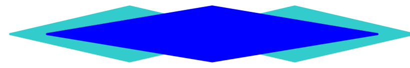
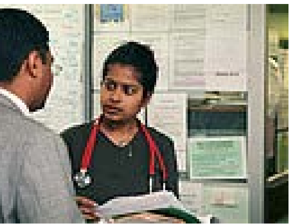
ACCEA



ADVISORY COMMITTEE on
CLINICAL EXCELLENCE AWARDS

ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS



ANNUAL REPORT

(Covering the 2012 Awards Round)

November 2014

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

Contents

- Foreword 1
- Introduction 2

Section 1: Distribution of Awards 4

- Introduction 4
- 2012 Awards 5
- Applications for Awards 7
- Distribution of New National Awards 8
  - Level 8
  - Specialty 13
  - Age 15
  - Gender 16
  - Ethnicity 17
- Sources of Nominations 19
- Applications for Renewals 19
- Indicative Numbers 2012 20
- Distribution of Awards in Payment 21

Section 2: Employer Based Awards 24

- Introduction 24
- Minimum Investment in New Awards 24
- Distribution of Employer Based Awards 25
  - Level 25
  - Age 26
  - Gender 27
  - Ethnicity 27

Section 3: Reports on the National Scheme

- Appeals, Concerns and Complaints 29
- Committee Membership 32

Section 4: Development of the Scheme 34

- Removal of the 'Year's Grace' Business Rule 34
- Investigations or disciplinary actions 34
- Changes to the 2013 Guides 34
  - Transparency 34
  - Eligibility 35
  - Distinction Award holders returning to work 35
  - Investigations and disciplinary procedures 35
  - Requirements for renewal applications 35
  - Citation for renewals 35
  - Removal of pay protection from 1 October 2014 35

Section 5: Doctors' and Dentists' Review Body 2011 Review of the Scheme 36

- Review of Compensation Levels and Incentives for NHS Consultants 36
- Next Steps and Work in ACCEA going forward 36

Appendix I Award Data Matrix by Specialty and Region 37

Foreword

We are pleased to report on the operation of the Clinical Excellence Awards Scheme during 2012.

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. 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.

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

Richard Williams
Interim Medical Director

Introduction

i. This is the ninth 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;*
- *supporting employer-based awards processes to ensure a fair, open and transparent Scheme; by issuing guidance and providing advice, and by monitoring and reporting on the distribution of employer-based awards*
- *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 2012, 3066 consultants in England and Wales, began applications on our web-based submission system. 2313 new and renewal applications were completed and submitted on-line, and carefully considered by the regional sub-committees who made recommendations for consideration.[1] 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.[2]

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

[1] As above: in England the numbers were 3066 in 2012, 2523 in 2011, 2269 in 2010 and 2053 in 2009.
[2] As above: in England the numbers were 829 in 2012 , 779 in 2011, 1163 in 2010, 907 in 2009 and 964 in 2008

Section 1: Distribution of Awards

Introduction

1.1. In the 2012 Awards Round, the number of new awards was held to 2010 levels. A total of 318 awards were made for England and Wales as against 316 in 2011, 317 in 2010 and 601 in 2009

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

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

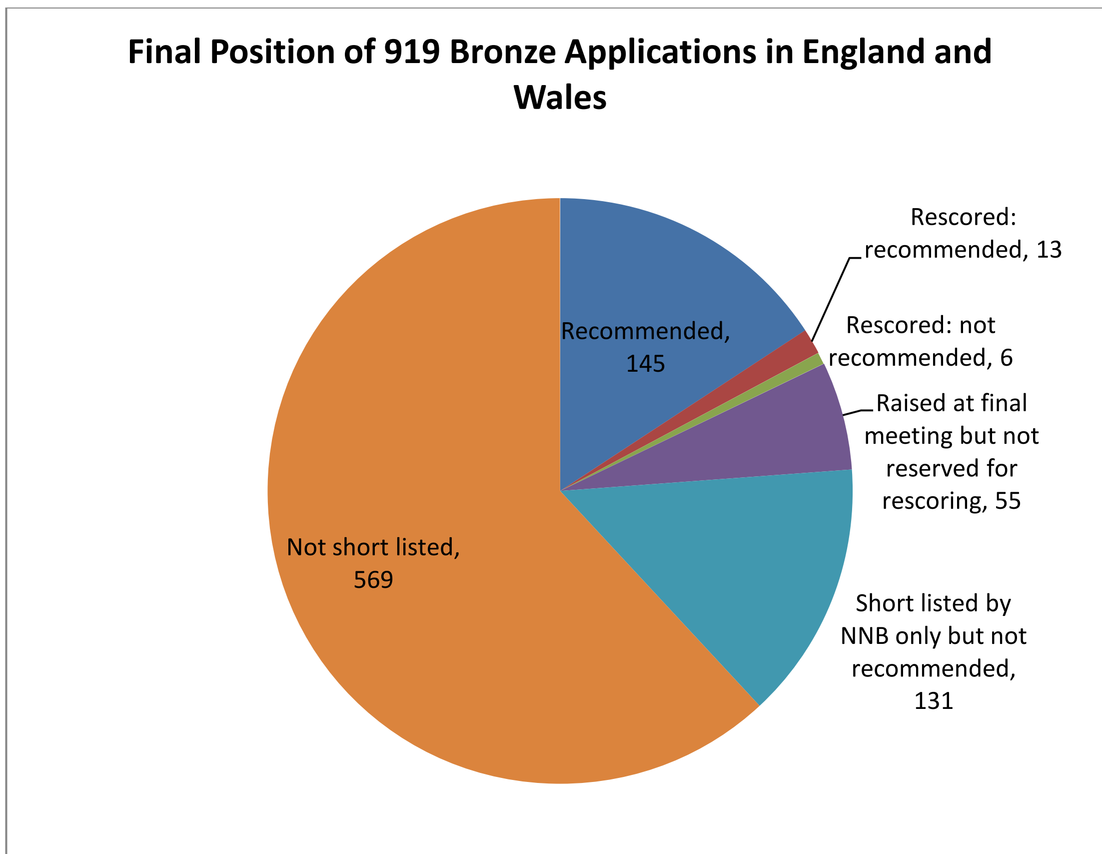
1.4. In cases where the Chair and Medical Director were not clear whether the sub-committee's assessment should be accepted, the applications were discussed at a 'final meeting' with the relevant sub-committee. If following this meeting, the Chair and Medical Director accepted the advice of the sub-committee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

1.5. In some cases, the discussion at the 'final meeting' with the regional sub-committee did not resolve the issue and where candidates' application forms were considered to be borderline, they were rescored along with other candidates in this position. This process was introduced in 2012 to provide further assurance of objectivity and to ensure that the status of an application could not be determined solely by the opinion of the Chair and Medical Director. This addressed a criticism in the DDRB's review of the Scheme.[3]

1.6. Figure 1 illustrates the various stages of this process by showing where the Bronze applications in 2012 fell out of consideration. Those recommended are subdivided to show when this was after rescoring in the reserve pool.

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

Figure 1: Filtering Process for Bronze Recommendations



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

The 2012 Awards

1.8. From the final shortlists, 159 Bronze, 103 Silver, 40 Gold and 16 Platinum awards were made in 2012 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 2012

New Awards	2012
Platinum	15
Gold	39
Silver	97
Bronze	150

Table 1b New Awards in Wales 2012

New Awards	2012
Platinum	1
Gold	1
Silver	6
Bronze	9

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

Table 2 (Awards by Region and Award Level) for 2012

Region	Bronze	Silver	Gold	Platinum	Total
CHES and MER	6	4	1	0	11
DEPT of HEALTH	1	1	1	0	3
EAST ENG	16	9	3	1	29
EAST MID	10	8	3	1	22
LON NE	13	8	5	3	29
LON NW	7	5	2	2	16
LON STH	12	9	3	3	27
NTH EAST	6	6	2	1	15
NTH WEST	12	9	2	0	23
SOUTH	13	9	5	3	30
STH EAST	11	5	1	0	17
STH WEST	15	5	4	0	24
WALES	9	6	1	1	17
WEST MID	14	9	3	0	26
YORK and HUM	14	10	4	1	29
TOTAL	159	103	40	16	318

Table 3 (awards by Specialty and Award Level) for 2012

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	4	3	1	0	8
Anaesthetics	8	8	1	0	17
Clinical Oncology	1	4	0	1	6
Dental	5	5	2	1	13
Emergency Medicine	2	2	0	0	4
Medicine	43	30	14	9	96
Obs and Gynaecology	5	1	2	0	8
Occupational Medicine	0	0	1	0	1
Ophthalmology	2	2	0	0	4
Paediatrics	12	6	1	0	19
Pathology	10	9	6	1	26
Psychiatry	8	6	2	2	18
Public Health Dentistry	1	1	0	0	2
Public Health Medicine	6	3	1	1	11
Radiology	15	4	1	1	21
Surgery	37	19	8	0	64
TOTAL	159	103	40	16	318

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 2012, 3066 consultants began applications on the system, resulting in 2676 completed on-line applications for new awards or for renewal of existing awards. Of these, 363 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, 2313 completed applications were received. Thus, 75.4 per cent of consultants who registered for the system submitted completed applications. Table 4 shows the percentage of registered consultants submitting completed applications in 2007-2012.

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 were previously made to the Welsh ACCEA Secretariat on forms downloaded from the website. Welsh consultants have used the ACCEA on-line system from the 2011 Awards Round. This is the main explanation for the increase in applications between 2010 and 2011.

Table 4: Applications **(England 2007- 2012 (and Wales in 2011 -12)**

	2007	2008	2009	2010	2011	2012
No. of Consultants Logging on to the System	3114	2944	2560	2634	3181	3066
No. of Completed Applications Submitted to ACCEA	2243	2434	2053	2259	2406	2313
% of Consultants Completing Applications	72.0%	82.7%	80.2%	85.8%	75.6%	75.4%

1.13. Table 5 a and b show the total number of new award applications in England 2007–2012, and in Wales in 2009-2012, by award level. The success rates of all England and Wales 2012 applications are shown in Table 6.

Table 5a: New Award Applications in England 2007- 2012

<table>
<tr><th>New Award Applications</th><th>2007</th><th>2008</th><th>2009</th><th>2010</th><th>2011</th><th>2012</th></tr>
<tr><td>Platinum</td><td>193</td><td>144</td><td>136</td><td>133</td><td>94</td><td>61</td></tr>
<tr><td>Gold</td><td rowspan="2">656</td><td>118</td><td>153</td><td>176</td><td>198</td><td>201</td></tr>
<tr><td>Silver</td><td>574</td><td>634</td><td>786</td><td>752</td><td>763</td></tr>
<tr><td>Bronze</td><td>1105</td><td>993</td><td>850</td><td>885</td><td>865</td><td>788</td></tr>
</table>

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.

Table 5b: New Award Applications in Wales 2009-2012

New Award Applications	2009	2010	2011	2012
Platinum	8	5	6	3
Gold	8	7	8	7
Silver	25	34	38	48
Bronze	181	180	131	131

Table 6: Success Rates of New Award Applications in England and Wales 2012

	Applications	Awards	Success Rate (%)
Platinum	64	16	25.00
Gold	208	40	19.23
Silver	811	103	12.70
Bronze	919	159	17.3

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.

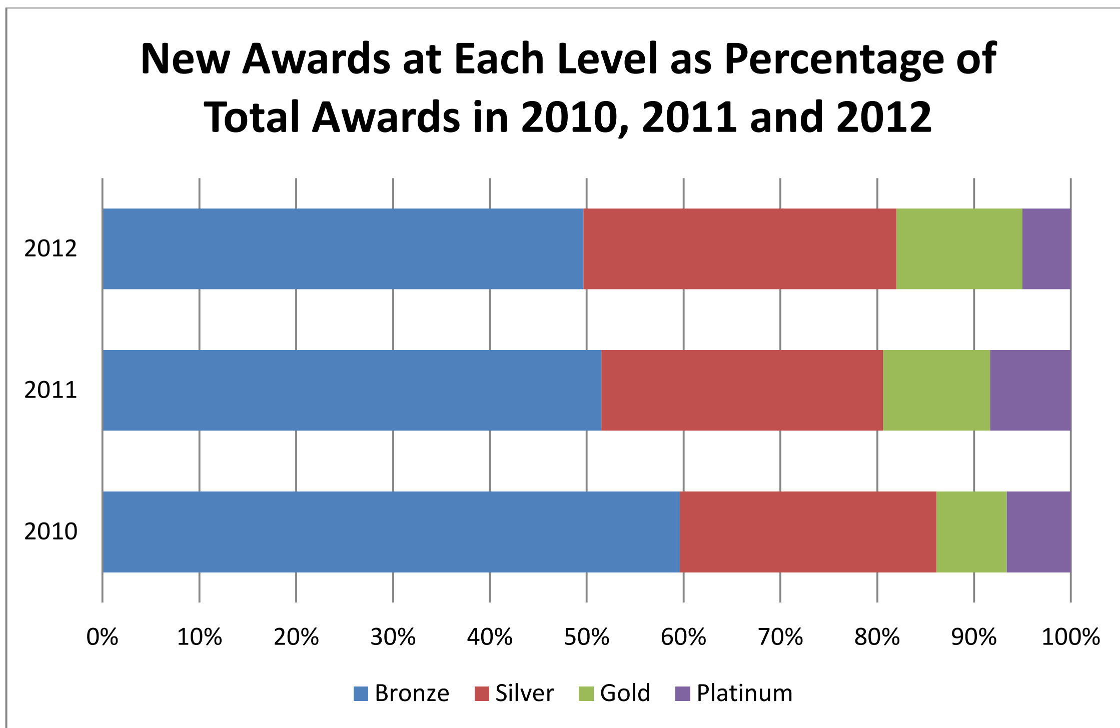
Level

1.19. In the 2012 Awards Round, national award numbers in England were held to 300 as they had been in the 2010 and 2011 Awards Rounds.[4] 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 almost half of all new awards), and an increase in the proportion of the Gold and Silver awards. The proportion of new Silver and Gold awards has increased beyond the 2010 and 2011 levels. This broadly reflects the changing pattern of applications. The number of bronze applications has dropped, while the number of silver and gold applications has increased.

[4] One additional award was made following a successful appeal in 2012, to give a total of 301.

Figure 2: New Awards as a Percentage of all Awards 2010-2012



1.21. In 2012, ACCEA reported 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 7 shows the number of applications and awards within the eligible population of L9, compared with B and Bronze. Table 8 shows corresponding data for 2011.

Table 7: Silver 2012 Applications

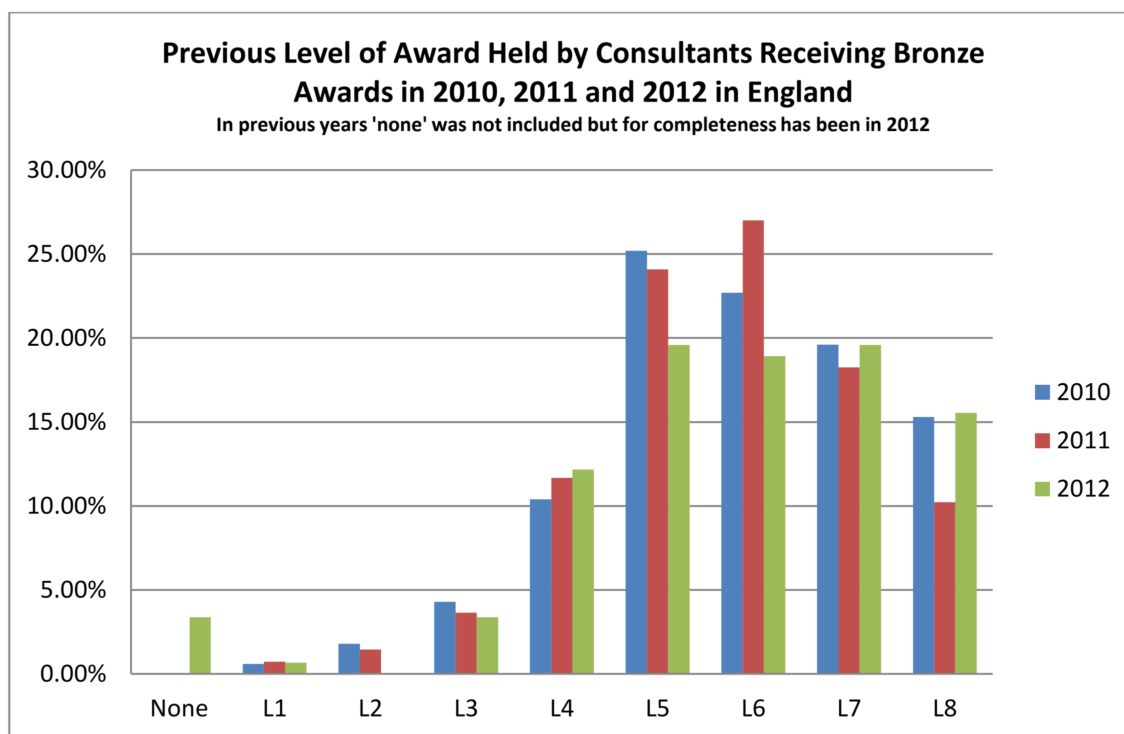
Award level	Eligible population	Application No	% Population applying	New Silver awards	% Successful Applicants	% Successful Of Eligible Population
B	260	72	27.69	4	5.56	1.54
L9	1557	155	9.96	8	5.16	0.51
Bronze	1708	584	34.19	91	15.58	5.33
Total	3525	811	23.00	103	12.70	2.92

Table 8: Silver 2011 Applications

Award level	Eligible population	Application No	% Population applying	New Silver awards	% Successful Applicants	% Successful Of Eligible Population
B	500	124	24.8	13	10.48	2.60
L9	1326	162	12.2	11	6.79	0.83
Bronze	1777	503	28.3	63	12.52	3.55
Total	3603	789	21.89	87	11.02	2.41

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. The L9 cohort continues to increase, but this has not translated into increases in either applications for silver or awards. and although the percentage of eligible population applying and the percentage of all. The success rates of the L9 applications and their percentage of new awards increased in 2011(compared to 2010) but have decreased in 2012. ACCEA will continue to monitor this in future rounds.

Figure 3: Previous level of award held by consultants in England receiving Bronze awards in 2010, 2011 and 2012 (percentage at each level)



1.23. Figure 3 shows the previous levels of Clinical Excellence Awards held by consultants in England who received a Bronze award in 2010, 2011 and 2012. Consultants progressing from discretionary points to a Bronze award are excluded from this graph - these numbers are 10 in 2012, 17 in 2011 and 10 in 2010. Also excluded are consultants who moved from no award of any sort to a Bronze award in 2010 and 2011 although this is included in the chart for 2012 (4 in 2011, 4 in 2010).

1.24. In 2012 Level 7 matched Level 5 as the most common level held by consultants granted a new Bronze award, with Level 6 a close third. In 2012 with 29 from L5, 28 from L6 and 29 from L7 these three levels made up 58% of all progressions to Bronze. It remains the case that it is unusual, but by no means impossible for consultants to be awarded a Bronze award without a Level 5 award or higher.

1.25. Figure 4a shows consultants in England receiving a new Bronze award by their time as a consultant. It remains the case that very few consultants are granted new Bronze awards with less than seven years' service. A comparison of the number of years of service cohorts is shown in Figure 4b. This indicates that while early progression is possible for outstanding candidates, the majority of consultants require at least 12 years' service to build a body of work of the necessary standard and sustainability for national excellence awards.

Figure 4a: Consultants in England receiving a new Bronze award in 2010, 2011 and 2012 time as a consultant

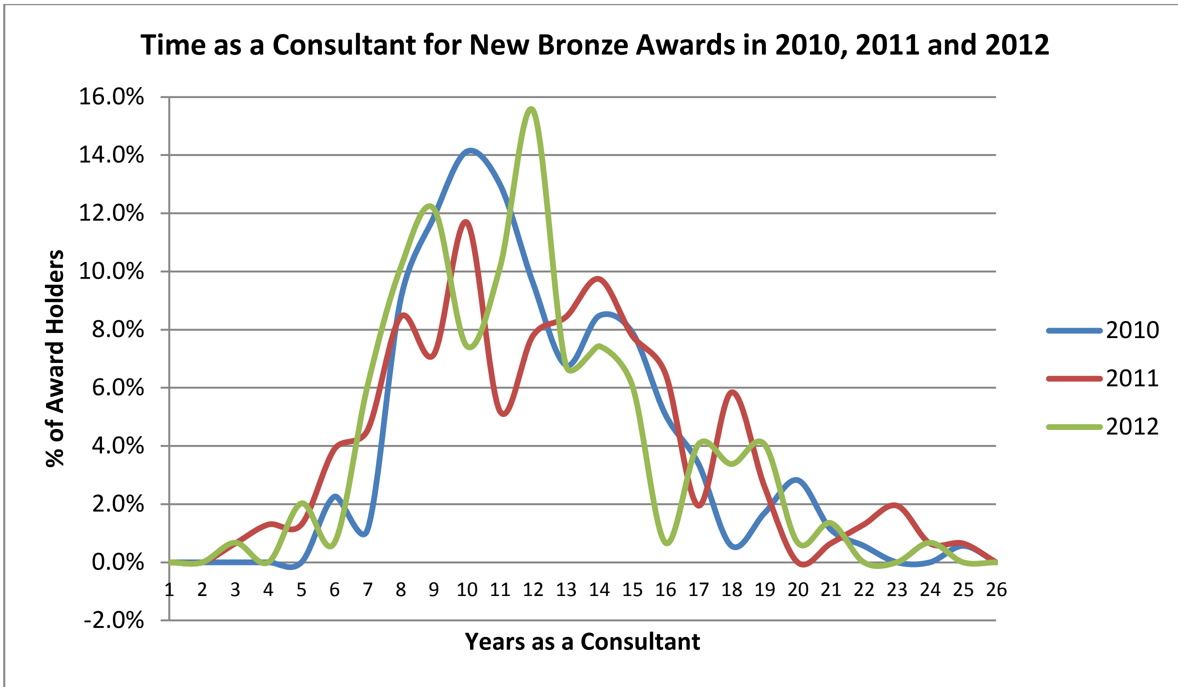
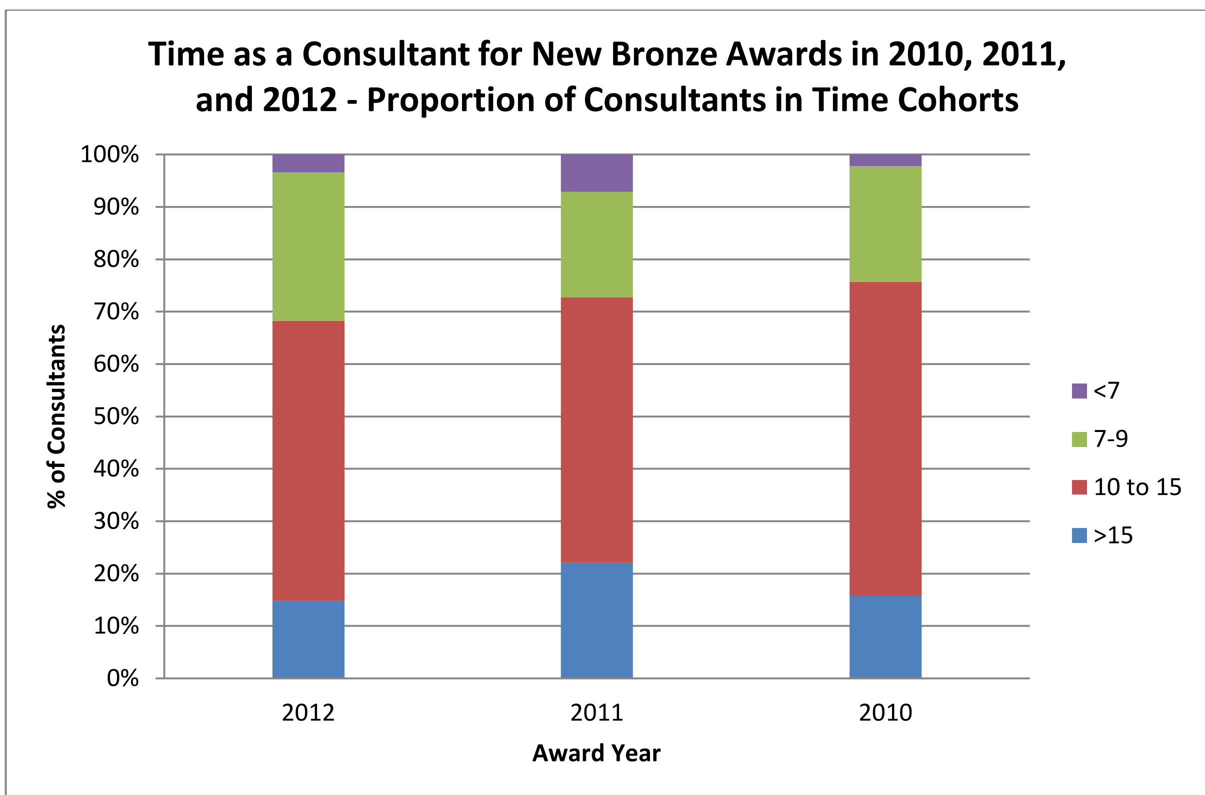
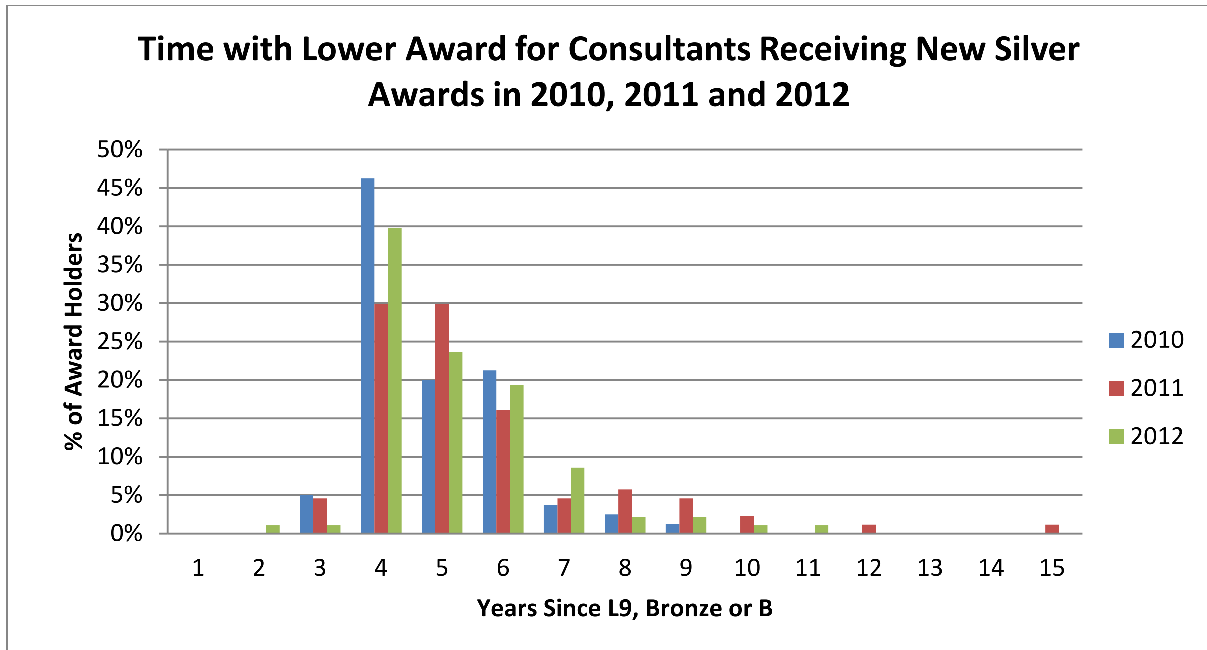


Figure 4b: Consultants in England receiving a new Bronze award in 2010, 2011 and 2012 – Proportion of new award holders in time as a consultant cohorts



1.26. Figure 5a – Figure 5c show the interval between awards for those consultants in England progressing to higher awards in 2010-2012. 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 5.18 years; at Gold it is 4.54; and at Platinum it is slightly higher at 6.27 years.[5]

Figure 5a: Consultants in England receiving a new Silver award in 2010, 2011 and 2012 by time since receiving L9, Bronze or B



[5] Averages are for the 2012 Awards Round

Figure 5b: Consultants in England receiving a new Gold award in 2010, 2011 and 2012 by time since receiving Silver or B

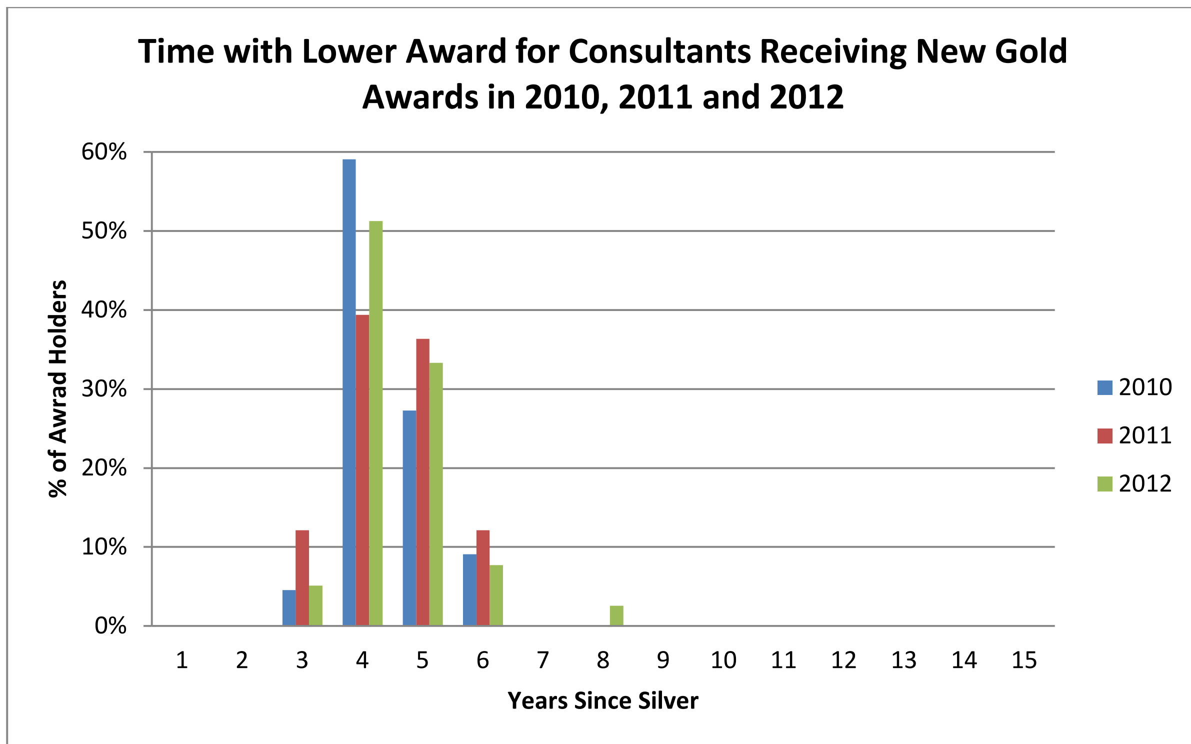
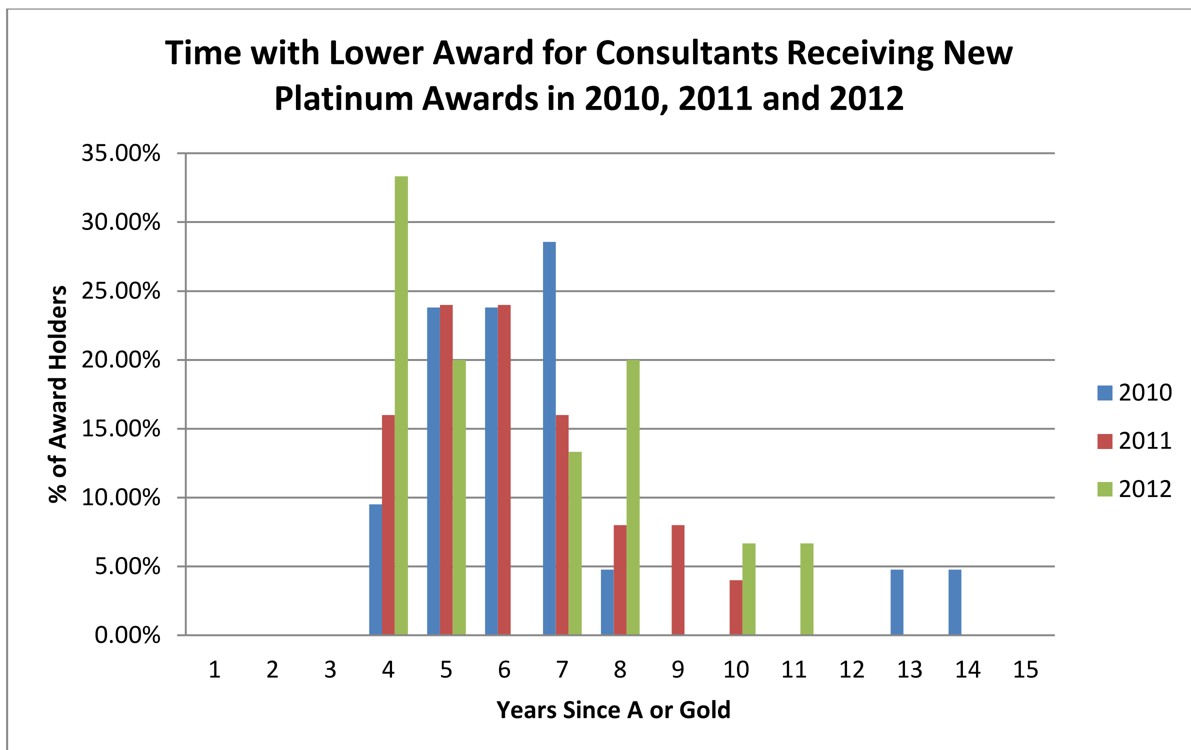


Figure 5c: Consultants in England receiving a new Platinum award in 2010, 2011 and 2012 by time since receiving Gold or A



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 2012 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.[6]

1.29. 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. In 2011, the application rate from this specialty improved slightly, the success rate of applications was above the average, and four awards Bronze were made. However, figures for 2012 show that both the application and success rates have decreased again and both are below average, although two Bronze awards were made.

1.30. Public Health Medicine received a disproportionately high number of bronze Awards, with consultants from this specialty twice as likely to apply and slightly more likely to succeed than the average. In 2011 there was a similar overrepresentation of public health medicine and consideration may need to be given to this pattern.

Table 9: 2012 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 Apps succeeding	% of Consultants succeeding
Academic GP	*	10	**	4	40.00%	**
Anaesthetics	5457	68	1.25%	8	11.76%	0.15%
Clinical Oncology	539	8	1.48%	1	12.50%	0.19%
Dental	510	22	4.32%	5	22.73%	0.98%
Emergency Medicine	1162	17	1.46%	2	11.76%	0.17%
Medicine	6838	221	3.23%	39	17.65%	0.57%
Obs and Gynaecology	1656	28	1.69%	5	17.86%	0.30%
Occupational Medicine	47	4	8.51%	0	0.00%	0.00%
Ophthalmology	416	21	5.05%	2	9.52%	0.48%
Paediatrics	2158	63	2.92%	12	19.05%	0.56%
Pathology	2058	54	2.62%	10	18.52%	0.49%
Psychiatry	3650	45	1.23%	7	15.56%	0.19%
Public Health Dentistry	47	3	6.43%	0	0.00%	0.00%
Public Health Medicine	499	28	5.61%	6	21.43%	1.20%
Radiology	2101	41	1.95%	14	34.15%	0.62%
Surgery	6349	155	2.44%	35	22.58%	0.55%
Total	33486	788	2.35%	150	19.03%	0.45%

Note: .

* **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.**

[6] ACCEA does not hold information for Wales' consultants not in receipt of a national award, it is therefore unable to analyse eligibility by speciality

Age

1.31. The mean age of awardees in 2007-2012 is shown in Table 10 below. The mean ages appear to be settling into a relatively stable pattern, with averages since 2007 of 49.08 at Bronze, 52.64 at Silver, 55.60 at Gold, and 57.01 at Platinum.

Table 10: Age of Awardees 2007-2012

	Age of Awardees (mean as 1st April on award year)					
	2007	2008	2009	2010	2011	2012
Bronze	49.9	49.8	49.6	48.4	48.2	48.58
Silver	54	53	53	51.3	52.5	52.05
Gold	51.55	57	60.5	55	55.1	54.46
Platinum	56.9	57.8	58	56	56	57.4

1.32. Figure 6Figures 6 a and b show the age distribution of 2012 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 and 56-60 cohorts respectively compared to applicants. Given the small number of awards at this level, ACCEA does not consider this divergence statistically significant.

Figure 6a: Age Distribution of Applicants 2012

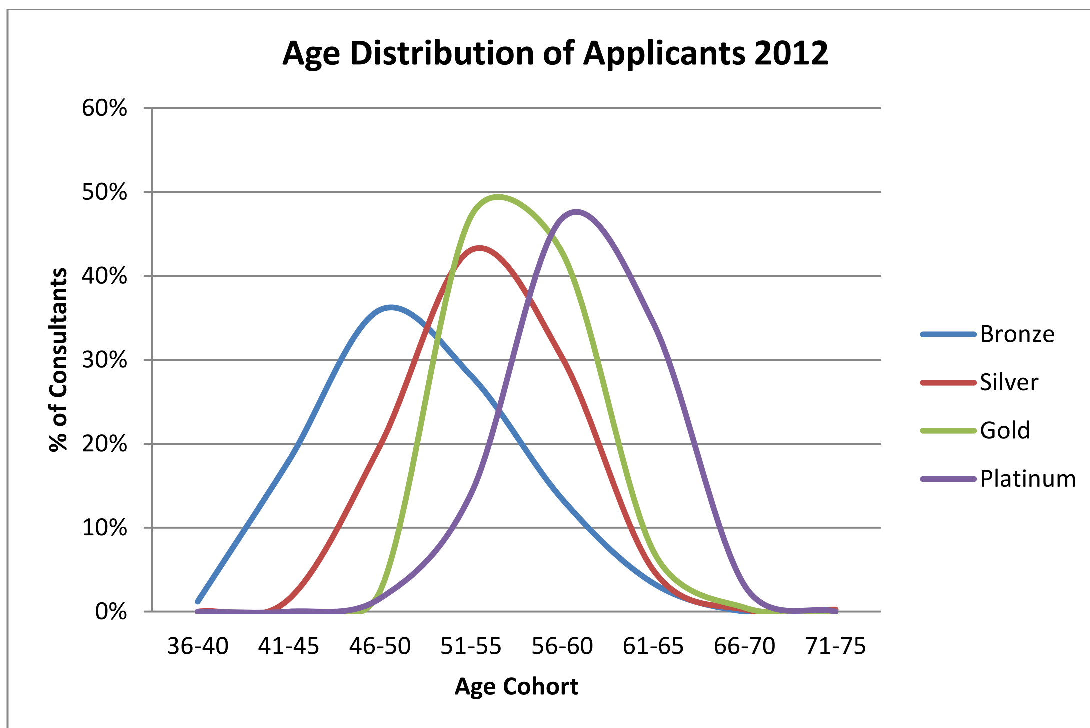
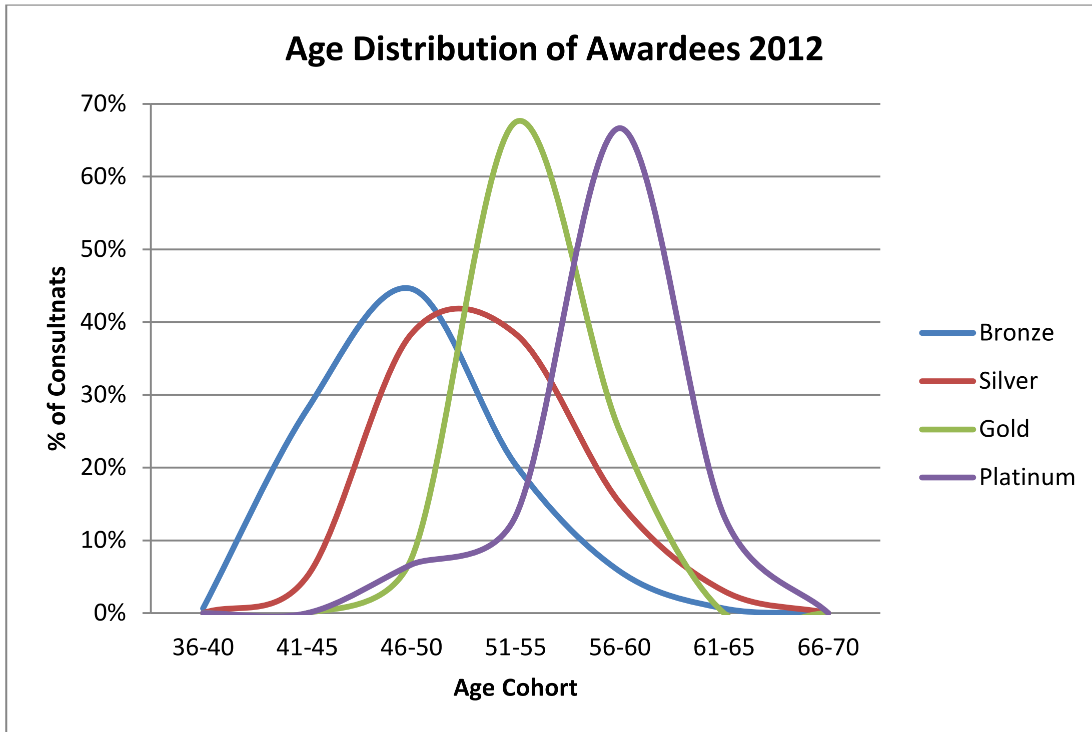


Figure 6b: Age Distribution of Awardees 2012



Gender

1.33. The distribution of all awards considered against all applications in 2007-2012 among women is shown in Table 11. This shows that there are a continued low number of applications from female consultants and 2012 has seen a decrease in the proportion of new awards held by women (although women applicants were more likely to succeed at Bronze and Platinum levels than men, see Table 12)

Table 11: Number of Women Consultants Receiving New Awards in England 2007-2012

	2007	2008	2009	2010	2011	2012
Total number of applicants	1944	1889	1773	1980	1908	1813
No of women applicants	320 (16.4%)	301 (15.9%)	305 (17.2%)	366 (18.5%)	358 (18.8%)	311 (17.2%)
Total no. of new awards	531	544	566	300	299	301
No. of new awards to women	100 (18.8%)	93 (17.1%)	107 (18.9%)	59 (19.7%)	72 (24.1%)	50 (16.6%)

1.34. New awards at each level by gender are shown in Table 12 below. This shows that the percentage of eligible female consultants applying for awards continues to be less than their male counterparts at each level, and the proportion of women who do apply and are successful was significantly different from men in 2012 at Silver and Gold levels.

Table 12 (New Awards in England by Gender) for 2012

Award Level	Gender	No. of Eligible Consultants	No. of Applications	% of Consultants Applying	No. of Awards	% of Applicants Succeeding	% of Consultants Succeeding
	Female	10998	156	1.42%	33	21.15%	0.30%
	Male	22488	632	2.81%	117	18.51%	0.52%
Bronze	**All**	33486	788	2.35%	150	19.03%	0.45%
	Female	663	125	18.85%	12	9.60%	1.81%
	Male	2862	638	22.29%	85	13.32%	2.97%
Silver	**All**	3525	763	21.65%	97	12.71%	2.75%
	Female	108	26	24.07%	4	15.38%	3.70%
	Male	481	175	36.38%	35	20.00%	7.28%
Gold	**All**	589	201	34.13%	39	19.40%	6.62%
	Female	36	4	11.11%	1	25.00%	2.78%
	Male	249	57	22.89%	14	24.56%	5.62%
Platinum	**All**	285	61	21.40%	15	24.59%	5.26%

Ethnicity

1.35. 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 13: Number of BME consultants receiving a national award in England in 2007-2012

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

1.36. 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 below.

Table 14: Success rates of applicants by ethnicity 2012

	Not Stated	BME	White
Total number of applicants	64	299	1450
Total number of awards	6	42	253
Success rate of applicants	9.38%	14.04%	17.45%

1.37. Table 15 shows that the proportion of successful BME awardees is comparable with the proportion of BME applicants.

Table 15 Number of BME consultants in England receiving a national award in 2012

Award level	Ethnicity		No. of Applications		%		Actually Awarded		%	
	White		603		76.52		123		82.00	
	BME		148		18.78		23		15.33	
		Asian or Asian British		108		13.71		13		8.66
		Black or Black British		8		1.02		1		0.67
		Chinese or Other Ethnic Group		20		2.54		3		2.00
		Mixed		12		1.52		6		4.00
Bronze	Not Stated		37		4.70		4		2.68	
	White		616		80.73		81		83.51	
	BME		127		16.64		15		15.46	
		Asian or Asian British		93		12.19		11		11.34
		Black or Black British		3		0.39		0		0
		Chinese or Other Ethnic Group		16		2.10		3		3.09
		Mixed		15		1.97		1		1.03
Silver	Not Stated		20		2.62		1		1.03	
	White		177		88.06		35		89.74	
	BME		18		8.96		3		7.69	
		Asian or Asian British		16		7.96		1		2.56
		Black or Black British		0		0.00		0		0.00
		Chinese or Other Ethnic Group		1		0.50		1		2.56
		Mixed		1		0.50		1		2.56
Gold	Not Stated		6		2.99		1		2.56	
	White		54		88.52		14		93.33	
	BME		6		9.84		1		6.67	
		Asian or Asian British		1		1.64		1		6.67
		Black or Black British		1		1.64		0		0.00
		Chinese or Other Ethnic Group		4		6.56		0		0.00
		Mixed		0		0.00		0		0.00
Platinum	Not Stated		1		1.64		0		0.00	

1.38. 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.[7] Figures for 2010 showed that while the position had improved for Silver applicants, Gold continued to show a disparity.[8] The data for 2011[9] indicated that while the proportion of BME award holders at Gold level were not as high as those at the other award levels, the situation had improved on previous years. In 2012 improvements continued at the Silver and Gold levels. At Platinum level the number of successful BME applicants dropped from 4 to 1. However, it should be noted that the number of awards made at this level fell from 25 to 15 and a single extra

[7] ACCEA Annual Report 2009, pg 20.
[8] ACCEA Annual Report 2010, pg 16.
[9] ACCEA Annual Report 2011, pg 20.

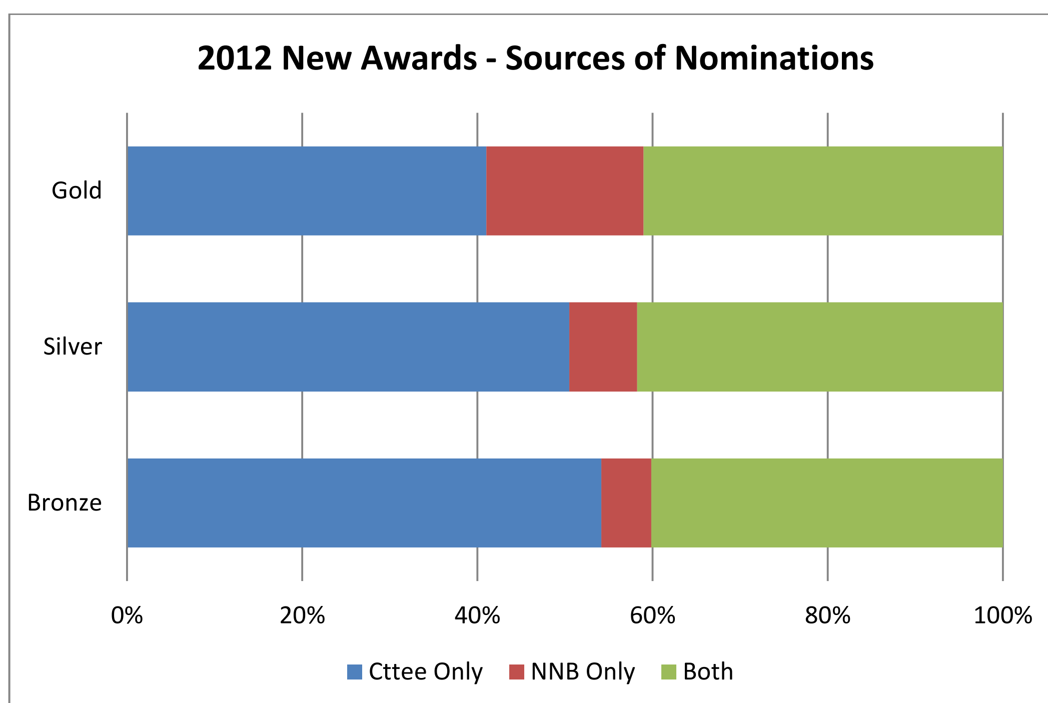
Platinum award to a BME applicant would have led to a similar proportion of awards as in 2011.

1.39. In Table 15 applications are shown by the main Ethnic Origin groups.[10] As in previous years, for Bronze and Silver awards the largest BME category continues to be Asian or Asian British, accounting for 73 per cent of BME awards at both levels. 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 slightly less than the proportion of BME applicants.

Sources of Nominations

1.40. In the past few years, ACCEA has reported on the source of nominations of successful applicants. Figure 7 shows the percentage of new awardees that were shortlisted only by a sub-committee, only by a NNB, or by both. This indicates that approximately 40% of awards went to applicants who were shortlisted by both routes. Applicants were unlikely to succeed if shortlisted only by a NNB, although this was more common at Gold level.

Figure 7: Sources of all national award nominations held by 2012 awardees



Applications for Renewals

1.41. 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.

[10] The current coding methodology is the same as that used in the NHS.

1.42. 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 and this remains the same for the 2012 Awards Round.

1.43. 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. In the 2012 Round, under the current five-year renewal procedures, the committees considered the awards given to consultants in 2008, 2003 and 1998.

1.44. In total ACCEA considered 675 applications to renew existing Clinical Excellence and Distinction Awards. The majority of consultants (579) produced good evidence of continuing excellence and were successfully renewed, or had successfully applied for progression to a higher award. A further 30 cases were from 'retire and return' applicants who successfully produced good evidence of continuing excellence and were renewed for a further year.

1.45. There was 1 case where, due to illness ACCEA gave the consultant the opportunity to resubmit renewal papers in the 2013 Round. In a further 59 cases, consultants failed to provide sufficient evidence of awardable clinical contribution to justify continuation of the awards and their awards were withdrawn.

1.46. Table 16 considers the 2012 renewals across England and Wales against the renewals in 2008, 2009, 2010 and 2011, and analyses the outcomes as a percentage of all the reviews.

Table 16: Outcomes of review applications in England and Wales 2008-2012

Review Applications	2008		2009		2010		2011		2012	
Total	731		541		730		654		675*	
Successful renewal or progression to a higher award	713	*97 %*	505	*93.3%*	667	*91.4%*	526	*80.4%*	*579*	*85.8%*
Annual renewal (retire & returns)	-	-	-	-	22	*3.0%*	23	*3.5%*	*30*	*4.5%*
Unsuccessful renewal - 1 year resubmission	16	*2.2%*	33	*6.1%*	32	*4.4%*	70	*10.7%*	*1*	*0.1%*
Unsuccessful renewal - Withdrawal of award	2	*0.3%*	3	*0.6%*	9	*1.2%*	35	*5.4%*	*59*	*8.7%*

**4 retired during process, 2 have on-going GMC issues*

Indicative Numbers 2012

1.47. For 2012, ACCEA set indicative numbers in order to generate 300 recommendations for awards in England and 16 in Wales.

1.48. 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 17: Indicative Numbers 2012

REGION	BRONZE	SILVER	GOLD	PLAT	TOTAL
CHES and MER	**7**	**5**	**1**	**1**	14
DH	**1**	**1**	**1***	**1**	3
EAST ENG	**14**	**9**	**3**	**1**	27
EAST MID	**10**	**7**	**3**	**1**	21
LON NE	**11**	**8**	**4**	**2**	25
LON NW	**6**	**5**	**2**	**2**	15
LON STH	**11**	**8**	**3**	**2**	24
NTH EAST	**8**	**6**	**2**	**1**	17
NTH WEST	**13**	**8**	**3**	**2**	26
SOUTH	**12**	**7**	**3**	**2**	24
STH EAST	**11**	**6**	**1**	**1**	19
STH WEST	**16**	**8**	**3**	**1**	28
WEST MID	**14**	**9**	**3**	**2**	28
YORK and HUM	**14**	**10**	**3**	**2**	29
TOTAL	**148**	**97**	**34**	**21**	**300**

* Additional GOLD appears in DH

WALES	**8**	**6**	**1**	**1**	16

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

The Distribution of Awards in Payment

1.50. 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.

1.51. Table 18 shows the distribution of awards of all levels across the Scheme as of 13 September 2012.

Table 18: Number and Percentage of Consultants with Clinical Excellence Awards

AWARDS RECORDED IN PAYMENT AT 13 Sept 2012			
Level	**Number of Award Holders**	**% of Consultant Population**	**Value (£)**
Platinum	157	0.40%	75,796
A+	69	0.18%	75,889
Gold	243	0.62%	58,305
A	153	0.39%	55,924
Silver	719	1.84%	46,644
Bronze	1776	4.54%	35,484
B	359	0.92%	31,959
L9	1486	3.80%	35,484
L8	885	2.26%	29,570

L7	1061	2.71%	23,656
L6	1400	3.58%	17,742
L5	1715	4.39%	14,785
L4	2204	5.64%	11,828
L3	2646	6.77%	8,871
L2	3434	8.79%	5,914
L1	4112	10.52%	2,957
None	16669	42.64%	0
	39088	Total From IC data	

Note: The total consultant population in England is 39088. Taken from the NHS Information Centre Annual Workforce Census, Medical and Dental Staff.

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

1.52. Table 19 below shows the distribution of clinical excellence awards held at Level 9 or higher in 2011 and 2012.

Table 19 Number and Percentage of National Awards

	AWARDS RECORDED IN PAYMENT AT 23 DECEMBER 2011		AWARDS RECORDED IN PAYMENT AT 23 SEPTEMBER 2012		CHANGE IN NUMBER OF AWARDS RECORDED
Level	**Number**	**% Consultant Population**	**Number**	**% Consultant Population**	
Platinum	177	0.47%	157	0.40%	-20
A+	84	0.22%	69	0.18%	-15
Gold	281	0.74%	243	0.62%	-38
A	222	0.59%	153	0.39%	-69
Silver	815	2.16%	719	1.84%	-96
Bronze	1862	4.93%	1776	4.54%	-86
B	459	1.22%	359	0.92%	-100
L9	1490	3.95%	1486	3.80%	-4
ALL	**5390**	**14.28%**	**4962**	**12.69%**	**-428**

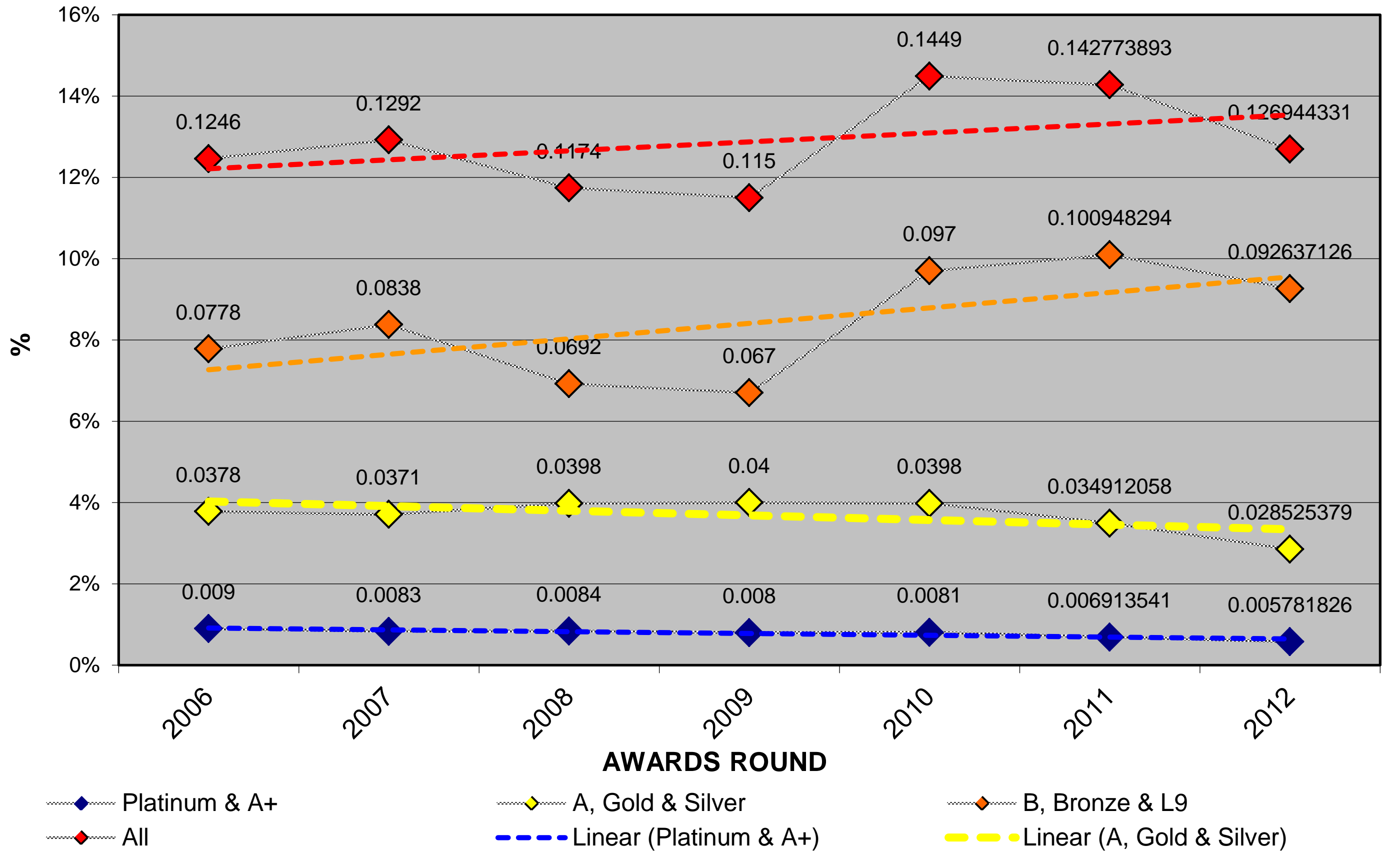
1.53. This shows significant decrease in the overall number of awards held at L9 or nationally of 7.94% (10.87% for national awards). Distinction Award numbers continue to reduce due to retirement and over a third of distinction award holders have left the Scheme since 2010. A decrease in clinical excellence awards at every level has not previously been seen. In the 2010, 2011 and 2012 Awards Round, Ministers held the total number of new awards in England at 300, which was less than the levels witnessed in previous years; this factor explains, in part, the decrease in the number of award holders.

1.54. It should also be noted that the overall numbers of consultants employed in the NHS has increased and this will contribute to the reduction in the percentage of consultants holding awards by 1.59% (the equivalent figure for 2011 was a reduction of 0.21%.

1.55. 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.

1.56. 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



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 2012 Round the deadline was Monday 28th January 2013. Unfortunately ACCEA only received 48 of the expected reports by this date. These figures compare to 85 reports received in 2011 and 111 in 2010.

2.3. Due to the amount of organisational change in the NHS this year considering these results by organisation type is particularly complex. Up to 1 April 2013, there were 152 Primary Care Trusts and 145 Foundation Trusts in England. PCTs ceased to exist on 1 April 2013 to be replaced by 212 CCGs and various other bodies. We can say that ACCEA has received 23 reports from NHS trusts, 20 reports from Foundation Trusts, 2 from CCGs and 3 from NHS umbrella bodies. Therefore, NHS Trusts are currently submitting reports more consistently than other NHS organisations, which maintain a consistent pattern over some years.

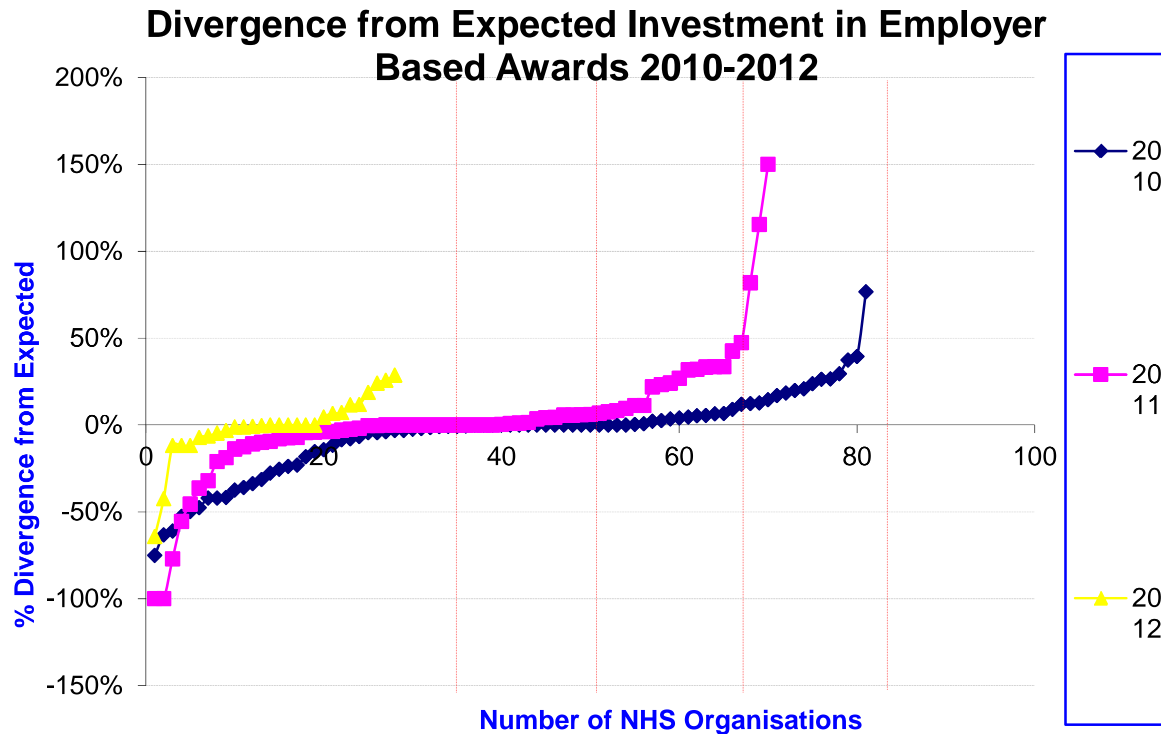
Minimum Investment in New Awards

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.

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. 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 48 Annual Reports received from the EBACs suggests that as of 31 December 2012 there was a 1% overspend in the 2012 round, which equates to **£58,036**. This compares to the 2011 Round where there was a 3% overspend on EBA and to 2010 where there was a net under investment of 2%. 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 2010 - 2012



Distribution of Employer Based Awards

2.7. In January 2010, 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.[11] It should, however, be noted that there is not a uniform manner in which Trusts record honorary consultants. As a result some of these are not included in the figures, and the figures may be slightly lower than expected.

Level

2.8. The number of consultants holding an Employer Based Award is 19,287.

2.9. Table 20 shows this total broken down by region and award level.

Table 20: Employer Based Awards by Region and Level of Award 2012

	L 1	L 2	L 3	L 4	L 5	L 6	L 7	L 8	L 9	
CHES and MER	215	176	110	92	76	54	52	43	65	883
DH/PHE	32	54	29	32	31	25	10	13	25	251
EAST ENG	356	347	219	201	163	136	87	77	101	1687
EAST MID	271	232	162	160	108	94	82	35	97	1241
LON NE	320	258	218	180	133	112	69	85	154	1529
LON NW	175	137	100	76	73	64	53	41	110	829
LON STH	349	231	205	162	133	100	79	99	133	1491
NTH EAST	242	166	139	109	97	79	50	34	89	1005
NTH WEST	356	290	223	168	164	121	100	82	152	1656

[11] Data extracted from ESR is valid as at 15 November 2013 new awards granted by local trusts but not updated on the ESR by this date will be shown under their previous award level.

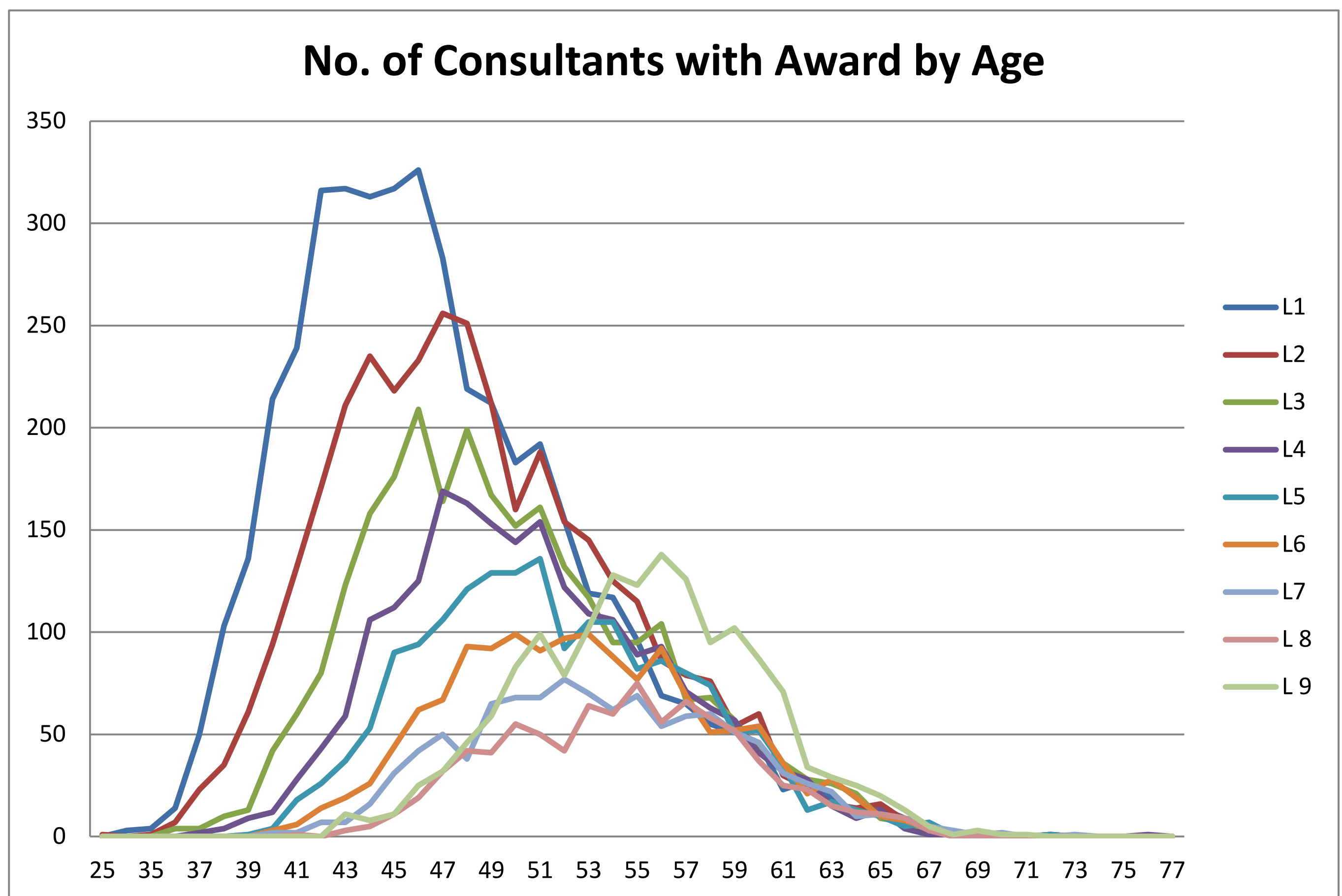
SOUTH	295	285	194	174	123	100	89	69	83	1412
STH EAST	356	225	221	153	154	96	74	60	98	1437
STH WEST	480	368	291	220	196	156	114	89	150	2064
WALES	4	4	1	0	1	1	0	0	0	11
WEST MID	426	357	273	219	181	139	121	78	174	1968
YORKS & HUM	486	405	269	210	154	156	94	71	147	1992
	4363	3535	2654	2156	1787	1433	1074	876	1578	
Actual cons no.	4327	3500	2633	2140	1774	1424	1065	867	1557	19287

2.10. Although EBAs are not awarded in Wales, **eleven** 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

2.11. Figure 10 shows the number of award holders, by age and award level.

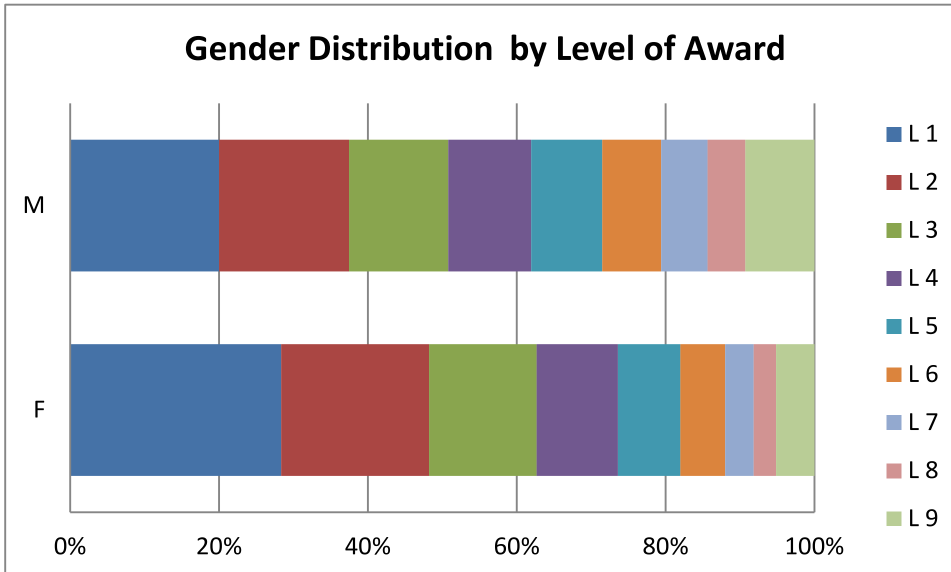
Figure 10



Gender

2.12. Figure 11 below shows the gender split for each level of Employer Based Awards. Calculations show that across all levels of awards 71.16 % are male. This compares to 68.37% in the whole consultant population.

Figure 11

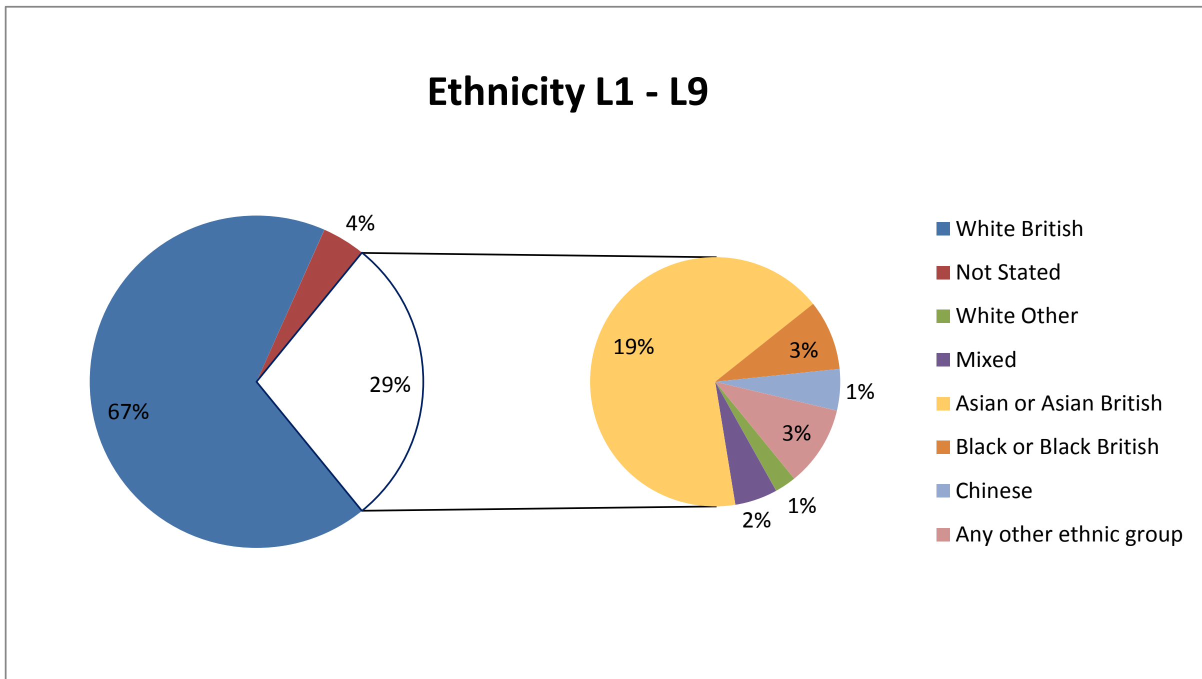


2.13. From the graph we can see that the female consultants are more heavily weighted in the lower level of the awards - almost 63% of female local award holders hold a Level 3 or lower, compared to 51% of males. At the higher levels almost 21% of male award holders hold a Level 7 or above, this compares to just fewer than 12% of the female population of award holders holding the same level of award.

Ethnicity

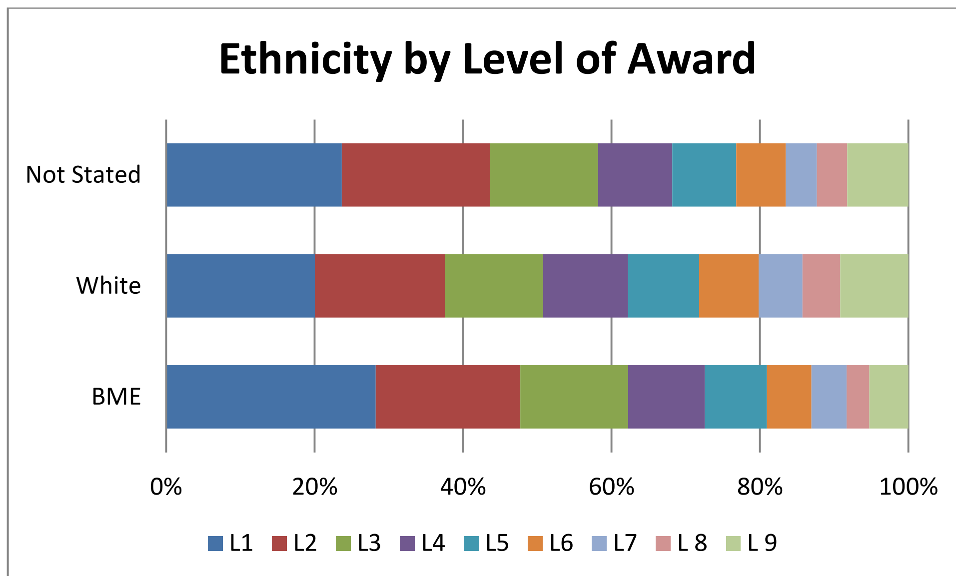
2.14. There have been long-term problems about the number of consultants showing a "not stated" ethnicity recorded in ESR. This has improved this year and stands at only 4.2%. The figure below shows that the majority of award holders across all levels of awards are White British that is 67% of the total.

Figure 12: Ethnic Distribution of Employer Based Awards – All Levels Combined



2.15. A simple analysis has been conducted against BME, White and not-stated across each level of award. This is shown as Figure 13. This indicates that over 40 per cent of BME award holders have an award of Level 1 or Level 2. Just over 30% of white award holders hold a Level 7 or above compared to less than 20 per cent of BME award holders.

Figure 13: Ethnic Distribution of Employer Based Awards



Section 3: Reports on the National Scheme

Appeals, Concerns and Complaints

Appeals

3.1. The Guide to Applications (new and renewal) and Existing Award Holders gives details of the appeals process for National Awards and the Guide to Employer Based Awards gives details of the appeals process for Employer Based Awards. There is no right of appeal against the substance of a decision made by the relevant committees, but if consultants feel that procedures have not been followed, or there is evidence that the process has not been objective, then they can ask for a review. Part 6 of the Guide to Applications 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 with their employer. This should be sent in writing, detailing the reason why they feel the procedure was not correctly followed. Once this process has been exhausted and if the consultant is still dissatisfied they can appeal directly to the Chair of ACCEA and ask for an investigation.

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

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

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

Appeals from the 2012 Round

3.6. There are no outstanding national appeals against the 2012 Round. ACCEA received ten notifications of intention to appeal. In nine of these, the consultant did not proceed with an appeal when asked to set out the basis for their appeal and provided with details of their scores and comparative information about the score required to receive an award, and in some cases more detailed narrative about the process to respond to particular queries. One appeal was heard and upheld with a recommendation for rescoring. Following that rescoring an award was recommended to the Minister and has now been made dated back to 1 April 2012.

Appeals received in 2013

3.7. As the results of the 2013 Round have yet to be announced, there are no national appeals pending at this stage.

3.8. At the time of writing this paper, 14 Employer Based Awards appeals have been received by the Secretariat following the 2012 Round. Eight are resolved, see Table 21 below, six are still on going. The Chair has yet to consider one of these, and four have been sent back to the appellant for further information. Details of these are in Table 22.

Concerns and Complaints

3.9. A number of concerns have been raised with ACCEA over the last twelve months, including a consultant in Wales:-

- who commented on the lack of representation of those providing services based in the community, in particular on the Welsh committee, resulting in bias in favour of those providing hospital services, and
- an absence of employer based awards in Wales.

3.10 Another correspondent raised significant concerns about the whole process of allocating awards. The Chair replied in detail and the Secretariat has heard nothing further.

Conclusion

3.11. The delay in the announcement of the 2013 Round, and the fact that this coincided with the peak period of summer-leave for ACCEA, has put real pressure on the time-lines for managing these appeals. We are actively working to resolve this.

3.12. It should also be noted that the number of appeals on Employer Based Awards is concerning, bearing in mind that some are from the same trust. In this group in particular, a very significant number are from consultants with a minority ethnic background which is likely to require further investigation.

Table 21 Employer Based Awards Appeals - resolved

Date received by ACCEA	Summary of appeal grounds	Current status
23/4/2013	Local appeal failed	Not upheld
25/3/2013	Local appeal failed	Not upheld. Further investigation not practical
1/2/2013	Problem with citation from local management	Not upheld
15/3/2013	Local appeal is confused by outstanding grievance against Medical Director	Not upheld
5/6/2013	Trust have heard appeal and referred to ACCEA	No clear breach of specific procedure. ACCEA cannot become involved.
12/9/2013	• Dissatified with outcome • Not properly	Ongoing – asked to confirm if he has exhausted local appeal process.

	evaluated	
12/9/2013	Evaluation processes not followed	No clear breach of specific procedure Not upheld
1/10/2013	Evaluation processes not followed. Did not consider material appropriately.	Appeal not upheld Procedural issues raised insufficient to justify appeal

Table 22 Employer Based Awards Appeals – unresolved

Date received by ACCEA	Summary of appeal grounds	Current status
17/10/2013	• Dissatisfied with outcome	Informal resolution has not proved acceptable to consultants, ACCEA Chair to write to consultants and Trust Chair to request review of procedures
2/9/2013	• Dissatisfied with outcome • Some of local appeal panel's findings are factually wrong	Ongoing – asked to provide further details of local appeals process
10/9/2013	• Procedures not followed • Bias and conflict of interest	Informal resolution has not proved acceptable to consultants, ACCEA Chair to write to consultants and Trust Chair to request review of procedures
14/10/2013	• Did not consider material appropriately • Procedure not followed	Referred to medical vice-chair for investigation
7/1/2014	• Issue of bias related to one panel member	Chair has undertaken analysis and will not be upholding the appeal, letter to be written to the consultant.
22/11/2013	• Part-time hours not properly accounted for	Waiting for further information
17/10/2013	• Dissatisfied with outcome	Informal resolution has not proved acceptable to consultants, ACCEA Chair to write to consultants and Trust Chair to request review of procedures

Committee Membership in 2012

3.1. Due to the DDRB review of the Awards Scheme, and the uncertainty surrounding future rounds and the structure of the committees, the decision was taken to seek extensions to the term of appointment of all committee members due to stand down in 2011. This allows 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.

Diversity

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

3.3. Figure 14 illustrates the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2012 Awards Round, together with any vacancies.

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

Figure 14a: Gender Distribution on Regional Sub-Committee in 2012 Awards Round

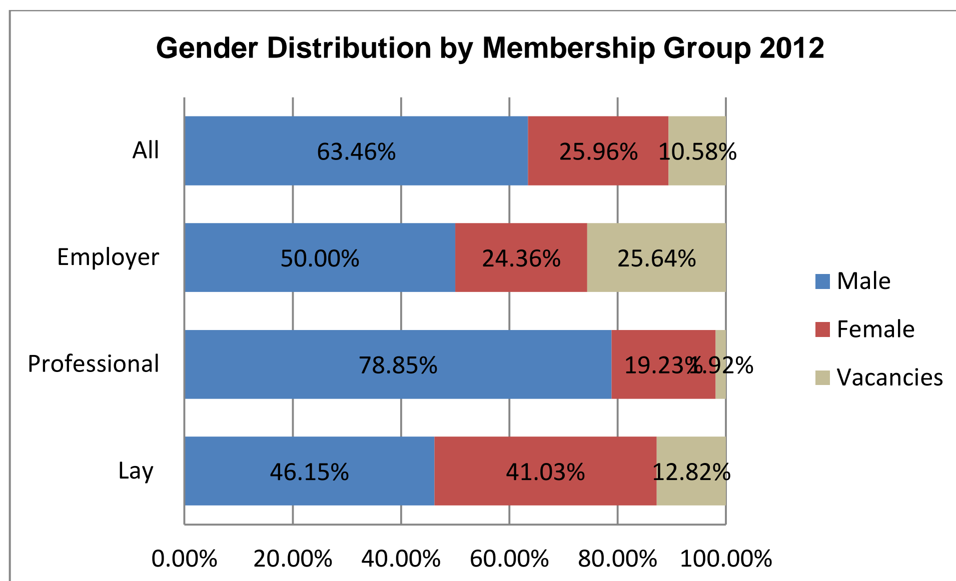
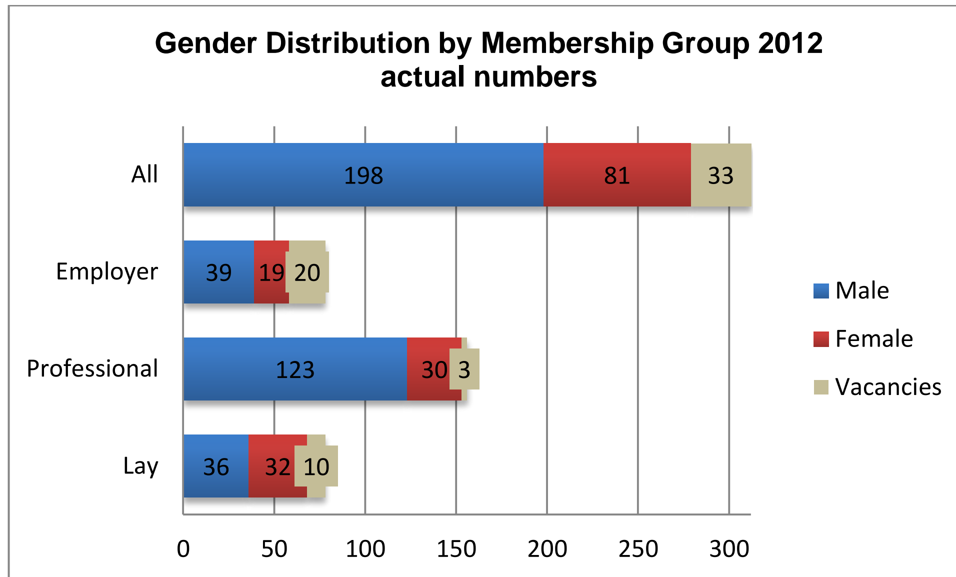


Figure 14b: Gender Distribution by Membership Group in 2012 Awards Round



Section 4: Development of the Scheme

4.1. ACCEA has continued to develop and improve the current CEA scheme through the 2012 Awards Round.

Removal of the 'Year's Grace' Business Rule

4.2. As reported in the Annual Report on the 2011 Round, ACCEA changed its business rules to remove from consultants who failed to renew, or provide inadequate evidence to support a renewal, the opportunity to submit an application to renew in the final year of their existing award. The 2012 Round was the first year of this new system. Consultants were given a single 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 for non-submission were granted another opportunity to submit in 2013.

4.3. The scoring system of renewal applications provided ACCEA with robust evidence of how applications compared with the standard required to gain a new award. However, when ACCEA considered recommendations for non-renewal of awards it was concerned that the other factors identified in the guides to the Scheme (comparability with what the award was originally awarded for and the views of the consultant's employers) might not have been fully considered. Consultants and their employers were therefore written to and invited to make representations on these matters, which were considered by ACCEA before a final decision was taken.

4.4. ACCEA is satisfied that following this process the published criteria were applied. .

Investigations or disciplinary actions

4.5. To ensure the probity of its awards, ACCEA has re-emphasised 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. Details can be found in the 2012 Guides

4.6. 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 national award holders.

Changes to the 2013 Guides

Transparency

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

Eligibility

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

Distinction Award holders returning to work

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

Investigations and disciplinary procedures

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

Requirements for renewal applications

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

Citations for renewals

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

The removal of pay protection from 1 October 2014

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

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

Review of Compensation Levels and Incentives for NHS Consultants

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

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

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

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

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

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

Next Steps and Work in ACCEA going forward

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

5.8. Until agreement on the detail of a new awards scheme is reached, ACCEA will continue to operate the Clinical Excellence and Distinction Award schemes under the current business rules and in accordance with the Guidance that will be published for the 2013 Awards Round.

Appendix I Award Data Matrix by Specialty and Region

ACCEA has developed a monitoring tool designed to track the distribution of awards on a matrix of region and specialty, benchmarked against expected distributions. The following Table 23a-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:

- the actual number of awards made to each region,
- the indicative number as a benchmark, and
- 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.

Table 23a: Distribution of new Bronze Awards in 2012 by Specialty and Region

Bronze 2012	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs and Gynaecology	Occupational Medicine	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total	Indicative Number	Difference
ACCEA D of H	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0
Cheshire & Mersey	0	0	0	1	0	0	0	0	1	3	0	0	0	0	0	1	6	7	-1
East Midlands	2	1	0	0	0	5	0	0	0	1	0	0	0	0	0	1	10	10	0
East of England	1	2	1	0	0	1	1	0	0	0	3	1	0	1	3	2	16	14	2
London North East	0	1	0	0	0	3	0	0	0	0	3	0	0	1	3	2	13	11	2
London North West	0	0	0	0	0	2	0	0	0	1	1	1	0	0	1	1	7	6	1
London South	0	0	0	2	0	4	0	0	0	0	1	1	0	0	2	2	12	11	1
North East	0	0	0	0	0	3	0	0	0	0	0	0	0	0	1	2	6	8	-2
North West	0	0	0	0	1	5	0	0	0	2	1	0	0	0	1	2	12	13	-1
South East	0	1	0	0	0	1	1	0	0	0	1	1	0	0	3	3	11	11	0
South	0	0	0	1	1	2	0	0	0	1	0	2	0	0	0	6	13	12	1
South West	1	3	0	0	0	0	2	0	0	2	0	0	0	2	0	5	15	16	-1
WALES	0	0	0	0	0	4	0	0	0	0	0	1	1	0	1	2	9	8	1
West Midlands	0	0	0	0	0	6	1	0	1	1	0	1	0	1	0	3	14	14	0
Yorkshire & Humber	0	0	0	1	0	7	0	0	0	1	0	0	0	0	0	5	14	14	0
Total	4	8	1	5	2	43	5	0	2	12	10	8	1	6	15	37	159	156	3
Specialty Benchmark	4	25	0	1	9	68	4	1	7	15	33	30	0	7	16	13	233		
Difference	0	-17	1	4	-7	-25	1	-1	-5	-3	-23	-22	1	-1	-2	24	-74		

Table 23b: Distribution of new Silver Awards in 2012 by Specialty and Region

Silver 2012	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs and Gynaecology	Occupational Medicine	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total	Indicative Number	Difference
ACCEA D of H	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0
Cheshire & Mersey	0	0	0	0	0	1	0	0	1	2	0	0	0	0	0	0	4	5	-1
East Midlands	1	0	0	0	1	3	0	0	0	1	0	0	0	1	0	1	8	7	1
East of England	0	1	0	1	0	2	0	0	0	0	3	1	0	0	0	1	9	9	0
London North East	1	0	0	0	0	3	0	0	0	1	1	1	0	0	0	1	8	8	0
London North West	0	1	0	0	0	3	0	0	0	0	0	1	0	0	0	0	5	5	0
London South	0	1	0	1	0	4	1	0	1	0	0	0	0	0	0	1	9	8	1
North East	0	0	0	1	0	3	0	0	0	0	0	0	0	0	0	2	6	6	0
North West	0	1	1	0	0	2	0	0	0	0	0	1	0	0	2	2	9	8	1
South East	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	2	5	6	-1
South	0	1	0	0	0	3	0	0	0	0	1	1	0	0	1	2	9	7	2
South West	1	0	1	0	0	1	0	0	0	0	0	0	1	0	1	0	5	8	-3
WALES	0	0	1	1	0	1	0	0	0	0	0	0	0	1	0	2	6	6	0
West Midlands	0	2	1	0	0	0	0	0	0	1	2	0	0	0	0	3	9	9	0
Yorkshire & Humber	0	1	0	0	1	4	0	0	0	0	0	1	0	1	0	2	10	10	0
Total	3	8	4	5	2	30	1	0	2	6	9	6	1	3	4	19	103	103	0

Table 23c: Distribution of new Gold Awards in 2012 by Specialty and Region

Gold 2012	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs and Gynaecology	Occupational Medicine	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total	Indicative Number	Difference
ACCEA D of H	0	0	0	0	0	0	0	0	0	0	1*	0	0	0	0	0	1	1	0
Cheshire & Mersey	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0
East Midlands	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	3	3	0
East of England	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	3	3	0
London North East	0	0	0	0	0	1	0	0	0	1	2	0	0	0	1	0	5	4	1
London North West	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	2	0
London South	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	3	3	0
North East	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2	2	0
North West	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	3	-1
South East	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0
South	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	2	5	3	2
South West	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	4	3	1
WALES	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
West Midlands	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	3	3	0
Yorkshire & Humber	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	4	3	1
Total	1	1	0	2	0	14	2	1	6	1	6	2	0	1	1	8	40	36	4

*Additional gold appears in DH indicatives

Table 25d: Distribution of new Platinum Awards in 2012 by Specialty and Region

Platinum 2012	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs and Gynaecology	Occupational Medicine	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total	Indicative Number	Difference
ACCEA D of H	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-1
Cheshire & Mersey	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-1
East Midlands	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0
East of England	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
London North East	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	3	2	1
London North West	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	2	2	0
London South	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	3	2	1
North East	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0
North West	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	-2
South East	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-1
South	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	3	2	1
South West	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-1
WALES	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0
West Midlands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	-2
Yorkshire & Humber	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2	-1
Total	0	0	1	1	0	9	0	0	0	0	1	2	0	1	1	0	16	22	-6