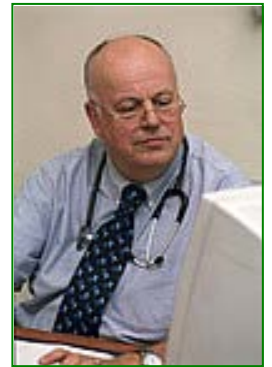
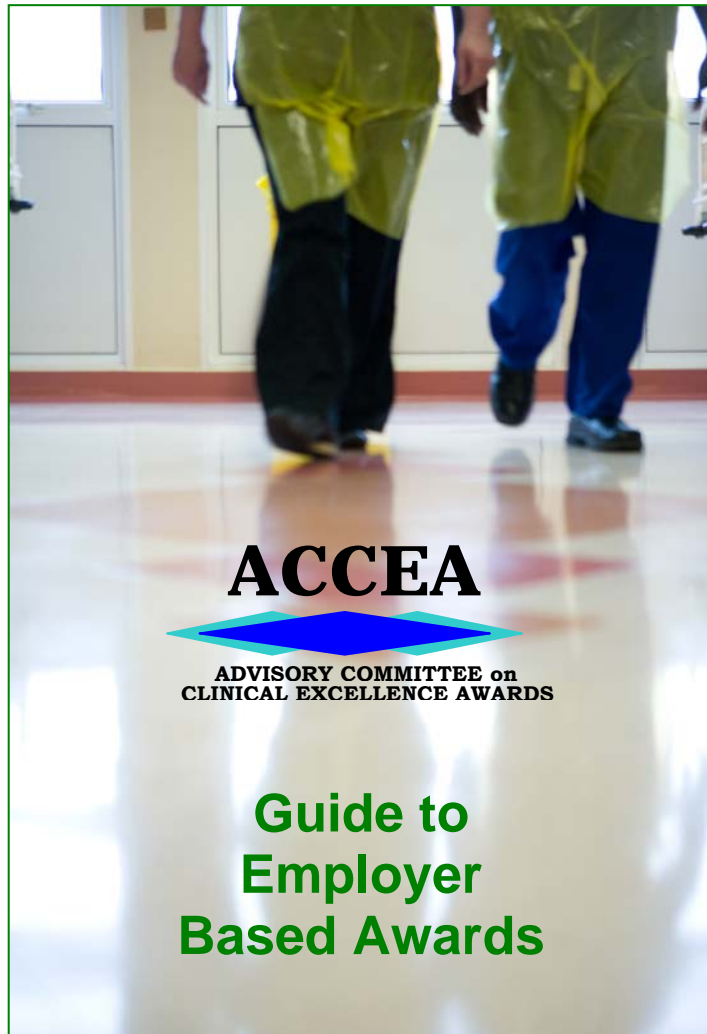


NHS Consultants' Clinical Excellence Awards Scheme

2012 Awards Round



This guide is available online at the ACCEA website
www.dh.gov.uk/ab/ACCEA/index.htm

The online national awards application system is available at
www.nhsaccea.dh.gov.uk

Published May 2012

Preface: What does this Guide cover?

All applicants, award holders and employers should be aware that the CEA Scheme has been subject to a review by the DDRB. We are awaiting the publication of the report and the Department of Health's response to the report

The advice and information contained within this Guide relates to the 2012 Round only – It does not pre-empt any new Scheme.

This Guide is for NHS consultants and academic GPs, applying for a Clinical Excellence Award in their local NHS organisation (Employer Based Awards). It is also for any employers who are involved in running Employer Based Award processes and for those who will be involved in assessing Employer Based Award applications.

It explains how the Scheme works at the local level, who is eligible and how to apply. It also explains how an Employer Based Awards Committee will consider applications for an Employer Based Award, and how to appeal against a decision made by an Employer Based Awards Committee.

Please use it as background information, and as a reference guide to complete an application. Consultants will not be able to complete an application without the Guide, so it is essential that they read it.

You can find a set of frequently asked questions about the Scheme, along with annual reports of previous awards rounds, at www.dh.gov.uk/ab/ACCEA/Publications/index.htm

You can also find a Code of Practice at www.dh.gov.uk/ab/ACCEA/Committees/index.htm

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Part 1: Introduction

1.1 The Clinical Excellence Awards Scheme

1.1.1 Clinical Excellence Awards recognise and reward NHS consultants and academic GPs who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

1.1.2 To be considered for an award, consultants and academic GPs will have to demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS.

1.1.3 The Scheme is administered by the Advisory Committee on Clinical Excellence Awards (ACCEA). It is managed on the Committee's behalf by a full time Secretariat in the Department of Health and Wales has a Secretariat in the Welsh Assembly Government.

1.1.4 The Clinical Excellence Awards Scheme continues to take account of the good practice developed by the Distinction Awards and Discretionary Points schemes that preceded it.

1.2 How does the Scheme work?

1.2.1 There are 12 levels of award. In England, levels 1-8 are awarded locally (Employer Based Awards) and Levels 10-12 (Silver, Gold and Platinum hereafter) are awarded nationally in England and Wales. Level 9 awards in England can be awarded locally (as Employer Based Awards) or nationally as Bronze, depending on the type of contribution. To avoid confusion, this Guide will always refer to the national Level 9 award as Bronze. In Wales, there are no local awards, instead commitment awards are made by employers.

1.2.2 Applicants in England may apply for both a national Bronze and an Employer Based Level 9 in the same year. If an applicant finds out that they have been successful at the Employer Based level, before the national recommendations are made, they must let the Secretariat know because they will then be ineligible for a Bronze. There is no difference to the applicant, financially between the two awards.

1.2.3 ACCEA and its sub-committees recommend individuals for Bronze, Silver, Gold and Platinum awards. Applicants for Levels 1-9 are recommended by Employer Based Awards Committees.

1.2.4 ACCEA monitors the Employer Based Awards Scheme (in England) and includes information on their distribution in its Annual Report.

1.2.5 There is a core application form for all the awards (Levels 1-9 in England and levels 9-12 in England and Wales), which means that everyone who applies has the same opportunity to highlight their contributions.

1.3 What does the Scheme reward?

1.3.1 The Scheme rewards individuals who achieve over and above the standard expected of a consultant or academic GP in their post, and who locally, nationally or internationally provide evidence of many of the following characteristics (applicants are not expected to possess them all).

- > Demonstrate sustained commitment to patient care and wellbeing, or improving public health
- > Sustain high standards of both technical and clinical aspects of service whilst providing patient focused care
- > Make an outstanding contribution to professional leadership
- > In their day to day practice demonstrate a sustained commitment to the values and goals of the NHS, by participating actively in annual job planning, observing the Private Practice Code of Conduct and showing a commitment to achieving agreed service objectives
- > Through active participation in clinical governance contribute to continuous improvement in service organisation and delivery
- > Embrace the principles of evidence based practice
- > Contribute to knowledge base through research and participate actively in research governance
- > Are recognised as excellent teachers and/or trainers and/or managers
- > Contribute to policy making and planning in health and health care

1.3.2 ACCEA invites consultants to provide evidence about their performance, including achievements in preventative medicine, in five domains enabling them to demonstrate that they:

- > Deliver patient services which are safe, have measurably effective outcomes and provide a good experience for patients
- > Have significantly improved quality of care and the clinical effectiveness of their local service or related clinical service broadly within the NHS
- > Have made an outstanding leadership contribution, including within the profession

- > Have made innovations or contributed to research, or the evidence/evaluative base for quality
- > Have delivered high quality teaching and training which may include the introduction of innovative ideas

1.4 Overseas Work

1.4.1 The Scheme recognises outstanding contributions to the NHS. Work undertaken in other countries is not directly relevant to the Scheme. However, if it can be shown to have had a direct benefit to the NHS then that impact can be taken in to account. Evidence of the outcomes of overseas work can be used as background evidence to support an application based on a consultant's current role and position in the NHS and their contribution in that capacity. For example, it may be used to demonstrate current excellence as part of a portfolio of work, or to show that relatively short NHS contributions are likely to have a sustainable effect. Work done overseas cannot be considered in isolation.

1.5 How are applications assessed?

1.5.1 The Scheme aims to be completely open and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive. Awards are also monitored to ensure that the Scheme is implemented fairly. The Annual Report of ACCEA records the conclusions of this monitoring.

1.5.2 Standard guidelines are used when recommending applicants for each level, and all awards are assessed against the same strict criteria. These criteria are set out in detail in Part 6 and in the Guide for Assessors, which can be viewed at www.dh.gov.uk/ab/ACCEA/Awardsround/index.htm.

1.5.3 The criteria apply to all levels of award, but take account of achievements possible at different stages of a consultant or academic GP's career.

1.5.4 The Employer Based Awards Committees measure achievement within the parameters of an individual's employment, and recognise excellent service over and above the normal delivery of job plans including the quality of delivery of contractual duties.

1.6 Employer Based Awards Committees

1.6.1 Every year, each NHS organisation employing consultants or academic GPs eligible for an award, appoints an Employer Based Awards Committee to consider applicants for levels 1-9. This will have a minimum of 12 members, including consultants, employer representatives (Chief Executive, HR Director, Medical Director) and lay members.

1.6.2 At least half the members should be consultants and a quarter employer representatives, and three should be lay members, including ideally a lay Chairman. Lay members should be knowledgeable about the working of the NHS as it is currently constituted and have informed lay involvement in health and the patient's perspective, perhaps through serving on an NHS Board. One of the lay members should come from outside the Trust. Where appropriate, committees should have additional university representation – in the case of a university teaching hospital, this is expected.

1.6.3 Consultant members should represent the diversity of the consultant body. Consultant members should include at least one non-award holder. It is desirable that committee members have a range of award levels.

1.6.4 The Employer Based Awards Committee should nominate a member, normally the Medical Director, to be responsible for liaising with consultant staff. This member will:

- a) Ensure that consultants are fully informed of the Trust's procedures and that they are given guidance on completing the application form, either by formal presentations or individually. The member should also ensure that consultants are advised to read the ACCEA Guide to Applicants before completing the application forms
- b) Provide or arrange for training for members of the committee
- c) Be responsible for providing feedback to unsuccessful applicants

1.7 Commitment Awards

1.7.1 ACCEA does not have any role in relation to commitment awards in Wales. For further information on commitment awards please contact the individual employer.

Part 2: Eligibility

2.1 Who can apply for an award?

2.1.1 An NHS consultant or academic GP can apply for a Clinical Excellence Award if they are in one of the following 6 categories:

a) A **fully registered medical or dental practitioner**, who is included on the specialist register of the GMC or specialist list of the GDC, who has been substantively appointed as an NHS consultant for at least one year (excludes any period as a Locum Consultant although reference to achievements as a Locum in the same role can be drawn on as evidence) and who has at least one year's experience at consultant level on 1 April in the award year, holding a medical or dental qualification, and employed by organisations such as:

- > Strategic Health Authorities
- > Special Health Authorities
- > NHS Trusts
- > NHS Foundation Trusts
- > Primary Care Trusts
- > The Department of Health (where NHS terms and conditions of service are retained)
- > National Institute for Health and Clinical Excellence
- > Social Enterprise Organisations
- > The Health Development Agency
- > The National Blood Service
- > Universities
- > Medical and Dental Schools
- > The Medical Research Council
- > Other bodies occasionally approved as proper employers of consultants for NHS purposes

b) An **academic general practitioner (GP)** holding a substantive contract of employment as a clinical academic at the equivalent of senior lecturer level or above, with a higher education institute and/or the Medical Research Council.

They will only be eligible if their employer considers that their duties and responsibilities equal those of consultant clinical academic staff. They can apply for awards provided they:

- > Work at least half their hours as an academic GP
- > Are a practising clinician providing some direct NHS services

> Undertake at least five programmed activities or equivalent sessional time that benefits the NHS, including teaching and clinical research

c) **A consultant who is a registered medical or dental practitioner and holds an honorary NHS contract.** Eligibility for awards is defined in the contribution made to the NHS, using wider terms than direct patient care. They must have undertaken at least five programmed clinical activities or equivalent sessional time of benefit to the NHS, including teaching and clinical research.

Whole-time academic consultants with fewer than five programmed activities (or equivalent), considered beneficial to the NHS, may be eligible for a proportion of the award. For more details please see the matrix on pro rata payments which is available to download from www.dh.gov.uk/ab/ACCEA/Publications/index.htm

d) A **postgraduate dean** appointed in competition from both general practitioners (GPs) and consultants and with responsibilities for postgraduate trainees across all specialties.

e) A **consultant subsequently employed as a dean/head of school in medicine and dentistry**, on the basis of their work in this post.

f) **A consultant working as an NHS Trust clinical or medical director or equivalent medical manager post.** Awards committees will assess their clinical work and contribution over and above expected duties.

In the case of a consultant almost exclusively in medical management, their application will be considered. However, there should be some clinical practice undertaken to ensure continuation of eligibility for appropriate revalidation by the General Medical Council.

Consultants who move out of medical management into a general management role are not eligible for Clinical Excellence Awards.

A consultant can apply for a Clinical Excellence Award, whether they are subject to nationally determined terms and conditions of service or have agreed terms with an individual trust.

2.2 Consultants working part-time

2.2.1 Part-time consultants are eligible for Clinical Excellence Awards and will be paid on a pro-rata basis.

2.3 Eligibility for progression

2.3.1 Consultants and academic GPs may apply for progression through the Scheme up to Level 9 via their employer.

2.3.2 In England, applicants may apply for a Bronze Award and Levels 1-9 in the same year. All applications for Bronze Awards will be assessed on their merits and there is no minimum level of Employer Based Award required.

2.3.3 Progression requires demonstration of a step change in an individual's contribution. In any given awards round Employer Based Awards Committees may give multiple awards to the individuals that they deem worthy.

2.3.4 Consultants who hold a lower level of Clinical Excellence Award, Discretionary Points in England or Commitment Awards in Wales and successfully apply for a higher Clinical Excellence Award will no longer receive payment for their previous award. Therefore, the value of an existing award will form part of the new one. For example, if an applicant has a Level 7 award, and successfully applies for a Level 9, applicants would get the value of the Level 9 award – not the combined total of both. This also applies to Commitment Awards in Wales.

2.3.5 When applying for a national award, applicants should refer to the Guide for Applicants, which is available on the ACCEA website, to ensure that they follow the correct process.

2.4 Consultants and academic GPs nearing retirement

2.4.1 Clinical Excellence Awards make it possible for very experienced consultants to be properly recognised and rewarded while continuing to work for the NHS. While there is no upper age limit for applications, ACCEA aims to reward continuing, sustained contributions, and so does not expect applications from consultants or academic GPs intending to retire in the near future.

2.5 Issues affecting your eligibility for awards

2.4.2 You are not eligible for an award if you are -

- A locum consultant, although if you subsequently hold a substantive consultant post it will be acceptable for your application to draw on evidence from your time as a locum consultant
- A consultant working exclusively in a general management position (such as chief executive or general manager) without a specific clinical role

Investigations or disciplinary procedures.

2.4.3 The Framework Agreement establishing the Clinical Excellence Awards Scheme states that consultants are eligible for awards providing there are no adverse outcomes

for the consultant following disciplinary action by the employer or the General Medical Council or the General Dental Council. It also states that in very extreme circumstances the award and associated payment will be removed. Adverse outcomes include disciplinary sanctions, all findings by the GMC or GDC of impaired fitness to practice due to 'misconduct', 'deficient professional performance' or criminal conviction or caution. Eligibility relates to continuing to hold an award as well as applying for a new award.

2.4.4 A consultant will not be eligible for an award, or the renewal of an award, if they have disciplinary sanctions outstanding against them on the closing date for applications for new awards and renewals in a particular year.

2.4.5 The implications of 'warnings' issued by the GMC or GDC, and the implications of disciplinary sanctions by employers' disciplinary proceedings, including the issuing of a formal warning, will be considered by the main ACCEA. ACCEA will decide if those sanctions render the consultant ineligible, with an opportunity for the consultant and the employer, where appropriate, to make representations on the issue.

2.4.6 ACCEA considers the placing of restrictions by a regulator or employer on a consultant's practice as indicating 'very extreme circumstances' in which pay protection would not apply. Consultants in this position would have the award itself and payment of the award removed unless the consultant makes a case to the main ACCEA that persuades them that it would be appropriate to continue payment. This would only occur in exceptional circumstances.

Part 3: The application process

3.1 Making an application

3.1.1 Applicants must complete their own application form – nobody can submit one on their behalf. Applicants should be familiar with the Employer Based Awards Committee procedures and timetable in their trust to ensure their application is submitted before the deadline.

3.1.2 Applicants will need to download the application forms from the ACCEA website and then complete them. Applicants should speak to whoever is responsible for administering the awards process where they work, as they may already have the forms ready for applicants to complete. They will also be able to tell applicants how they will be managing the award round in their trust.

3.2 Support for an application

3.2.1 External citations are not utilised in assessing applications for Employer Based Awards. This does not apply to consultants with more than one employer where input should be provided by all employers.

3.2.2 As Employer Based Awards Committees should be familiar with the applicant's work, they may not need the employer statement when assessing applications. Therefore, the Chief Executive (or Medical Director) does not need to complete the employer's statement for Level 1-9 applications, although the option to do so is available.

3.2.3 If an applicant is employed by a university, the employer's statement, if required, should be completed by the Chief Executive of the trust in which the applicant does most of their clinical work. The applicant may wish to ask their university to complete a citation, so it can comment on the significance of a contribution.

3.3 How do appraisals and job planning fit into the process?

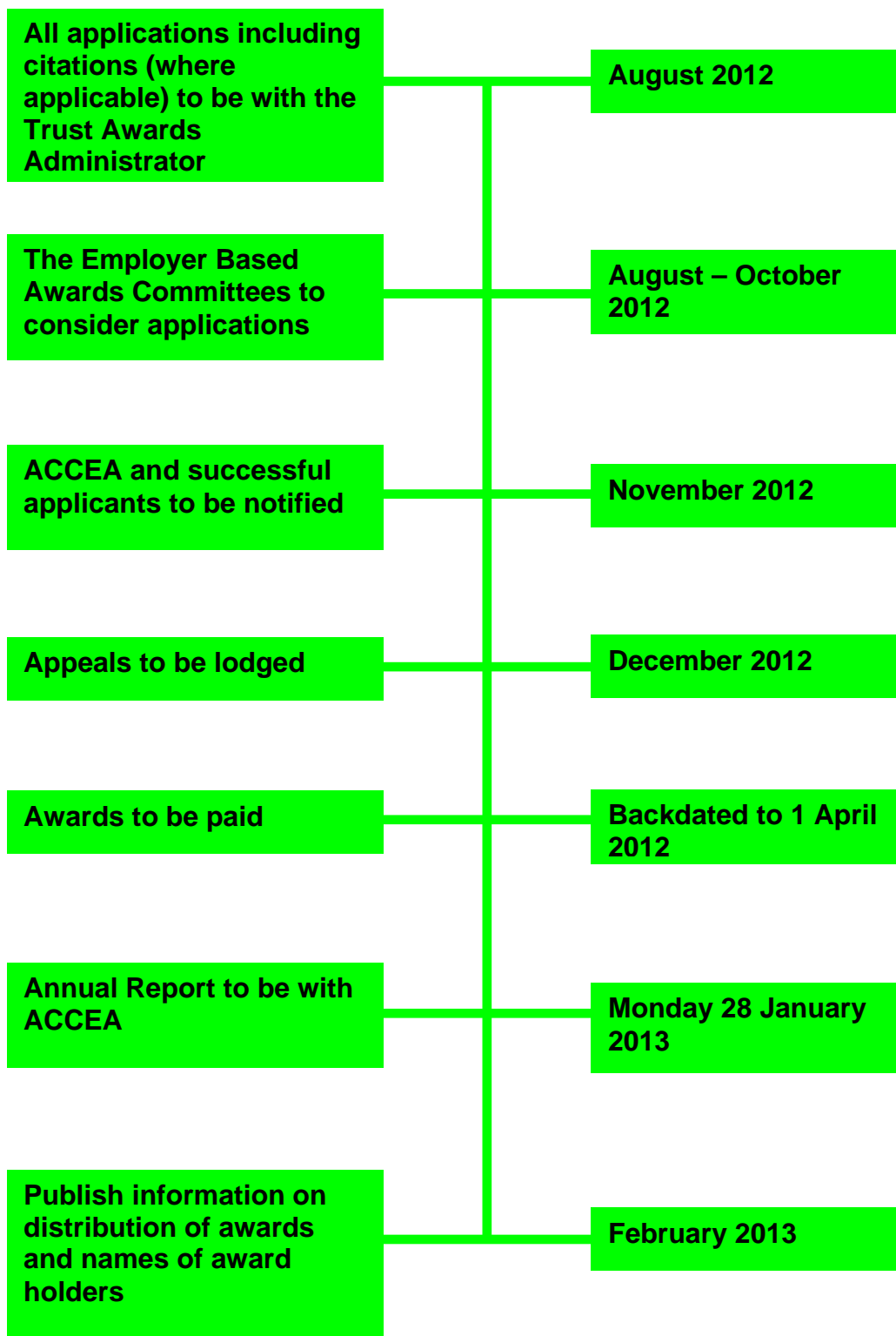
3.3.1 To be eligible for an award, applicants must take part in an annual appraisal exercise. It is the employer's responsibility to confirm whether applicants have done this within the twelve months before their application, and if an annual appraisal exercise has not taken place then to confirm that the applicant has made reasonable efforts to participate in an appraisal.

3.3.2 Applicants will not be eligible for an award unless the employer confirms that the applicant has participated satisfactorily in the appraisal process, has fully participated in job planning, met contractual obligations and complied with the Private Practice Code of Conduct. An applicant may have met the required standard of job planning without

necessarily having an agreed job plan in place, for example where mediation is taking place.

3.4 Employer Based Awards Timetable

3.4.1 The timetable is for local agreement (subject to the Annual Report reaching ACCEA by Monday 28 January 2013), but the recommended stages are as follows:



3.5 Applying for an Employer Based Award (Levels 1- 9)

3.5.1 For the Employer Based Awards, applicants must complete the same form as for the national awards. However, rather than logging in and completing the form online, applicants will need to download it from the ACCEA website and complete it as a Word document. Once applicants have downloaded the form, they should follow the steps below – saving the completed documents as they work.

Step 1: Complete the Applicant’s Details section.



Step 2: Complete the **Qualification Details** section. Applicants should include the year they began at consultant grade, their speciality and qualifications they have achieved.



Step 3: Complete the **Employment Details** section. Applicants should list their employers (most recent first), including number of Programmed Activities/Sessions per employer and any consultant appointments.



Step 4: Complete the **Personal Statement** section. Applicants should give four points summarising their case for an award, and should focus on the most significant achievements and most important examples of excellent work. Please note that achievements mentioned in the personal statement should also be included in the domain statements.

Applicants already holding an award should concentrate on achievements since receiving it.



Step 5: Complete the **Job Plan** section which summarises separately the number of direct clinical care, supporting and 'other' programmed activities that they are remunerated for. It also describes other roles for which they receive remuneration from other sources as well as listing activities for which they are not remunerated. It should not provide a day to day list of all their activities but should describe their working week for each post they hold eg consultant surgeon, clinical director, senior lecturer or specialist society officer (this is not a comprehensive list). This section is used to understand what their job is, so that their evidence of excellence can be assessed. They should include a summary of their objectives related to their programmed activities. It should include an outline of their various roles and responsibilities for the post such as clinical work, teaching, medical management, etc.



Step 6: Fill in the **Domain** sections, highlighting achievements over and above contractual expectations. If they would like to highlight additional work they have done in any of these areas, there is the option to complete an additional form for **one** domain which you would complete instead of the relevant domain field (**applicable to Domains 3, 4 or 5 only**).



Step 7: Applicants should check that they have completed all relevant sections before signing the **Verification of Completion** section (please note to sign this, they would simply type their name into the boxes provided).

3.5.2 Applicants should not submit the application to their employer without completing all the sections.

3.5.3 When applicants have completed all parts of the form, they should pass this to the Trust Administrator, along with the employer's statement, if one is included, plus any citations.

3.6 Review of Employer Based Awards

3.6.1 Employer Based Level 9 awards are subject to five-yearly reviews. In the transitional period (since Level 9 reviews were introduced in the 2010 Round) it is the responsibility of the employer to ensure that level 9 awards are reviewed at the correct time. Employers should advise all award holders to whom this applies as soon as possible. The process is illustrated in the following flowchart.

.

It would be for the Trust to agree locally the mechanism for reviewing awards. This would usually be undertaken by a panel of reviewers using managerial, lay and consultant members. Trusts may choose to ask the Employer Based Awards Committee to undertake the review or convene a special committee with a medical majority, in line with guidance for the constitution of EBACs



The review papers must be submitted by the trust deadline so that the award can be reviewed in the appropriate round. It is important that the review process is consistent each year.



The review papers should be submitted on the same form as that for new applications i.e. Form A – application.



Level 9 Award Holders who were granted an award payable from April 2008 need to have their award reviewed by the Trust in the 2012 Round.

3.6.2 As much attention should be given to completing an application for a renewal of an award as would be given to submitting an application for a new award. An application for a 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.

3.6.3 The need to renew awards ensures that the Scheme only rewards consultants who continue to meet the performance standards required. In reaching a view on renewals, the Employer Based Awards Committee will also consider any adverse findings from complaints, disciplinary or professional proceedings. Where such proceedings are incomplete at the time of review they should either not be considered by the review committee or the award, should renewal be agreed by the committee, may be made conditional on the satisfactory conclusion of those proceedings.

3.7 How will the review work?

3.7.1 It should be noted that the Scheme is currently under review and may therefore change. Applicants who submit a successful renewal application in the 2012 Round will have their award renewed subject to any transitional provisions that may be issued as a result of these changes.

3.7.2 As part of the review, applicants would need to complete a current application form (Form A – application) with one supplementary form if desired (Form D – research & innovation or Form E – teaching & training or Form F – leadership & management), setting out how they continue to meet the criteria for holding an award of that level. When applying for renewal they should demonstrate, by reference to any achievements since the original award or last review, how they continue to meet the criteria for the Scheme.

3.7.3 Applicants should focus on activity within the five year period leading up to the review. They should only include information on earlier activity to demonstrate how their contributions have evolved or been maintained.

3.7.4 If the evidence provided is deemed insufficient for a renewal, the award may be downgraded or withdrawn. Consultants to whom this applies will be warned in writing that this recommendation is being made.

3.7.5 Consultants who have been advised of the recommendation to withdraw or downgrade an award may appeal in writing to the Chief Executive within four weeks of receipt of the decision. The written appeal will be submitted for consideration by the EBAC or review committee and should contain details illustrating why the consultant should retain the award. The Chief Executive will reply within two weeks acknowledging receipt of the appeal; the appeal will be heard within one month and will follow the agreed CEA appeals procedure.

3.7.6 Awards granted by Employer Based Awards Committees will also be reviewed by that committee following a signal event. Such events might include:

- If the consultant is the subject of a General Medical Council complaint or similar process, which has found against them, and called into question the continuation of their award such as a finding of deficient performance.
- Substantiated failures to demonstrate good practice standards.
- Substantiated failures of probity.
- Substantiated repeated failures to participate in appraisal and job planning.
- Substantiated failures to uphold the principles of the Private Practice Code of Conduct.
- If the consultant's contract has significantly changed – for example, if they have moved to a post in a new location, or returned from long term sickness.

3.7.7 It may also be subject to a review at any other time if their employer can demonstrate to the EBAC a valid and appropriate reason to do so.

3.7.8 Employers are encouraged to seek the advice of the ACCEA Regional Chairman if they are considering such a review.

3.8 What part does the employer play in the review?

3.8.1 The Chief Executive or nominated deputy of the organisation where they work will need to complete Part 2 of the review form and indicate whether:

- > They support the continuation of the award
- > The award holder continues to work to the standards of professional and personal conduct required by the General Medical/Dental Council (GMC/GDC)
- > There has been any disciplinary action by their employer or the GMC/GDC, arising from a complaint that directly concerns them

3.8.2 Trusts will include in their annual report to ACCEA details of the number of locally awarded level 9 CEAs that have been reviewed, together with the number of awards that have been downgraded or removed, if any.

3.9 How will the withdrawal of an award affect their salary?

3.9.1 There is currently a system of salary protection for awards that are downgraded or withdrawn although it should be noted that this may become the subject of a consultation exercise and therefore may change. Normally the financial level of basic salary including the award will be frozen on a mark time basis until the appropriate

salary level has matched the protected salary. However, in exceptional circumstances the Trust may completely withdraw an award and its financial component: Such a circumstance may be, for example, conviction for a serious criminal offence leading to a period of imprisonment, erasure from the medical register for any reason or substantiated gross dishonesty in the CEA application process. This is not a comprehensive list.

3.9.2 Where an award is downgraded or withdrawn together with its financial component the consultant concerned shall be eligible to apply for an award in the next and future awards rounds. Consultants will be ineligible to apply for further awards where the award was removed for substantiated gross dishonesty in the CEA application process or where the consultant has been convicted of a serious criminal offence leading to a period of imprisonment.

3.10 What if they are soon to retire?

3.10.1 If their expected retirement date follows the five year review limit by only a short period (up to six months) the Trust may use its discretion to renew the award until that date, even if this results in an extension slightly beyond the limit.

3.11 Things to remember when applying

3.11.1 When making an application, consultants should bear in mind the following:

- > When completing the form, they should make sure it is intelligible to all those who are going to assess the application. Remember that people reading the application may not know the applicant
- > When filling in the form they should:
 - Follow the steps given in this Guide
 - Write names of societies, groups, etc in full; do not use acronyms
 - Give quantified information whenever possible, quoting dates, the source and appropriate benchmarks
 - Use a new line for each entry. The use of bullets will help clarity of presentation
 - Give dates for activities. Award holders applying for higher level awards must specify when achievements have been made after the date of their last award
- > They should not change the font size or exceed the character count
- > They should not sign the application electronically, as this may corrupt the forms, they should simply type their name into the box provided
- > They should ensure that they have read this Guide fully

Part 4: Assessment criteria

Clinical Excellence is about delivering high quality services to the patient in front of you. However, it is also about ensuring that you are able to treat as many patients as possible by using resources efficiently and improving the productivity of the services that you offer. Assessors will expect to see evidence of a contribution to improving the productivity and efficiency of services of the NHS whilst simultaneously improving quality.

4.1 Highlighting achievements

4.1.1 In your personal statement you should give four points summarising your case for an award. Focus on your most significant achievements and most important examples of local, national and international work since your last award. You might like to highlight your particular working environment and the expectations relating to it. Although the personal statement is not scored it allows assessors to understand the essence of your case as you see it. In light of the fact that your personal statement is not scored, you should ensure the achievements highlighted here are included in one of the five domains.

4.1.2 You should complete the job plan section by summarising separately the number of direct clinical care, supporting and 'other' programmed activities you are remunerated for. Also describe other roles for which you receive remuneration from other sources as well as listing activities for which you are not remunerated. Do not provide a day to day list of all your activities but do describe your working week for each post you hold, e.g. consultant surgeon, clinical director, senior lecturer, or specialist society officer (this is not a comprehensive list).

4.1.3 An illustration of the format of a job plan is below

Obstetrician and Gynaecologist

I have an 11 Programmed Activity (PA) contract which is split in to 8.5 Direct Clinical Care PAs and 2.5 Supporting Professional Activities. Broadly, my direct clinical care time is spent leading Antenatal clinics, Gynaecology clinics, both Obstetric and Gynaecology theatre lists and labour ward rounds. I attend or lead various meetings to support this clinical care such as case reviews, governance meetings, multi disciplinary team meetings and safety meetings. These occur throughout the week although the pattern varies from week to week. As a consultant I also take teaching and training sessions and help develop training. I am on call at the weekends once in every four weeks.

My objectives include taking a lead on reducing Hospital Acquired Infections within my department, reducing the need for Caesarean births, improving the screening process or gynae related cancers and working towards becoming an examiner for my college. My job plan reasonably closely relates to my actual work although I frequently stay later than planned if operations or meetings take longer than expected.

4.1.4 When completing your application, you need to highlight your achievements in five domains. Your employers should consider how you have performed in these areas before deciding on whether to encourage you to apply.

4.1.5 Whilst completing this part of the application, you should bear in mind the following:

- > You do not need to demonstrate achievement over and above the expected standards in all five domains to be worthy of an award. Much will depend on the type and nature of your post
- > Use the domains to draw attention to your most important examples of excellent work
- > Make sure it is shown when achievements started and ended, or if they are continuing. Relevant dates must be provided

4.1.6 You should not include evidence submitted for an earlier award, unless it illustrates how initiatives have been further developed.

4.1.7 When completing your application, you must detail your achievements in five areas (or 'domains'), grouping your achievements accordingly. Detailed guidance is given in Part 6 of this Guide or in the Guide for Applicants, which can be found on the ACCEA website.

Part 5: The role of the NHS Organisation in the Employer Based Awards process

5.1 What employers need to do

5.1.1 To assess applications for Level 1-9 awards and review level 9 awards, an NHS organisation will need to set up a committee, ideally chaired by a lay member. An administrator should be identified who can co-ordinate the round for the organisation.

5.1.2 For Employer Based Awards, there is no need for the Chief Executive to complete a citation in support of consultants, unless no one on the committee knows their work. If the Chief Executive and the consultant applying are unsure whether a citation should be completed, they should speak to whoever is administering the awards in their organisation.

5.2 Guidelines for completing the employer statement

5.2.1 If an employer's statement is required (see section 3.2.3) to support an application, this should be completed as follows.

5.2.2 Complete assessments in the employer statement X, C, P or E according to the criteria. Do not use these to compare the applicant with other consultants being supported, or to give them a ranking.

- | | |
|--|---|
| > No commitment in this domain | X |
| > Has not delivered contractual obligations at a level expected | U |
| > Delivers contractual expectations at a level expected | C |
| > Some aspects of delivery have been clearly over and above expectations | P |
| > Outstanding delivery of service | E |

5.2.3 Employers should indicate factors such as ongoing contractual or professional difficulties in the statement.

5.2.4 Employers should also state on the form any current or recently concluded complaint against the applicant, or at any time after submission, if the applicant becomes the subject of a subsequent complaint. Any disciplinary process underway should be noted and the outcome awaited so that appropriate action can be taken, in consultation with the applicant. There is also the opportunity to explain the rationale behind the assessments.

5.2.5 The form should be signed by the Chief Executive or nominated deputy regardless of whether they are supporting the application. All applications should proceed to assessment by the full committee.

5.3 Note for administrators

5.3.1 Those responsible for administering the awards in organisations should ensure that the necessary documents are available for consultants applying for an Employer Based Award, and know where to refer applicants for more information.

5.3.2 In this transitional period, you should identify those due for review of existing level 9 awards and notify them appropriately.

5.4 Employer Based Awards Committees

5.4.1 Employer Based Awards Committees should be composed as in section 1.4.1

5.4.2 Smaller organisations have the option of linking with a neighbour if they do not have enough people to form a viable committee. ACCEA recommends that employers should aim to ensure that their committees cover at least 50 eligible consultants/academic GPs, combining with other organisations, where necessary, to achieve this.

5.4.3 If an Employer Based Awards Committee covers more than one employer there must be a representative from each employer on the committee, and the number of members can be increased for this purpose.

5.4.4 NHS organisations should ensure that the committee's professional members are drawn from a wide range of specialties and reflect the gender and ethnic origin mix of local consultants.

5.4.5 Where appropriate, committees should have university representation – in the case of a university teaching hospital, this is expected.

5.4.6 Members serving on Employer Based Awards Committees must have received currently valid training in diversity.

5.4.7 Committees are expected, through the described reporting arrangements, to ensure that there is an appropriate and auditable approach to decision making.

5.4.8 Members of the national ACCEA and its sub-committees are eligible to attend Employer Based Awards Committee meetings. A representative of the regional sub-committee may be available to attend Employer Based Awards Committee meetings as an observer and their advice would be available if required.

5.4.9 Each Employer Based Awards Committee must have a written procedure. This should explain the selection of committee members, the assessment and scoring

procedures, and the procedure for appeals. It could also include guidance for applicants on completion of application forms. This document should be submitted to the ACCEA Secretariat on lac.reports@dh.gsi.gov.uk, at the time of notification of the date of the Employer Based Awards Committee's meeting.

5.5 Timetable

5.5.1 The timetable is for local agreement, but the recommended stages are shown in section 3.4.1

5.5.2 The Trust Awards Administrator should notify the ACCEA Secretariat of the date of their Trust's Employer Based Awards Committee meeting two months before the meeting.

5.6 Annual report

5.6.1 The policy framework for the Scheme makes it clear that the process must be transparent, fair and based on clear evidence – and that the public and those within the profession perceive it to be so. Each Employer Based Awards Committee must produce an annual report containing its recommendations for awards payable from 1 April 2012. This report should be sent to the Awards Manager at the ACCEA Secretariat at lac.reports@dh.gsi.gov.uk by Monday 28 January 2013.

5.6.2 It is also good practice to submit a copy of the report to the NHS Trust board or remuneration committee.

5.6.3 The annual report lists members of the Employer Based Awards Committee, with personal details, to demonstrate their selection complies with membership guidelines (see section below). The annual report demonstrates that the process has been completed fairly, according to ACCEA guidelines.

5.6.4 The report must include:

a) The number of consultants in each trust eligible for consideration (i.e.those in post for at least 12 months), and of these the number of:

- > Consultants in academic posts
- > Female consultants
- > Consultants from ethnic minorities

b) The number of award holders in each trust, and of these the number of:

- > Consultants in academic posts
- > Female consultants
- > Consultants from ethnic minorities

- c) The names of people recommended for an award in 2011.
- d) The amount available for investment and the amount actually invested.
- e) The number of appeals that have been:
 - > Received
 - > Upheld
 - > Rejected
 - > Unresolved and passed to ACCEA regional sub-committees
- f) A compliance statement signed by the Chair of the Employer Based Awards Committee regarding process and mechanisms for advising and supporting consultants as set out above.

5.6.5 The procedures and outcomes of the Employer Based Awards Committee meeting, and its Annual Report should be made available to all consultants.

5.6.6 In order to complete the Annual Report template go to www.dh.gov.uk/ab/ACCEA/localawards/index.htm and then send this to the ACCEA Secretariat. (lac.reports@dh.gsi.gov.uk)

5.7 Monitoring Employer Based Awards Committees

5.7.1 Regional sub-committees will monitor the quality of awards procedures and the distribution of awards made by their Employer Based Awards Committees, through the receipt of the Annual Report, and the report of the sub-committee member if one attends as an observer. They will then take any appropriate investigative and/or other action as necessary to address perceived imbalances.

5.7.2 Employer Based Awards reports should be sent to Awards Manager in the ACCEA Secretariat who will liaise with the relevant regional sub-committee chair.

5.7.3 It is part of the role of the sub-committee chair to receive the annual report and ensure that the relevant criteria are adhered to.

Part 6: Scoring applications

6.1 How to score new award and renewal applications

6.1.1 ACCEA has developed comprehensive guidance for scoring applications for Employer Based Awards, which is set out below. ACCEA are continuing to develop this guidance, in partnership with stakeholders, to ensure the process is fair and gives all applicants an equal opportunity to demonstrate excellence in key areas. ACCEA hopes that Employer Based Awards Committees will find these guidelines useful and will choose to follow them.

6.1.1 Employer Based Awards Committees should consider how applicants have performed in the five domains, when assessing their application.

6.1.2 Applicants are not expected to perform 'over and above' expectations in all five domains. Much will depend on the type and nature of the post and on the activities and priorities of the employing trust, subject to the interests of safe and effective patient care.

6.1.3 Only activity as a consultant within the NHS should be considered when assessing applicants for a first award, and activity since their last award for progression to a higher level. **Look carefully at dates.**

6.1.4 All committee members should take part in the scoring process. All applications should be scored independently and confidentially by each committee member and the scores collated and ranked. The scoring should be used to establish a ranking as the process is competitive. The aggregate scores for each domain and ranked total scores should be available for all members at the Employer Based Awards Committee meeting.

6.1.5 There is no predetermined aggregate score or threshold below which an award will not be made and ranking should be regarded as indicative. Each application should be judged as a whole, and excellence in one domain only may be sufficient to be recognised under the scheme

6.2 How to score applications

6.2.1 As part of the assessment process you should score each domain using the following ratings:

- > Does not meet contractual requirements or when insufficient information has been produced to make a judgement Score 0
- > Meets contractual requirements Score 2
- > Over and above contractual requirements Score 6

Domain 1 – delivering a high quality service

Consider contract:

Assessment of this domain will be influenced by the contract held (i.e. academic v NHS consultant) and the time that is allocated within that contract for clinical activity. For an academic consultant, activity should be measured against the output expected from the applicant's peers i.e. other clinical academics rather than a full time NHS consultant. Similar principles should apply to medical managers, especially those with a small number of clinical sessions.

Look carefully at dates. Give credit only for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

Performance in some aspects of the role could be assessed as 'over and above' expected standards, but generally, on the evidence provided, contractual obligations are fulfilled to competent standards and no more.

Score 6 (Over and above contractual requirements)

Some duties are performed in line with the criteria for 'Excellent', as below. However, on the evidence provided, most are delivered above contractual requirements, without being in the highest category. For example someone who is clinical audit lead could demonstrate what has been achieved under their leadership. Another example is regional external quality assurance lead, citing what has been done, or lead in infection control, where this has improved quality of care. Being a good team member and motivator in the provision of a service is something which could merit recognition at this level.

Score 10 (Excellent)

In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

> Contracted post is carried to the highest standards. There should be evidence that the work undertaken is outstanding in relation to service delivery and outcomes when compared to that of peers. Where possible, evidence for this should come from benchmarking exercises or objective reviews by outside agencies to include

patient/public orientated measures. However, it is accepted that in some situations this may not be available/possible

- > Leadership role in service delivery by a team with, where possible, evidence of outstanding contribution, such as awards, audits or publications
- > Excellent contribution to clinical governance and/or service delivery
- > Evidence presented may include audits and publications and/or the take-up of the practice elsewhere
- > Exemplary standards in responding to needs and preferences of patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers' survey, or feedback on the service (external or peer review reports)

Domain 2 - developing a high quality service

Look carefully at dates. Give credit only for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

The applicant has fully achieved their service based goals and provided comprehensive services to a consistently high level but there is no evidence of them making any major enhancements or improvements.

Score 6 (Over and above contractual requirements)

Applicants should show evidence of performance in some but not necessarily all of the following:

The applicant has made high quality service developments, improvements or innovations that have resulted in a better and more effective service delivery. This could be demonstrated by:

- > Improved outcomes (clinical governance)
- > Services becoming more patient centred and accessible
- > Benefits in prevention, diagnosis, treatment or models of care
- > Good uptake of evidence based practice

Good team players should be recognised especially where the individual's role and contribution is clearly identified and could justify a score at this level.

For this score, the activity would be mainly at local level, especially if achieved in the face of difficult circumstances or constraints. An example could be someone who is clinical governance lead and can show/demonstrate what has been achieved in that role.

Score 10 (Excellent)

In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

- > Service delivery - introduction of new procedures, treatments or service delivery, sometimes based on original research or development, which may have been adopted in other Trusts. Developing a more cost effective service without compromising standards, particularly where such practice has been adopted elsewhere
- > Clinical governance - introduction or development of clinical governance approaches which have resulted in audited or published advances possibly taken up in other locations
- > Leadership - in the development of the applicant's specialty, at supra-Trust level, particularly as higher levels of awards are achieved
- > Involvement of patients/public in design/delivery of service, especially where evidence of an innovative approach

Domain 3 – leadership and managing a high quality service

This domain covers achievements in clinical or medical academic management, administrative or advisory responsibilities, or professional leadership.

Consider contract and job plan:

A certain level of achievement is expected from medical managers as part of their job.

Look carefully at dates. Give credit only for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

Applicants should receive this score if they are delivering a good service. They will need to give evidence of being involved in the running of a unit or department and maintaining

excellent staff relations; for example by encouraging and showing leadership with colleagues in nursing and other professionals ancillary to medicine.

Score 6 (Over and above contractual requirements)

To score 6 points, applicants must show successful management skills, especially in innovative development and hard-pressed services. They may also have been involved in recognised advisory committee work. An example of someone who would merit this score would be a clinical director who had been shown to be particularly effective in managing a service. Just because someone is paid for doing a role does not preclude them from being recognised where the individual has shown leadership. Another example would be an individual who has been involved in carrying out appraisals for peers/non-career grade doctors and has been recognised as being particularly effective and shown leadership at this process. Active membership of a college/specialty advisory committee/professional association would be a strong factor provided it can be demonstrated what the individual has done within the committee and is not claiming credit just for membership.

Score 10 (Excellent)

In addition to some of the achievements acquiring the score of 6, applicants scoring 10 in this domain will have shown evidence of outstanding administrative achievement in a leadership role. Medical directors and other clinical managers should not be given this score purely because they hold the post. There must be clear evidence that they have distinguished themselves and shown excellent leadership. Similarly the fact that there is payment for the post should not preclude an individual from being recognised.

Other evidence that could justify this score would include (This list is not exhaustive):

- > Leadership in shaping trust policy and modernising health services at a trust level, particularly where changes have been taken up in other trusts
- > Demonstrating leadership in chairing a regional committee could justify the score
- > Successful directorship of a large nationally recognised unit, institute or regional service
- > Planning and delivery of service at a level outside the trust
- > Any other evidence from citations of exceptional activity and achievement
- > Successful resolution of problems and challenges

Domain 4 – research and innovation

Consider contract:

- > Assessment of this domain will be influenced by the contract held (i.e. academic v NHS consultant and if NHS - teaching v DGH hospital background) and the time that is

allocated within that contract for research. So, for an academic consultant, evidence will be measured against the output expected from the applicant's peers. Where there is a university representative on the Employer Based Awards committee, their view could help guide the committee

- > Some NHS consultants who have not been active in research and publications may have shown great innovation in the development of clinical practice and in providing a cost-effective service. Where such innovation has been recognised by visits from colleagues or the practice being taken up elsewhere, this could be considered innovative practice. There will often be some overlap with development of service when assessing this aspect of a consultant's work

Look carefully at dates. Give credit only for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

Clinical academic:

They should be considered by their employer to be 'research active' at a level commensurate with their contract. This rating would be based on the applicant's research output and associated publications within the past five years.

NHS Consultant:

Examples of innovative clinical practice could justify this score even for individuals who are not actively involved in research. They may have undertaken research, alone or in collaboration, which has resulted in publications.

Score 6 (Over and above contractual requirements)

Applicants should show evidence of performance in some but not necessarily all of the following:

Clinical academic:

There will be evidence of the applicant having made a sustained personal contribution in basic or clinical research demonstrated by:

- > A lead or collaborative role, holding or having held since the last award peer reviewed grants
- > A role as a major collaborator in clinical trials or other types of research

- > A publication record in peer-reviewed journals within the past five years
- > Supervision now, or since the last award, of doctorate/post doctorate fellows
- > Other markers of research standing, such as lectures/invited demonstrations

NHS Consultant:

- > Taking part in research and/or clinical trials
- > Supervision of research by junior staff or other NHS staff
- > Innovative work which has resulted in service improvement (locally and possibly regionally). Significant involvement in trust publications/news letters could be regarded as an example of innovation and justify a score at this level. Similarly, media activity, promoting/defending the service could be viewed as innovative
- > A publication record in peer-reviewed journals since the last award

Score 10 (Excellent)

In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

Clinical academic:

The applicant's research work will be of considerable importance to the NHS by its influence on the understanding, management or prevention of disease. This could be demonstrated by evidence of some of the following:

- > Major peer-reviewed grants held currently or since the last award, for which the applicant is the principal investigator or main research lead (they should have included the title, duration and value)
- > Research publications in high citation journals
- > National or international presentations/lectures/demonstrations
- > Supervision of successful doctorate students, some of whom might have come on national or international fellowships
- > Other peer determined markers of research eminence
- > Assessors should look for achievements that have been carried out since the last award was granted and any reference to work prior to the last award should only be made to illustrate the basis on which more recent achievements have been made

NHS Consultant:

- > A lead or collaborative role, holding or having held since the last award peer-reviewed grant
- > A role as a major collaborator in clinical trials
- > Research publication in peer-reviewed journals since the last award
- > Innovative work that resulted in regional or possibly national service improvement

Domain 5 – teaching and training

All consultants are expected to be involved in teaching and training, and applicants must identify excellence/leadership that is over and above their contractual responsibilities beyond simply fulfilling that role.

Consider contract:

i.e. academic v NHS consultant and if NHS - teaching v DGH hospital background.

Excellence may be demonstrated by leadership and innovation in teaching locally and regionally. This may include undergraduate and/or postgraduate examination and supervision of postgraduate degree students. Contributing to the education of other health and social care professionals is also relevant.

Look carefully at dates. Give credit only for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

Evidence of having fulfilled the teaching/training requirements identified in the job plan, in terms of quality and quantity.

Score 6 (Over and above contractual requirements)

Applicants should present evidence from some of the following areas:

- > Involvement with undergraduate and/or postgraduate educational programmes in roles such as educational supervisor, head of training/programme director, regional advisor, clinical tutor etc. Look for evidence of what the individual has achieved in these roles

- > Information about the quality of teaching and/or training through regular audit and mechanisms such as 360 degree appraisal. This should include evidence of adaptation and modification, where appropriate, of these skills as a result of this feedback
- > Participation/leadership in the training of other health care or social care professionals, ideally with evidence of the quantity and quality of such training
- > Involvement in quality assurance of teaching and training and evidence of success

Score 10 (Excellent)

In addition to some or all of the achievements listed for score 6, applicants could show evidence of excellent performance in some but not necessarily all of the following:

- > High performance in formal roles such as working with undergraduate and postgraduate deans
- > Leadership and innovation in teaching including some, but not necessarily all of:
 - New course development
 - Innovative assessment methods
 - Introduction of new learning techniques
 - Authorship of successful text books chapters or other media on teaching/training
- > Educational leadership outside the Trust, for example at regional level, as evidenced by invitations to lecture, perhaps peer-reviewed and other publications on educational matters
- > Innovation and trend setting in teaching and training, perhaps being involved in examination processes for a college, faculty, specialist society or other professional body which may be at national level

Part 7: Annual investment for Employer Based Awards

7.1 Guidelines for calculating investment

7.1.1 The Department of Health, which advises ACCEA on finance, has given the following guidance on how employers should calculate the investment they need to make in the Employer Based Awards each year:

- > The ratio of new Employer Based Awards to eligible consultants must be at least 0.20 (Trusts can, of course, choose to increase this ratio)
- > Part-time eligible consultants should be calculated as a full time consultant for investment purposes but paid on a pro rata basis. Any additional paid Programmed Activities over 10 should not normally be taken into account when determining the minimum investment or for payment purposes.
- > NHS organisations should spend no less than the minimum investment each year when granting awards, in line with ACCEA guidance
- > Efforts should be made to allocate all available funds in any one year. More than one new award level should be given to individuals if they are judged worthy. However, awards should not be given unless justified by the application. If a formal Employer Based Awards Committee decides there is a shortage of awardable applications, it should report this to ACCEA. Leftover funds must be added to the following year's minimum investment
- > The on-costs that accompany an award should not be taken into account when determining the minimum investment

7.2 How much should your organisation invest?

7.2.1 The cost to an employer of a consultant with Discretionary Points moving to an Employer Based Award may be below normal unit value of a Clinical Excellence Award (£2,957 in 11/12)

7.2.2 To calculate the annual minimum investment, employers should:

a) Multiply the number of eligible consultants by 0.20 (Eligible consultants should have at least one year's service at consultant level and not hold an Employer Based Level 9, a national Clinical Excellence Award or a Distinction Award.)

b) Multiply that figure by the unit value of an Employer Based Award for the 2012 round

c) Grant new awards according to assessment criteria, and ensure the total value of those awards is no less than the minimum investment calculated above

The table below outlines the cost to employers, arising from consultants moving to higher levels of clinical excellence awards (All figures are based on 10 PAs).

Award Level	Award Amount (£)	Cost to move to new Award (£)
Level 9	35,484	5,914
Level 8	29,570	5,914
Level 7	23,656	5,914
Level 6	17,742	2,957
Level 5	14,785	2,957
Level 4	11,828	2,957
Level 3	8,871	2,957
Level 2	5,914	2,957
Level 1	2,957	

Part 8: Appeals

The appeals procedure should be detailed in the trust's Employer Based Awards procedural document which should be available to all applicants.

8.1 Grounds for an appeal

8.1.1 Inevitably, some applicants will be disappointed with the final outcome of the awards. Consultants cannot appeal simply because they disagree with the collective judgement of the Employer Based Awards Committee. However, where it can be shown procedures have not been followed, they may appeal for a review.

8.1.2 The following would be considered grounds for an appeal:

- > The Employer Based Awards Committee did not consider material duly submitted to support an application (i.e. application and citations)
- > Extraneous factors or material were taken into account
- > Unlawful discrimination based on, for example, gender, ethnicity, age
- > Established evaluation processes were ignored
- > Bias or conflict of interest on the part of a committee

8.1.3 Any Employer Based Awards appeal must be lodged within four weeks of the award winners being announced.

8.1.4 Appeals against decisions of Employer Based Awards Committees are initially handled by employers, according to local grievance or Clinical Excellence Awards procedures. ACCEA would only become involved if cases remained unresolved.

8.1.5 If a consultant has applied for an Employer Based Award, and feels the ACCEA process has not been followed, they can lodge a complaint to the Chair of the Employer Based Awards Committee. This should be sent in writing, detailing the reasons why they think the procedure was not correctly followed.

8.1.6 As with the national awards, the Chair will try to find an informal resolution. If this is unsuccessful, the Chair will arrange for a panel of people, not previously involved in considering the application, to investigate. This panel will contain a professional member, an employer member, and will be chaired by a lay member. Members of appeals panels must have received currently valid training in diversity. The procedure for selecting appeals panel members should be included in the trust's procedural document.

8.1.7 Once the investigation is complete, the employer will write to the consultant and report the panel's findings.

8.1.8 If the consultant is dissatisfied with the outcome of the appeal, they can appeal again by writing to Head of the ACCEA Secretariat. This must be done within four weeks of receiving the written decision from the employer, and must explain the initial complaint and why they are unhappy with the resolution. ACCEA can not get involved in an employer based award appeal until the Trust processes have been completed.

8.1.9 The Head of the ACCEA Secretariat will usually ask the Chair, or Medical Vice-Chair, of the relevant ACCEA regional sub-committee to investigate on behalf of the ACCEA Chairman, and advise ACCEA of the findings. If the Medical Vice-Chair is employed by the Trust that the appeal concerns, they will not be asked to investigate the appeal. If this situation arises the Chairman of ACCEA will nominate an alternative Medical Vice-Chair to carry out the investigation. The ACCEA Chairman will consider this advice and then write to the consultant informing them of his decision. If it is found that local procedures have been unsatisfactory, ACCEA will ask the Employer Based Awards Committee to reconsider the application. It may also make recommendations as to how it should proceed.

8.1.10 The decision of the ACCEA Chairman is final.

8.1.11 A timetable showing the employer based award appeals process once ACCEA become involved can be seen overleaf:

National appeals process in relation to Employer Based Awards (In all cases, the decision of the ACCEA Chair is final)

Within 5 working days of receipt of appeal: acknowledgement will be sent



Within 10 working days of receipt of appeal: decision made on possible referral to regional medical vice-chair for further investigation



Within 20 working days of referral: receipt of report from regional medical vice-chair or explanation of any possible delay if applicable



Within 10 working days of receiving report from regional medical vice-chair: decision of ACCEA Chair will be communicated to the appellant

Part 9: Change in circumstances once in receipt of an award

The following changes to your circumstances may affect the payment of a Clinical Excellence Award:

9.1 Change in specialty, job or significant change in job plan

9.1.1 If a consultant or academic GP stops practising in the area for which the award was granted, their case will be subject to review by the relevant Employer Based Awards Committee.

Part-time working

9.1.2 If a consultant or academic GP is working part-time, the award will be paid pro-rata.

Working in general management

9.1.3 If a consultant or academic GP stops practising in the area for which the award was granted, and moves into a full or part-time general management post, they will need to speak to the employer about whether they can continue to receive the full monetary value of the award. A consultant or academic GP would not normally receive payment of an award whilst they are in full-time general management.

9.1.4 If a consultant or academic GP returns to clinical work after a period in full-time general management, their award may be reinstated after a review.

9.2 The Effect of Leave or Secondment

Unpaid leave

9.2.1 Awards are not paid during any period of unpaid leave. If a consultant or academic GP takes leave for longer than a year, the question of reinstating the award will be subject to review by the relevant Employer Based Awards Committee.

Secondments

9.2.2 If a consultant or academic GP is on full-time secondment to a post with a non-qualifying employer, the award will be suspended.

9.2.3 A consultant or academic GP should speak to their employer before beginning the secondment to make arrangements for protecting the award, and continuing to collect it after the secondment has finished.

9.2.4 If the secondment is longer than a year, the question of whether to reinstate the award will be subject to review by the relevant Employer Based Awards Committee.

9.2.5 If a consultant or academic GP is on secondment to the Independent Sector Treatment programme, whilst retaining their NHS employment rights, they are still eligible to receive their award.

Prolonged absence from the NHS

9.2.6 9.6.1 Where consultants or academic GPs, for any reason, have not practised their specialty in the NHS for more than a year, the relevant Employer Based Awards Committee will review whether the award should be reinstated.

Leaving the NHS during an award round

9.2.7 Payment for Employer Based Awards is paid from 1 April of that awards year. If you are in post, the award will be payable from 1 April of the awards year until the contract terminates.

9.2.8 An increased award cannot be granted in 2012 if a consultant or academic GP leaves the NHS before 1 April 2012.

9.2.9 Consultants and academic GPs sometimes leave the NHS before their organisation's award round is completed. If they submit a completed application by the closing date and are still in their NHS post on 1 April, the application, if it is being considered after that date, will be followed through to the conclusion of the process. If successful the award will be backdated to 1 April and payable until they leave the NHS.

9.3 Changes in your pension contribution

9.3.1 You should liaise with your employer if you intend to make any changes to your pension contribution.

9.4 Becoming the subject of an investigation

9.4.1 You must inform your employer, as soon as you are aware, if you become the subject of any investigations or disciplinary procedures. This includes any investigations by external bodies such as the GMC, GDC, NCAs etc.

9.4.2 You should keep the Trust informed of any developments and the outcome of investigations when known.

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

9.5 Effect of retirement on Clinical Excellence Awards

9.5.1 Awards cease on retirement and are consolidated into pension. If a consultant or academic GP is re-employed, they will not continue to receive the award payment.