than those applications for renewal only.

9. Of the 389 Bronze and B renewal applications considered, 53% met the minimum scoring. However, this average masked significant variation. The standard of applications for Bronze renewals also applying for progression was significantly higher with almost 70% meeting the minimum score, while only 21.3% of the B renewals met the minimum score.

**Figure 23b: Comparison of Silver Renewals Scores with Minimum Scores of Successful New Silver Applications**

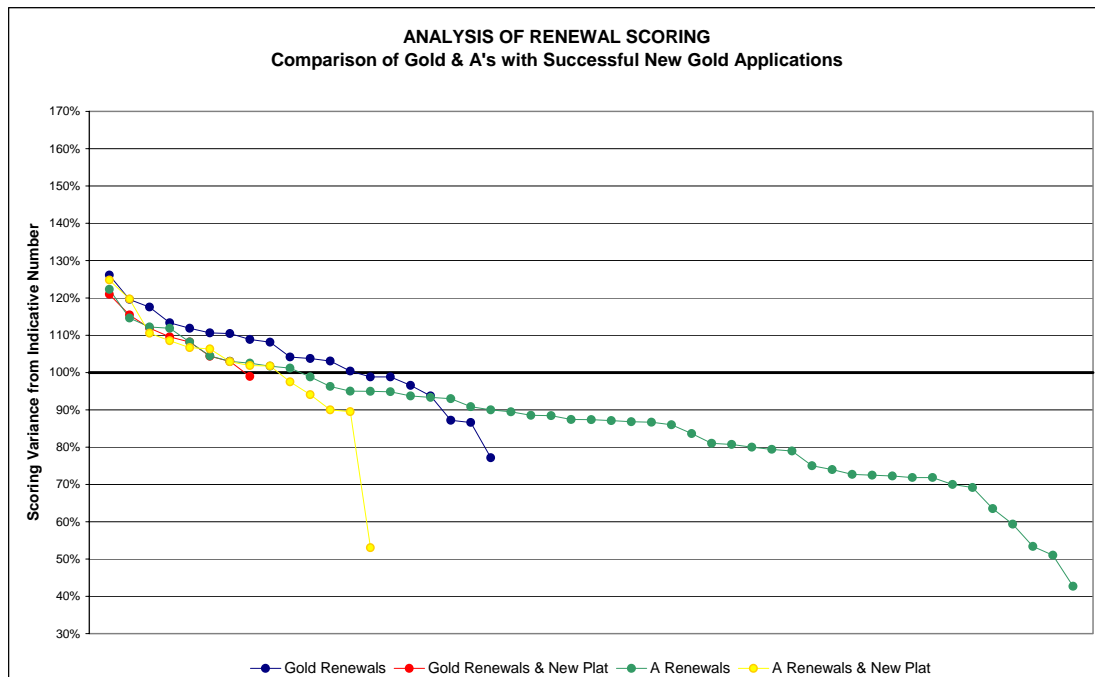


**Table 37b: Number of Silver Renewals Meeting Minimum Scores of Successful New Silver Applications**

|                           | Silver Renewals | Silver Renewals & New Gold |       |
|---------------------------|-----------------|----------------------------|-------|
| Total No. of Applications | 56              | 68                         | 124   |
| No. meeting minimum score | 20              | 40                         | 60    |
| %                         | 35.7%           | 58.8%                      | 48.4% |

10. As Silver awards have no comparable Distinction Award, we cannot make a comparison at this level; however, the pattern of higher scores for renewal applications that were also submitted for progression to gold is apparent. Although Table 37b indicates that among the higher scoring applications there is little distinction between the two groups (those applying for renewal and progression, and renewals only), it does show that overall the standard of those also applying for progression was higher, with almost 59% meeting the minimum score, while 35.7% of the renewals only group achieved the minimum score.

**Figure 23c: Comparison of Gold and A Renewals Scores with Minimum Scores of Successful New Gold Applications**





**Table 37c: Number of Gold and A Renewals Meeting Minimum Scores of Successful New Gold Applications**

|                           | Gold Renewals | Gold Renewals & New Plat | A Renewals | A Renewals & New Plat |       |
|---------------------------|---------------|--------------------------|------------|-----------------------|-------|
| Total No. of Applications | 20            | 8                        | 49         | 14                    | 91    |
| No. meeting minimum score | 13            | 7                        | 10         | 9                     | 39    |
| %                         | 65.0%         | 87.5%                    | 20.4%      | 64.3%                 | 42.9% |

11. Figure 23c indicates that patterns within the Gold/A group are less defined, particularly among the higher scoring applications. However, Table 37c does show that overall a higher percentage of Gold applicants meet the minimum score in comparison to the A groups - in particular only 20.4% of A renewals met the minimum score. At both award levels those renewal applications also submitted for progression to a Platinum award achieve higher scores than those applications for renewal only. However, the smaller numbers of applications within this comparable group does make the statistical analysis less robust than at the other levels.

12. The data collected on the scoring of renewal applications in the 2011 Annual Round indicates that those applications also being considered for progression to a new higher award are of a higher standard than exhibited by those applying for renewal only. This is particularly marked at the lower award levels. It is likely that this is due to an element of self selection, whereby the best renewal applicants are also attempting to progress to a higher level of new award, but there may also be an element which reflects less attention being given to renewal applications if not accompanied by a new application.

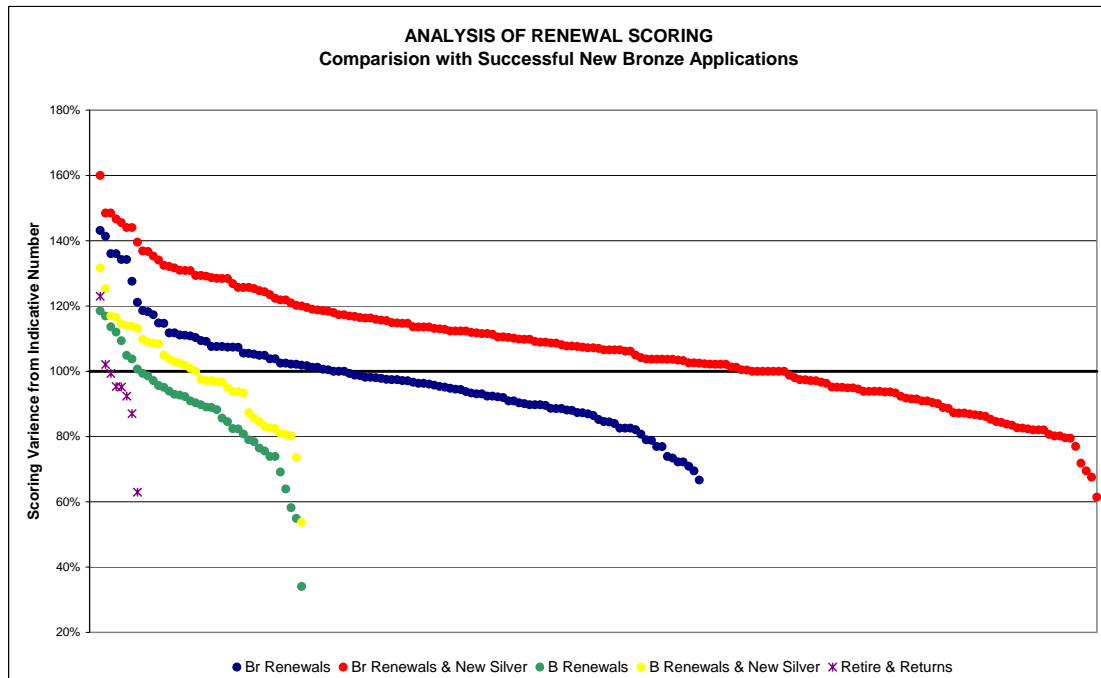
13. The initial analysis also suggests that Bronze and Gold renewals appear to be more successful than the equivalent Distinction Award level renewals. This may be due to the changes in application criteria from when the Distinction Award was originally awarded; however, it may suggest that a number of award holders within this group are no longer working to the standard required.

#### *Analysis of Retire and Return Renewals*

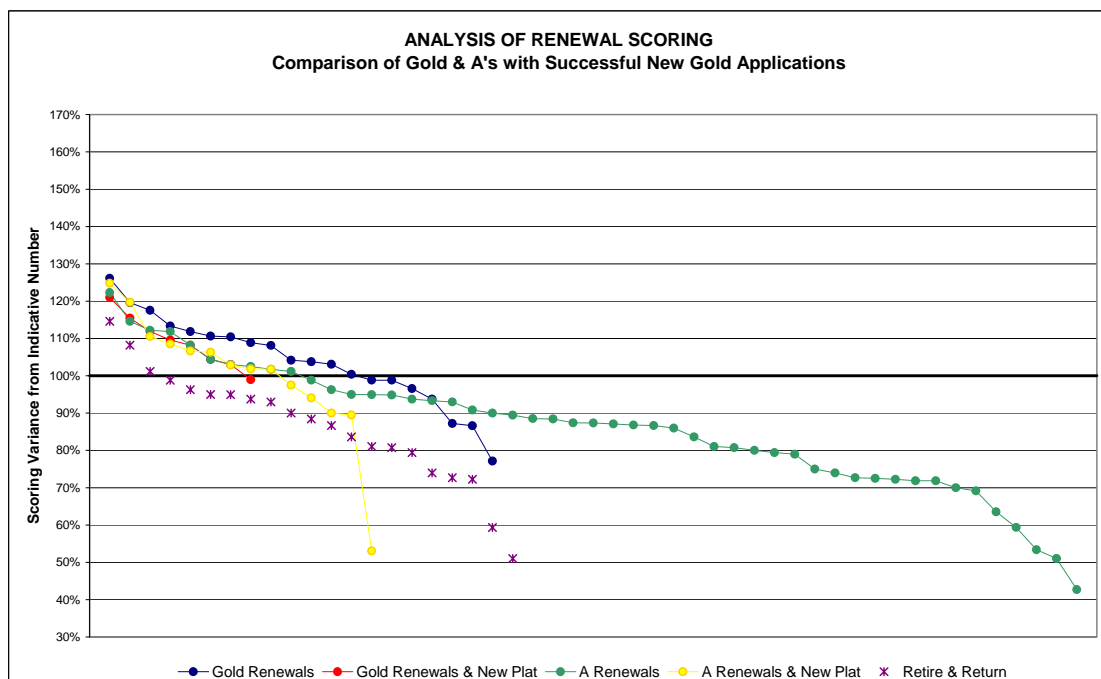
14. Within the analysed sample, 29 renewal applications were annual retire and return (R&R) renewals. During the 2011 Awards Round new processes for considering new R&R applications were introduced to improve the probity of these awards. ACCEA has undertaken a simple analysis of the existing R&R renewals, many of which would have been granted before the new processes were introduced, to better understand how R&Rs compare with other renewals.

15. Figure 24a and b show the variance in scoring in the R&R renewals from the minimum indicative number at their corresponding CEA award level, and against the scores of the other comparative groups.

**Figure 24a: Comparison of Bronze and B renewals scores with minimum scores of successful new Bronze applications – with Retire and Return B applications**



**Figure 24b: Comparison of Gold and A renewals scores with minimum scores of successful new Gold applications – with Retire and Return A applications**



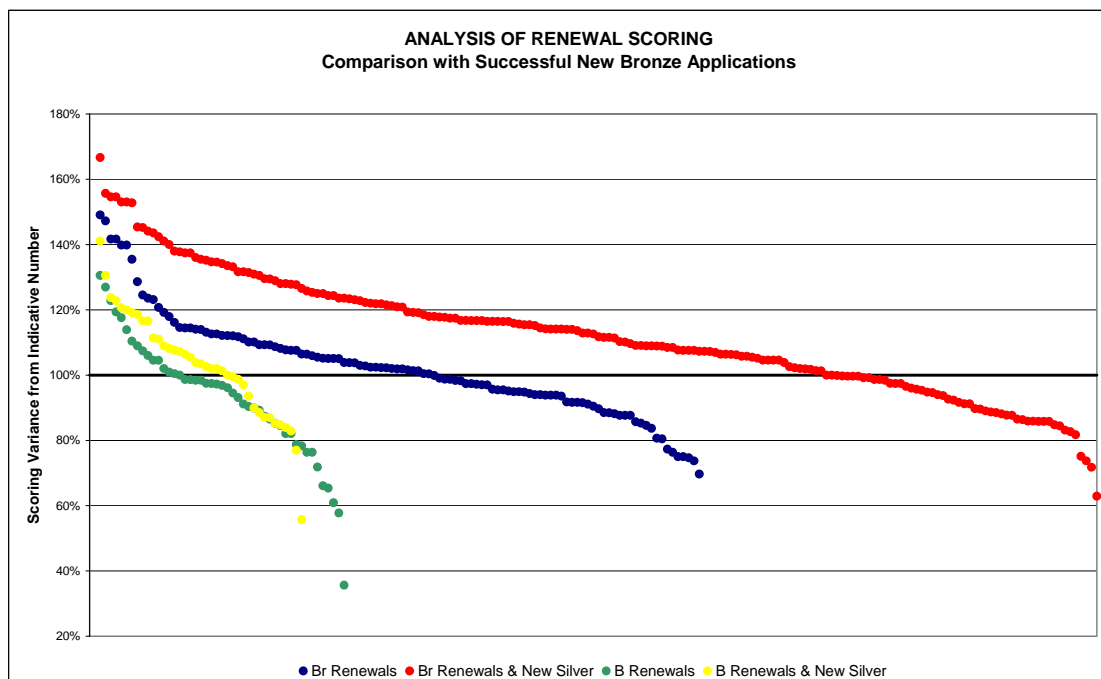
16. At B level there were eight R&R renewals, 25% of which were above the indicative baseline. This compares to 21.3% overall at B renewal only

level (see Table 37a). At A level there were 21 R&R renewals, 14.3% of which were above the baseline, compared to 20.4% overall at A renewal only level (see Table 37c). The small numbers available for analysis does weaken any statistical conclusions, however the findings in the larger group, i.e. at A level, does suggest the R&Rs were of a lower standard than the average at that level.

*Comparative analysis with 2007*

17. For the 2011 Awards Round, ACCEA calculated the indicative number against the numbers of applicants in the 2010 Round who reached the quality threshold at each level<sup>26</sup> and on the consultant base in each sub-committee region. This resulted in a lower total indicative number than in award years prior to 2010. ACCEA has therefore conducted an analysis of Bronze renewal scores in 2011 against the indicative numbers of 2007, the year when either the original Bronze award was granted or the renewal was last considered.<sup>27</sup> The results of this analysis are shown in Figure 25 and Table 38.

**Figure 25: Comparison of Bronze and B renewals scores with minimum scores of successful new Bronze applications – 2007 indicative numbers**



<sup>26</sup> Please see the 2010 Annual Report for more information on the quality threshold

<sup>27</sup> For reference, the Bronze and B group was selected as the largest comparative group of renewals

**Table 38: Number of Bronze and B Renewals meeting minimum scores of successful new Bronze applications – 2007 indicative numbers**

| 2007                      | Bronze Renewals | Bronze Renewals & New Silver | B Renewals | B Renewals & New Silver |       |
|---------------------------|-----------------|------------------------------|------------|-------------------------|-------|
| Total No. of Applications | 114             | 189                          | 47         | 39                      | 389   |
| No. meeting minimum score | 63              | 139                          | 16         | 25                      | 243   |
| %                         | 55.3%           | 73.5%                        | 34.0%      | 64.1%                   | 62.5% |

18. These indicate that, while the overall patterns of scores remain consistent, using the 2007 indicative numbers would have increased the numbers of renewal applications meeting the minimum score by almost 10%. This equates to 37 additional renewal applications. The rate of the B renewals increased significantly in percentage terms (by 12.8 and 15.4 for each cohort); however, given the small number of applications in the B groups, this represents only 12 additional renewals.

*Consideration of renewal scores*

19. As outlined above, the scoring of the renewals has allowed ACCEA to identify with more consistency the renewal applicants who;

- are working over and above, i.e. scored equal to, or above, the score set by the lowest ranked new award at the same level in the sub-committee;
- are no longer achieving excellence, i.e., scored below 18 points - the score set by ACCEA as the minimum required to show 'over and above' expectations in some areas; or
- require further discussion by sub-committees, i.e. those renewal applications that fell below the score set by the lowest ranked new award at the same level, and above 18 points.

20. Table 39 shows the distribution of all analysed award levels against these three categories.<sup>28</sup> Overall, 51% of renewals met the minimum score, 1% scored less than 18 points, and 48% required further discussion.

**Table 39: Distribution of Renewal Applications Following Scoring**

|                 | Total number of renewals | Number meeting minimum score | % of all applications | Number in discussion group | % of all applications | Number with less than 18 pt | % of all applications |
|-----------------|--------------------------|------------------------------|-----------------------|----------------------------|-----------------------|-----------------------------|-----------------------|
| <b>Bronze/B</b> | 389                      | <b>206</b>                   | 52.96%                | <b>178</b>                 | 45.76%                | <b>5</b>                    | 1.29%                 |
| <b>Silver</b>   | 124                      | <b>60</b>                    | 48.39%                | <b>63</b>                  | 50.81%                | <b>1</b>                    | 0.81%                 |
| <b>Gold/A</b>   | 91                       | <b>39</b>                    | 42.86%                | <b>51</b>                  | 56.04%                | <b>1</b>                    | 1.10%                 |

21. Under current ACCEA business rules for renewals, consultants in the fourth year of their award (i.e. one year before it is due to expire) should

<sup>28</sup> Results of the Platinum and DH committees are not included in the analysis.

submit a renewal application. If they fail to provide adequate evidence to justify the renewal of their award for a further five years, they have a further opportunity to submit an application form in the next Round. Awards will not be renewed where award holders have failed to produce adequate evidence to justify the continuation of their award and are in the fifth year of their award, either because they failed to submit a renewal application in the fourth year and their fifth year submission was inadequate, or because their resubmission in the fifth year was again inadequate. Distinction Award holders who have had their awards reinstated following a return to work after retirement are subject to annual renewals and are not entitled to a second opportunity to renew.

22. Table 40 and Table 41 overleaf shows the recommended final status of the seven renewals identified with less than 18 points, and the recommended final status of the 292 renewals from the analysis group identified for further discussion by the sub-committees.<sup>29 30 31</sup>

**Table 40: Final Status of Renewals with <18 Points**

|                 | Total number with less than 18 pts | Recommended Final Status              |                    |                              |
|-----------------|------------------------------------|---------------------------------------|--------------------|------------------------------|
|                 |                                    | Entitled to one further year to renew | Awards not renewed | Retire & Returns not renewed |
| <b>Bronze/B</b> | 5                                  | 2                                     | 3                  | -                            |
| <b>Silver</b>   | 1                                  | 1                                     | -                  | -                            |
| <b>Gold/A</b>   | 1                                  | -                                     | -                  | 1                            |

**Table 41: Final Status of Renewals in Discussion Group**

| Award level     | Total number in discussion group | Adequate evidence for 5 year renewal | Inadequate evidence for 5 year renewal |                    |                              |
|-----------------|----------------------------------|--------------------------------------|--|--------------------|------------------------------|
|                 |                                  |                                      | Entitled to one further year to renew  | Awards not renewed | Retire & Returns not renewed |
| <b>Bronze/B</b> | 178                              | 138                                  | 35                                     | 2                  | 3                            |
| <b>Silver</b>   | 63                               | 56                                   | 7                                      | -                  | -                            |
| <b>Gold/A</b>   | 51                               | 37                                   | 4                                      | 1                  | 9                            |
| <b>ALL</b>      | <b>292</b>                       | 231                                  | 46                                     | 3                  | 12                           |

### *Analysis of inadequate renewals*

23. The secretariat has undertaken some analysis of those applications identified, either by scoring less than 18 points or following discussion in the sub-committee, as providing inadequate evidence to justify a renewal. Table 42 shows the inadequate Bronze/B renewals by the four comparative groups (i.e. Bronze renewal, Bronze renewal with new silver application, B renewal,

<sup>29</sup> The figures shown in Table 40 and Table 41 capture only inadequate renewals, it does not show awards not renewed due to non-submission.

<sup>30</sup> The figures shown in Table 40 and Table 41 do not include analysis of A+, Platinum or DH renewals.

<sup>31</sup> As this analysis paper was produced for the main ACCEA meeting, the figures will not reflect the final decisions taken by the ACCEA on the final status of renewal application.

and B renewal with new silver application) as a percentage of all applications within the group.<sup>32</sup>

**Table 42: Number of Bronze Renewals Providing Inadequate Evidence**

|                                | Bronze Renewals | Bronze Renewals & New Silver | B Renewals | B Renewals & New Silver | All    |
|--------------------------------|-----------------|------------------------------|------------|-------------------------|--------|
| Total No. of Applications      | 114             | 189                          | 47         | 39                      | 389    |
| No. of Inadequate Applications | 13              | 10                           | 17         | 5                       | 45     |
| %                              | 11.40%          | 5.29%                        | 36.17%     | 12.82%                  | 11.57% |

24. Overall, over 11 per cent of the renewal applications at Bronze/B level were deemed inadequate. The patterns across the comparative groups mirror those discussed in paragraphs 8-9, where those applications also being considered for progression to a new higher award appear to be of a higher standard than exhibited by those applying for renewal only, and also suggest that CEA renewals are more successful than the equivalent DA level renewals.

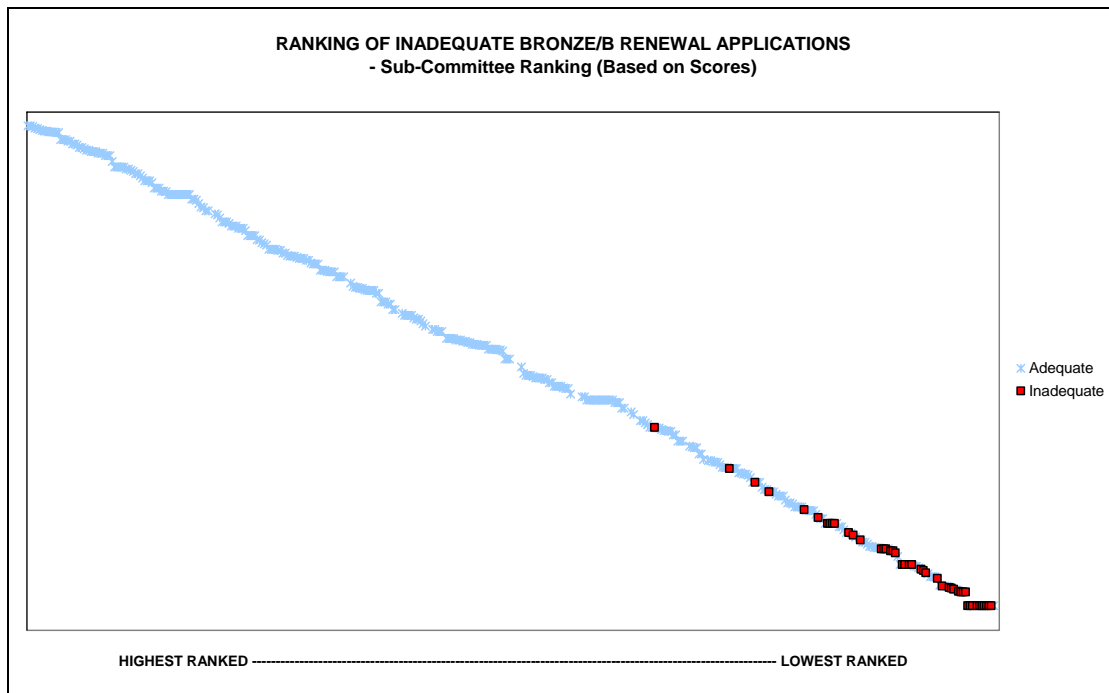
25. ACCEA has compared the scores of these inadequate applications against the standards shown in 2007. This analysis used the scores of the inadequate renewals and compared these with the indicative baseline in 2007 and 2011. As for the 2011 scores, the indicative baseline for 2007 has been set using the score of the lowest ranked application within the indicative numbers for that region. Unfortunately, not all scores for 2007 were available and the analysis was therefore limited to only 12 of the 45 inadequate renewals identified at Bronze/B level.

26. Within this sample group, only one of the renewals was scored above the baseline in 2007: the remaining applications would have been considered within the discussion group. Of the remaining 11 renewals, eight showed little or no variance from the 2007 baseline to 2011 baseline, suggesting, for this small sample group, a relatively stable comparable score within these committees over this period.

27. Figure 26 shows the sub-committee ranking of all renewals at Bronze/B level in 2011, based on the scoring results, and identifies all those that have been considered as inadequate either as a result of scoring less than 18 or after further discussion with the sub-committee.

<sup>32</sup> The Bronze/B group has again been selected for analysis as the largest comparative group of renewals

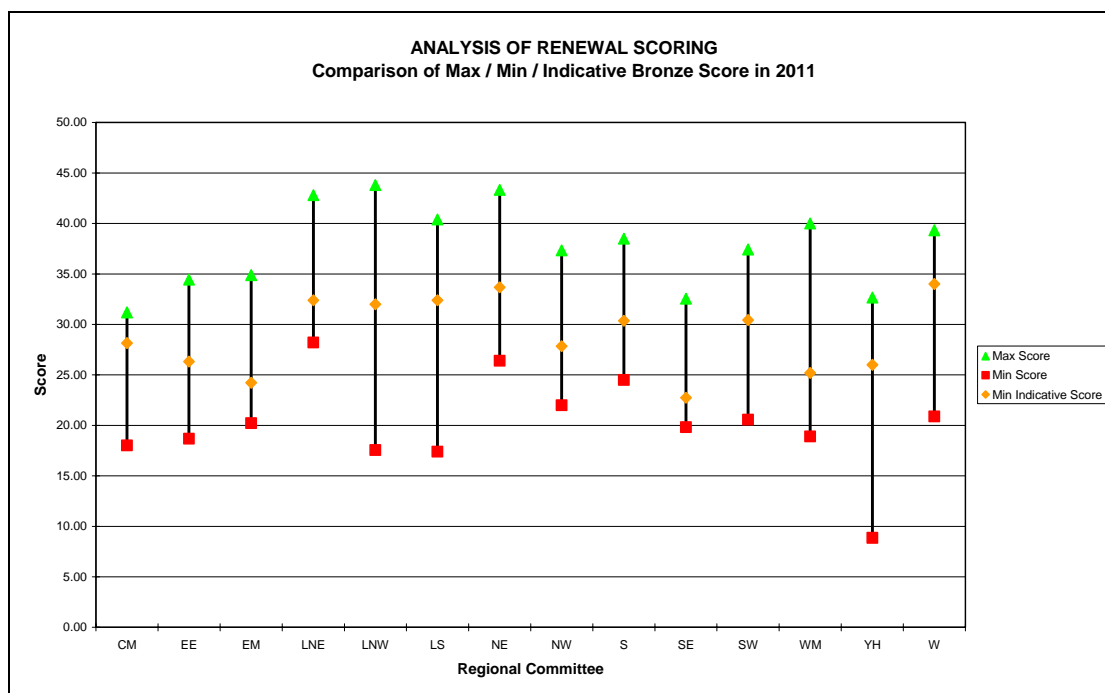
**Figure 26: Ranking of Bronze/B Renewals within Regional Sub-Committee**



28. As shown, the majority of the renewals deemed inadequate following discussion had been identified as being among their lower rankings by the sub-committee scores. Although recommendations on non-renewals were only taken following a discussion on each application and were not based on the score (with the exception of those scoring less than 18 points), or the individual's ranking position within the scores, this does give some assurance that the scores within the committees can provide a good indication of what applications may be inadequate. This may allow ACCEA to better target discussions on renewals in the future.

29. However, it is ACCEA's belief that the scoring system as currently operating is not strong enough for ACCEA to issue a more stringent cut-off score than 18 points, as the range in scoring among the committees varies considerably. Figure 27 shows the maximum and minimum scores, and the minimum scores required to be within the indicative number for new awards in 2011, in each regional sub-committee at Bronze level.

**Figure 27: Maximum and Minimum Renewal Scores in Sub-Committee at Bronze/B**



30. This clearly indicates the variances between the committees scoring ranges - the maximum scores in each committee were between 31.2 and 43.8 points; the lowest between 15.14<sup>33</sup> to 28.2; and the indicative baselines between 22.73 and 34 points. Within the committees themselves, London North West showed a range of 26.24 points between its highest and lowest scores, while the South East had a range of 12.73.

31. Some of this inconsistency may be due to variances in the standard of the individual applications, where those scoring over 40 points may truly be of a higher standard than those in other committees, however it is likely that most of the variation represents different scoring thresholds between the committees. In 2011 for the first time, sub-committees were divided into two groups in order to process the scoring of renewal applications. This meant that a simultaneous application from a consultant seeking a bronze renewal and a progression to silver was scored by both scoring groups of each sub-committee. Analysis in one sub-committee of the scores of the two groups showed that one scored the applications significantly higher than the other, but in a consistent fashion so that the ranking was not changed. This 'hawk and dove' effect when applied consistently by an individual, or by a sub-committee, can be tolerated as it does not affect the ranking but it does mean that the absolute score alone cannot be used across all the sub-committees. For example, a score of 30 points across the committees would be below the indicative baseline in five committees, equal to the indicative numbers in two committees, and above the indicative in seven committees.

32. This simple analysis suggests that a considerable amount of work will have to be done to ensure analogous scoring across the committees. ACCEA

<sup>33</sup> The actual lowest score was 8.86 but this can be considered an outlier – 15.14 is the next lowest score and is from the same committee and provides a more accurate indication of the range'



will await the report of the DDRB, and the decisions on the future of the Scheme and any new scoring systems, before undertaking any work on this.

33. As discussed, comparing the raw scores of renewals across the different sub-committee will not produce a like-for-like analysis. For this reason ACCEA undertook the analysis of the renewal scores relative to the minimum score required to be within the indicative numbers in that region, as outlined in paragraph 6.

### *Conclusion*

34. As discussed, the data collected on the scoring of renewal applications indicates that those applications also being considered for progression to a new higher award are of a higher standard than exhibited by those applying for renewal only, and this is particularly marked at the lower award levels. The analysis also suggest that Clinical Excellence Award renewals are more successful than the equivalent Distinction Award level renewals, and although there is limited data available, the analysis also suggests that the standard of retire and return renewals is lower than shown in their comparative groups.

35. Overall, analysis of the inadequate renewals suggests that the scoring process, although not an exact science, has proved a useful tool in identifying those applications requiring more detailed discussion within committees.

36. It has been suggested that a stronger scoring of renewals would be achieved if the regional sub-committees could access the previous application forms. Unfortunately, these applications were not available for the 2007 Awards Round; however, it is the intention, as applications from 2008 onwards are retained by ACCEA, to allow regional scorers to compare renewal applications with the individuals previous application should they fall in the indeterminate group requiring further discussion.



## Appendix IV. Terms of Reference for a UK Wide Review

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

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.

