



## ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS



# ANNUAL REPORT

(Covering the 2014 Awards Round)

**August 2015**

*The report is available from the ACCEA website at:*

<https://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards>



## Contents

• Foreword	2
• Introduction	3
<b>Section 1: Distribution of Awards</b>	<b>5</b>
• Introduction	5
• 2014 Awards	5
• Applications for Awards	7
• Distribution of New National Awards	7
○ Level	8
○ Specialty	13
○ Age	14
○ Gender	14
○ Ethnicity	17
• Sources of Nominations	17
• Applications for Renewals	18
• Distribution of Awards in Payment	18
<b>Section 2: Employer Based Awards</b>	<b>20</b>
<b>Section 3: Reports on the National Scheme</b>	<b>21</b>
• Appeals, Concerns and Complaints	21
• Appeals from 2014 Awards Round	21
• Concerns and Complaints	23
• Committee Membership	24
<b>Section 4: Development of the Scheme</b>	<b>26</b>
• Removal of Pay Protection	26
• Distinction Award Holders Returning to Work	26
• Renewals	26
• Changes to the 2014 Guides	26
○ Appeals	26
○ Consultants who have retired and returned to work	26
○ Investigations and disciplinary procedures	27
○ Personal Statements	27
○ Renewals	27
○ Consultants previously on pay protection	27
○ Consultants in receipt of their pension	27
○ Requirements for new and renewal applications	27
<b>Section 5: Doctors' and Dentists' Review Body 2011 Review of the Scheme</b>	<b>28</b>
• Review of Compensation Levels and Incentives for NHS Consultants	28
• Next Steps and Work in ACCEA going forward	28
<b>Appendix I Award Data Matrix by Specialty and Region</b>	<b>29</b>



## **Foreword**

We were appointed in April 2014, and have focussed on the delivery of the 2014 Clinical Excellence Award Scheme. We are pleased to summarise the final outcomes of the 2014 round in this report. We would like to thank all the ACCEA sub-committee members for their continued hard work in completing the scoring and attending meetings. We would also like to take the opportunity to thank the hard working ACCEA Secretariat for their support and guidance throughout our first year.

One of our priorities in 2014 was to recruit new members to the sub-committees and to provide training for new and existing members. We are very pleased to report an improvement in this area but would always welcome expressions of interest in joining the ACCEA sub-committees.

**Bill Worth**  
**Chair**

**Mary Armitage**  
**Medical Director**

## Introduction

- i. This is the eleventh 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;*
- *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 and attended by the ACCEA Medical Director and by two lay members from the ACCEA Main Committee. However, the Ministry of Defence Scheme remains separate and is not the responsibility of ACCEA.
- v. In 2014 1540 consultants in England and Wales completed new applications on our web-based submission system. 1405 consultants completed new applications in England. 1959 completed new and renewal applications in England and Wales, compared with 2519 in 2013. The regional sub-committees reviewed and scored all the new and renewal applications against the published criteria. Following this first

stage of sifting, the Chair and Medical Director scrutinised all the applications recommended for consideration by the subcommittees together with the nominations from the national nominating bodies, and discussed them with the relevant subcommittees.

- vi. New awards made for England and Wales each year from the 2014 back to 2009 are shown below:

Year	Number of New Awards
2014	318
2013	317
2012	318
2011	316
2010	317
2009	601

# Section 1: Distribution of Awards

## Introduction

1.1. In the 2014 Awards Round, the number of new awards totalled 318, 300 for England and 18 for Wales. England again held to the 2010 levels and Wales had one more than in 2010.

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, derived from the proportion of eligible consultants working in the relevant area, with adjustment for the number of applications. 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 below the standard for an award at the relevant level.

1.4. 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 on discussion with the sub-committee it was agreed that those 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, where discussion at the 'final meeting' with the regional sub-committee did not resolve the issue or where candidates' application forms were considered to be borderline, they were placed in the National Reserve (NRes) pool. All candidates in the NRes pool were re-scored by the NRes subcommittee, which is made up of experienced Chairs and Medical Vice-Chairs from across the regional sub-committees. The NRes 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. It also allows some national benchmarking. This addressed a criticism in the DDRB's review of the Scheme.<sup>1</sup> Following re-scoring by the NRes subcommittee, the highest scoring applications were included in the final submission to the main ACCEA for recommendation to the Minister for an award.

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

## The 2014 Awards

1.7. From the final shortlists, 139 Bronze, 130 Silver, 40 Gold and 9 Platinum awards were made in 2014 Awards Round in England and Wales. A list of the individuals granted awards was made public through the ACCEA website.

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<sup>1</sup>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



1.8. 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 2014**

New Awards	2014
Platinum	9
Gold	38
Silver	123
Bronze	130

**Table 1b New Awards in Wales 2014**

New Awards	2014
Platinum	0
Gold	2
Silver	7
Bronze	9

1.9. 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 2014**

Region	Bronze	Silver	Gold	Platinum	Total
CHES and MER	4	4	2	0	10
DEPT of HEALTH	3	3	1	0	7
EAST ENG	9	8	2	0	19
EAST MID	10	8	3	1	22
LON NE	21	17	6	2	46
LON NW	7	10	3	2	22
LON STH	12	10	3	1	26
NTH EAST	6	8	3	0	17
NTH WEST	7	8	3	1	19
SOUTH	17	10	1	1	29
STH EAST	4	4	1	0	9
STH WEST	11	10	4	1	26
WALES	9	7	2	0	18
WEST MID	7	12	2	0	21
YORK and HUM	12	11	4	0	27
<b>TOTAL</b>	<b>139</b>	<b>130</b>	<b>40</b>	<b>9</b>	<b>318</b>

**Table 3 (awards by Specialty and Award Level) for 2014**

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	2	3	0	0	5
Anaesthetics	7	9	2	1	19
Clinical Oncology	2	1	1	0	4
Dental	7	2	3	0	12

Emergency Medicine	1	0	0	0	<b>1</b>
Medicine	43	54	12	4	<b>113</b>
Obs and Gynaecology	6	3	1	0	<b>10</b>
Occupational Medicine	0	0	1	0	<b>1</b>
Ophthalmology	3	5	1	0	<b>9</b>
Paediatrics	16	11	7	0	<b>34</b>
Pathology	7	9	2	2	<b>20</b>
Psychiatry	5	3	0	0	<b>8</b>
Public Health Dentistry	0	1	0	0	<b>1</b>
Public Health Medicine	3	4	1	1	<b>9</b>
Radiology	8	3	1	0	<b>12</b>
Surgery	29	22	8	1	<b>60</b>
<b>TOTAL</b>	<b>139</b>	<b>130</b>	<b>40</b>	<b>9</b>	<b>318</b>

## Applications for Awards

**Table 4: Success Rates of New Award Applications in England and Wales 2014**

	Applications	Awards	Success Rate (%)
Platinum	42	9	21.43%
Gold	174	40	22.99%
Silver	621	130	20.93%
Bronze	702	139	19.80%

## Distribution of New National Awards

1.10. Tables indicating the spread of awards at each level by specialty and by region are set out in Appendix I.

1.11. 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.

1.12. We have 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 the success rate of awards as a proportion of applicants. In relation to specialty 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.

1.13. ACCEA does not currently hold data on disability, sexual orientation, or religion.

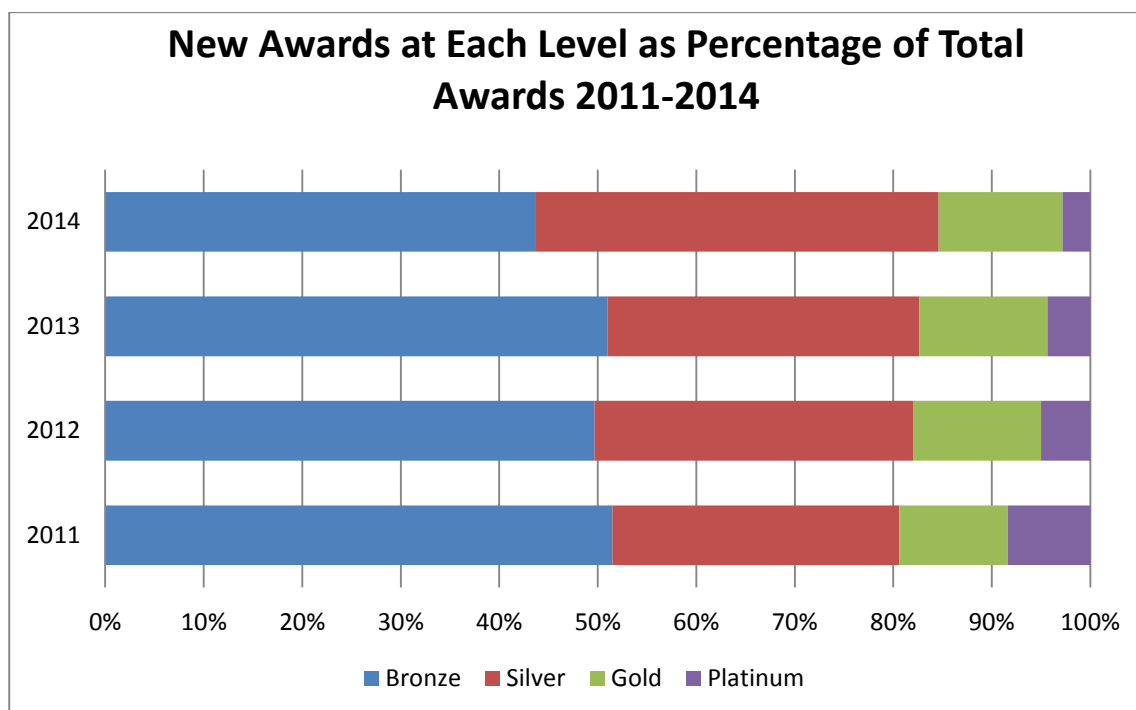
1.14. Historically ACCEA has not been able to access the diversity data for Welsh applicants. The following data are for England only.

## Level

1.15. In the 2014 Awards Round, national award numbers in England were held to 300 as they had been in the 2010, 2011, 2012 and 2013 Awards Rounds.<sup>2</sup> This has made direct comparisons of the number of awards with years prior to 2010 problematic. Figure 1 shows the new awards, by award level, as a percentage of all new awards in the last four award years.

1.16. It can be seen that in 2014 new silver awards have increased and bronze level has slightly decreased in comparison to previous years, with silver awards representing about one third of the total. Over the last two years platinum awards represent about 4% and gold awards just over 12%.

**Figure 1: New Awards as a Percentage of all Awards 2011-2014**



1.17. In order to understand better the progression to silver of consultants holding local or national awards, ACCEA has reported on the number of applications and the corresponding success rates of consultants holding L9, Bs and Bronze awards. The following two tables show the number of applications and new silver awards to L9, compared with B and Bronze for 2014 and 2013.

**Table 5: Silver 2014 applications**

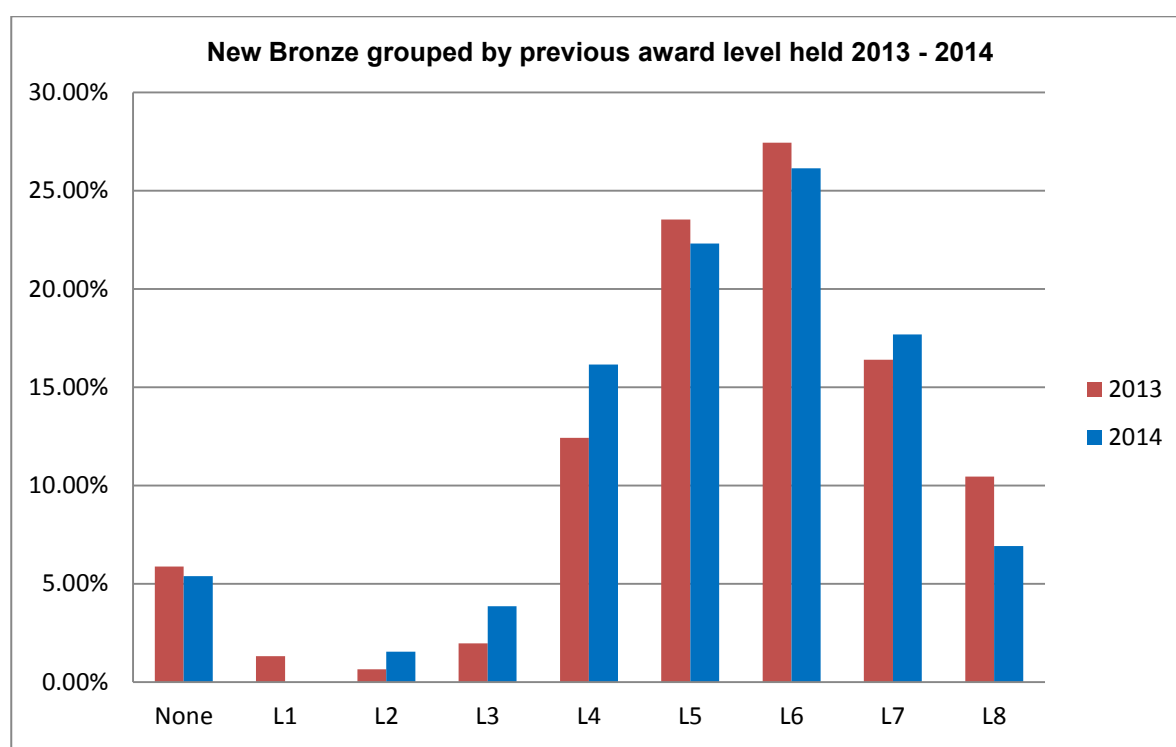
Award level	Application No	New Silver awards	% Successful Applicants
B	16	3	18.75
L9	118	14	11.86
Bronze	485	113	23.30
Total	619	130	21.00

**Table 6: Silver 2013 Applications**

Award level	Application No	New Silver awards	% Successful Applicants
B	42	4	9.52
L9	127	14	11.02
Bronze	561	82	14.62
Total	730	100	13.69

1.18. Bronze award holders represent three quarters of the eligible cohort for silver, and an increasing proportion of applicants. In 2014, the success rate of applicants across the three cohorts, shows bronzes are still the most successful.

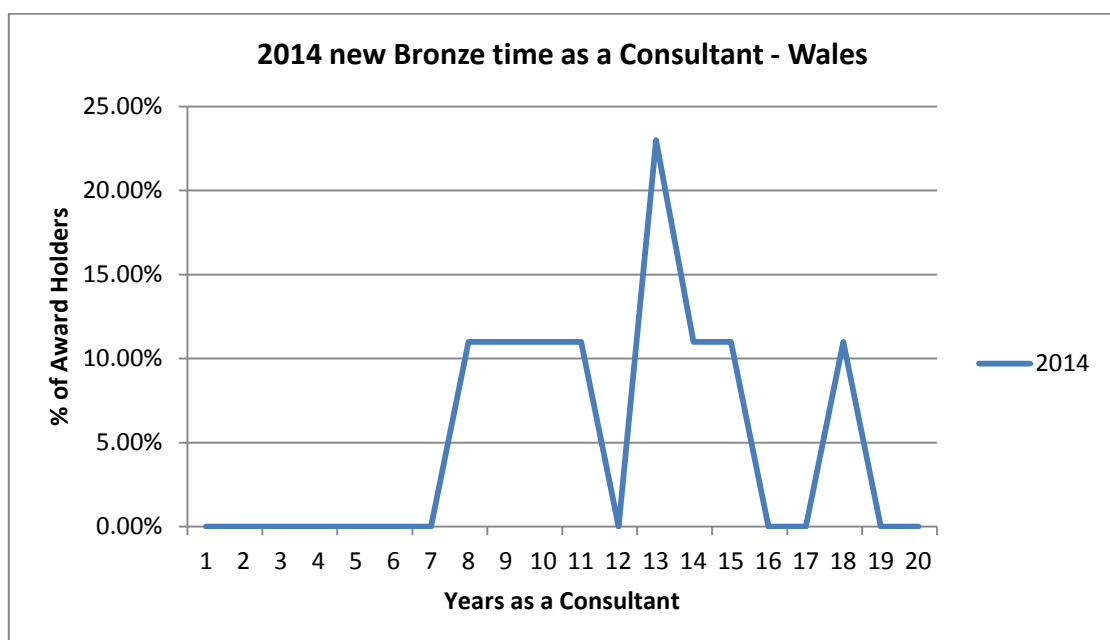
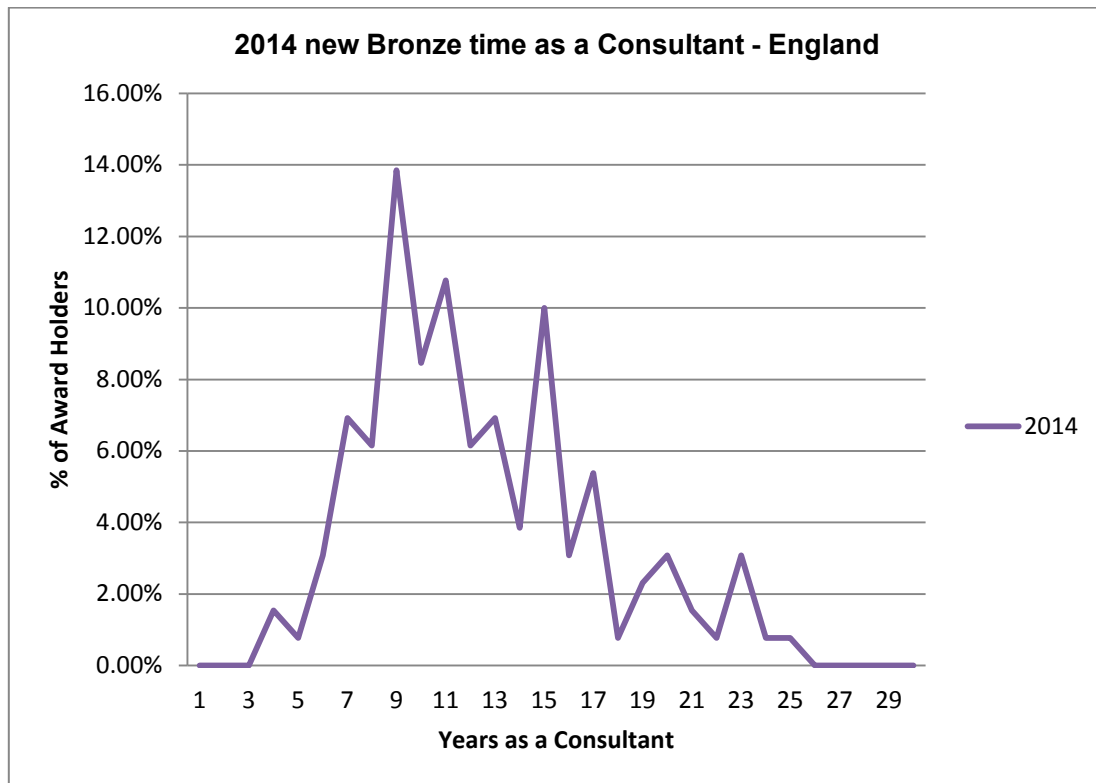
**Figure 2 shows the previous levels of Clinical Excellence Awards held by consultants in England who received a Bronze award in 2013 and 2014**



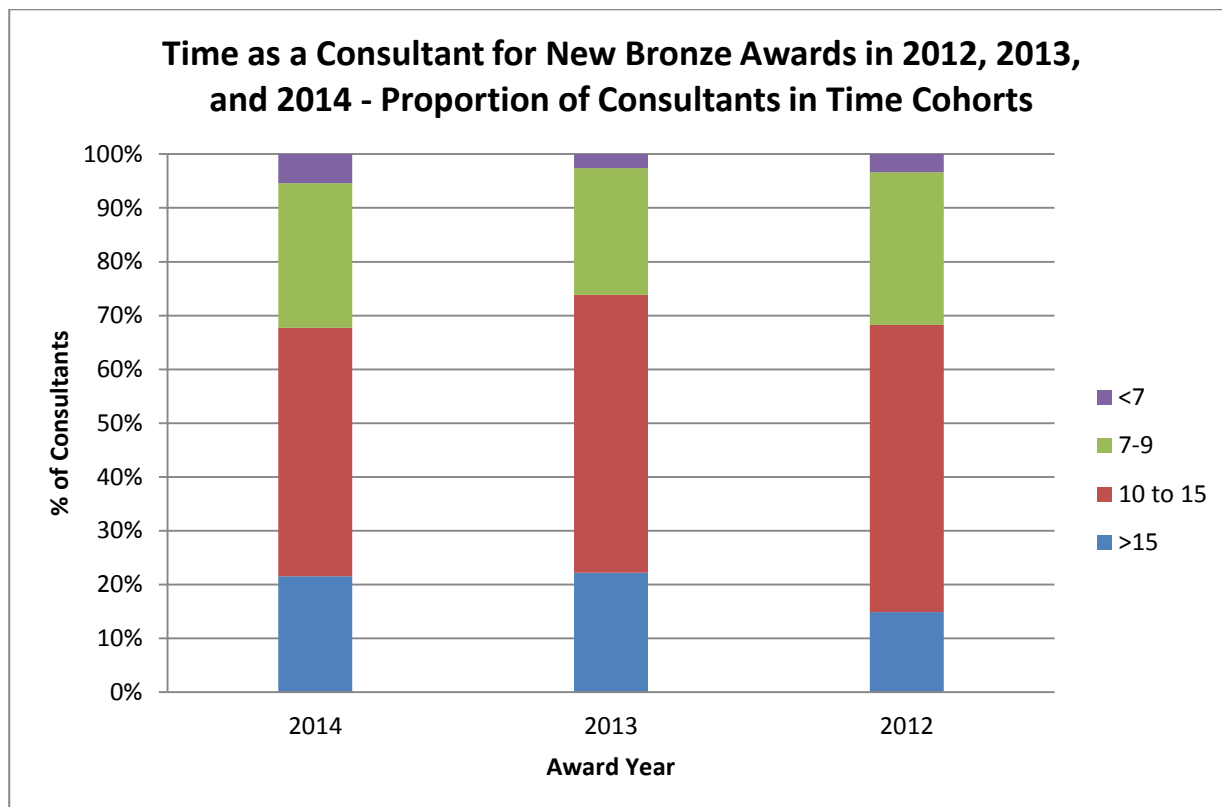
1.19. In 2014 Level 6 was the commonest level for consultants granted a new bronze award, and over the past few years the majority of awards have been gained at Levels 5, 6 and 7. It remains unusual for consultants to achieve a bronze award with less than a Level 4 local award.

1.20. Figure 3a shows consultants in England receiving a new Bronze award in 2014 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 3b. This indicates that while early progression is possible for outstanding candidates, many consultants require between 10 and 15 years' service to build a body of work of the necessary standard and sustainability for national excellence awards.

**Figure 3a: Consultants in England and Wales receiving a new Bronze award in 2014 time as a consultant**

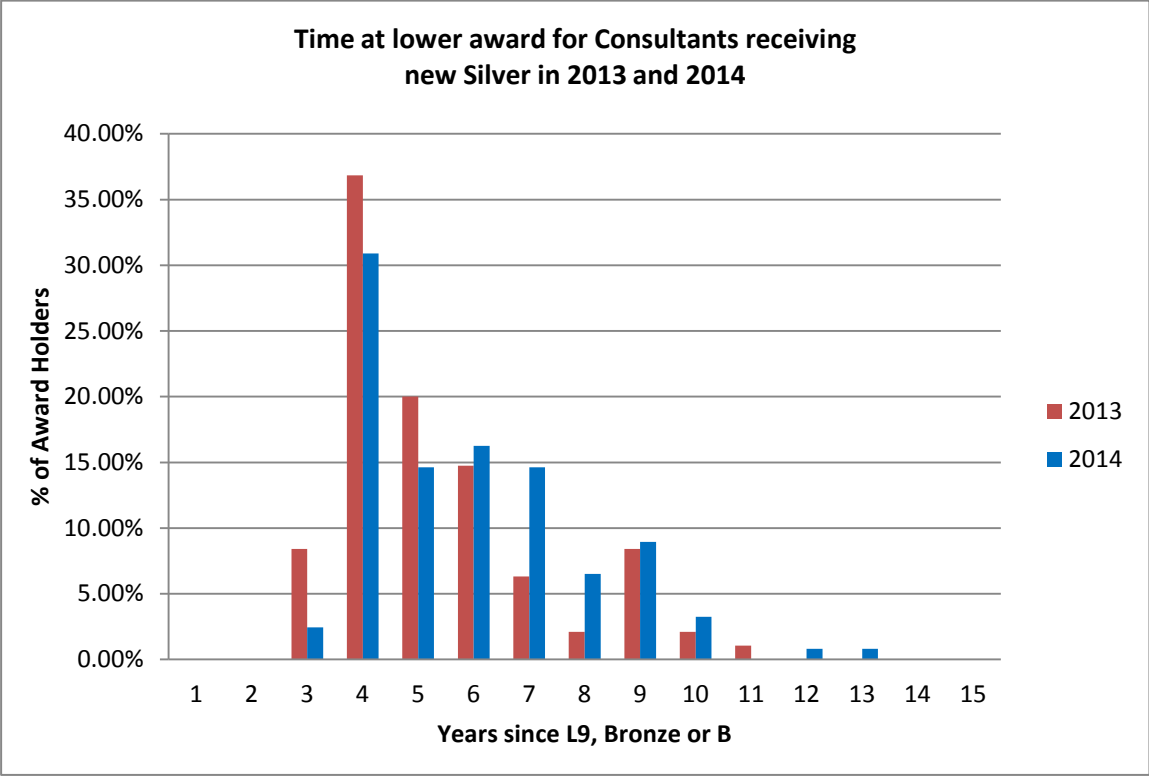


**Figure 3b: Consultants in England receiving a new Bronze award in 2012, 2013 and 2014 – Proportion of new award holders in ‘time as a consultant’ cohorts**

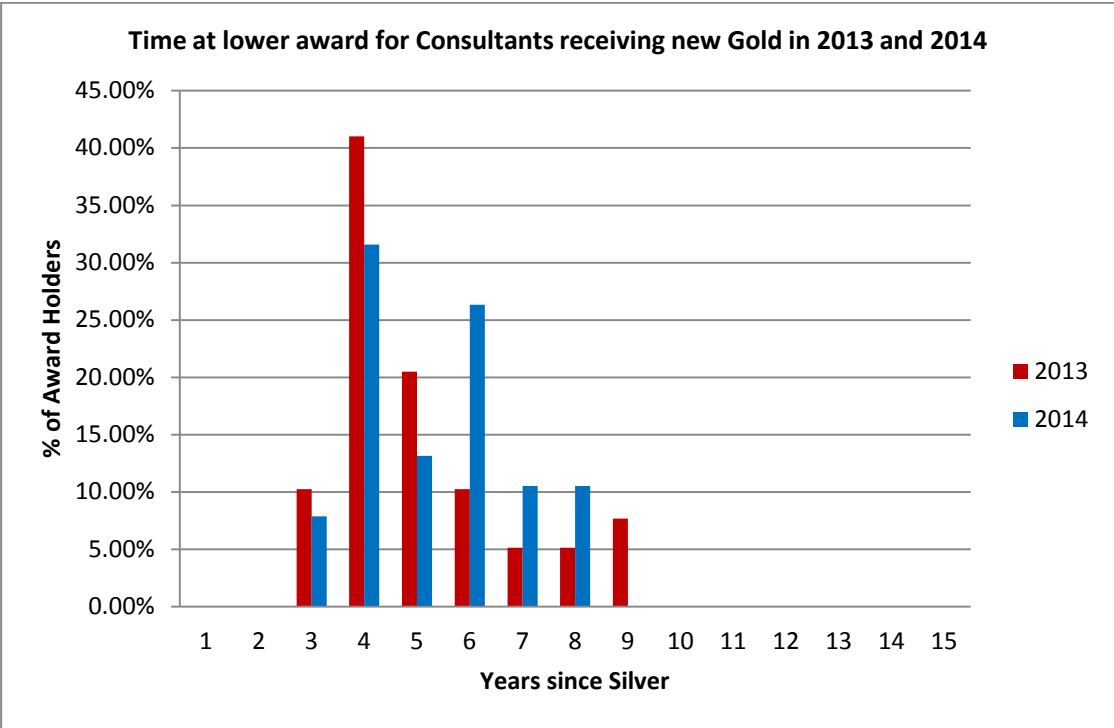


1.21. The following three figures show the interval between awards for those consultants progressing to higher awards in 2013 and 2014. These continue to show that very few consultants progress to a higher award in less than four years. In the last three award rounds, only one consultant has progressed to a higher award (from bronze to silver) in two years. A similar picture is seen at new gold award level, where it is unusual to progress at three years, and there have been no progressions at two years or less in the last four award rounds. However, progression to silver or to gold awards is most frequent at four years. There is a greater spread of time to progress to a platinum award.

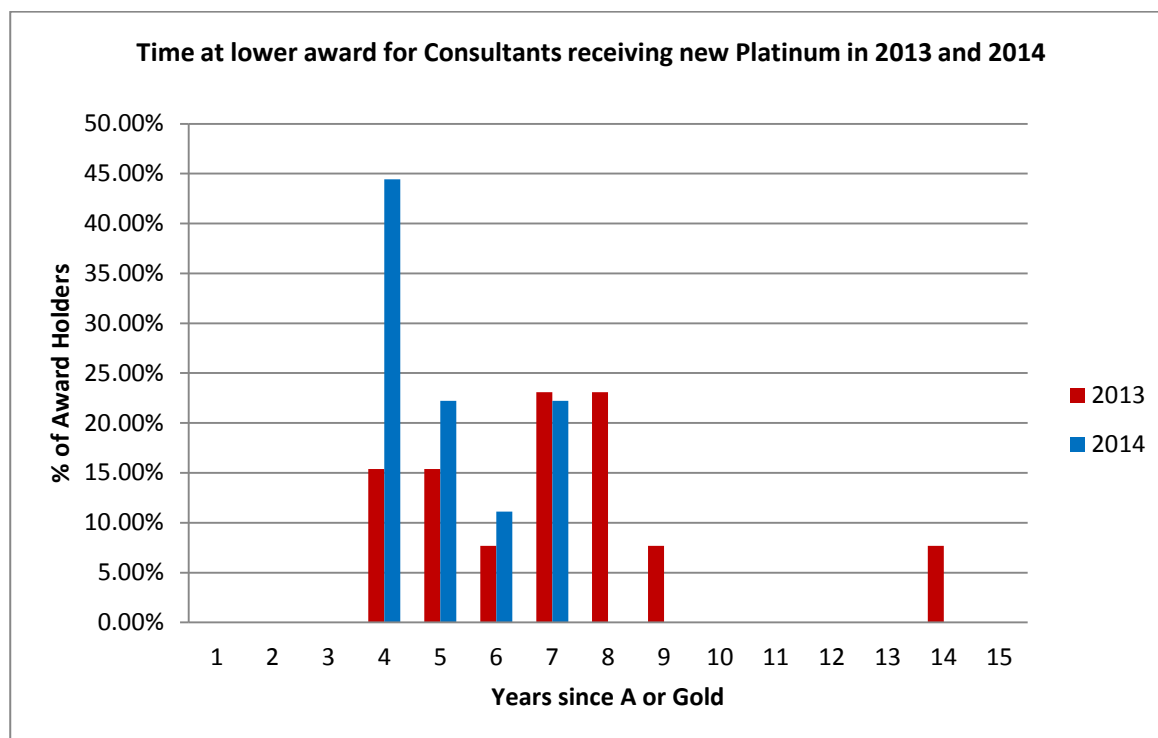
**Figure 4a: Consultants in England receiving a new Silver award in 2013 and 2014 by time since receiving L9, Bronze or B**



**Figure 4b: Consultants in England receiving a new Gold award in 2013 and 2014 by time since receiving Silver**



**Figure 4c: Consultants in England receiving a new Platinum award 2013 and 2014 by time since receiving Gold or A**



### *Specialty*

1.22. Table 3 on page 5 shows the distribution of all levels of new awards across the specialties. Table 7a and b below provides a detailed analysis of the Bronze award level, showing the number of consultants who received awards in 2014 by specialty, and the percentage of applicants from each specialty who succeeded.

**Table 7a: 2014 Bronze Awards by Specialty – England**

Specialty	No. of Applications	No. of Bronze Awards	% of Applicants succeeding
Academic GP	15	2	13.33%
Anaesthetics	36	7	19.44%
Clinical Oncology	11	1	9.09%
Dental	20	6	30.00%
Emergency Medicine	8	1	12.50%
Medicine	161	38	23.60%
Obs and Gynaecology	24	6	25.00%
Occupational Medicine	2	0	
Ophthalmology	13	3	23.08%
Paediatrics	70	16	22.86%
Pathology	36	5	13.89%
Psychiatry	46	5	10.87%
Public Health Dentistry	2	0	
Public Health Medicine	14	3	21.43%
Radiology	25	8	32.00%
Surgery	118	29	24.58%
<b>Total</b>	<b>601</b>	<b>130</b>	<b>21.63%</b>



**Table 7b: 2014 Bronze Awards by Specialty – Wales**

Specialty	No. of Applications	No. of Bronze Awards	% of Applicants succeeding
Academic GP	3	0	0
Anaesthetics	5	0	0
Clinical Oncology	5	1	20%
Dental	5	1	20%
Emergency Medicine	0	0	0
Medicine	33	5	15.15%
Obs and Gynaecology	7	0	0
Occupational Medicine	0	0	0
Ophthalmology	2	0	0
Paediatrics	9	0	0
Pathology	7	2	28.57%
Psychiatry	5	0	0
Public Health Dentistry	0	0	0
Public Health Medicine	0	0	0
Radiology	4	0	0
Surgery	18	0	0
<b>Total</b>	<b>103</b>	<b>9</b>	<b>8.73%</b>

## Age

1.23. The mean age of awardees in 2010-2014 is shown in Table 8 below. The ages have risen slightly since 2010, with age of around 50 years at Bronze, 53 years at Silver, 55 years at Gold, and 57 years at Platinum.

**Table 8: Age of Awardees 2010 - 2014**

	Age of Awardees (mean as 1 <sup>st</sup> April on award year)				
	2010	2011	2012	2013	2014
Bronze	48.4	48.2	48.58	48.93	49.82
Silver	51.3	52.5	52.05	51.74	53.16
Gold	55.0	55.1	54.46	54.16	55.66
Platinum	56.0	56.0	57.40	58.08	57.24

## Gender

1.24. The distribution of all awards considered against all applications in 2007-2013 among women is shown in Table 9. This shows that there are a continued low number of applications from female consultants.

**Table 9: Number of Women Consultants Receiving New Awards in England and Wales 2011-2014 compared to Male Consultants**

	2011	2012	2013	2014
<b>Total no of applicants</b>	2091	2002	1816	1539
<b>No of women applicants</b>	386	343	346	297
<b>No of male applicants</b>	1705	1659	1470	1242
<b>Total no of awards</b>	316	318	317	318

<b>No of women new awards</b>	76	49	55	49
<b>No of male new awards</b>	240	269	262	269
<b>Success rate male* %</b>	14.07%	16.21%	17.82%	21.66%
<b>Success rate women* %</b>	19.69%	14.28%	15.89%	16.50%

\*success rate of new awards compared to number of male/female applicants

**1.25.** ACCEA takes the issue of gender equality very seriously, and has undertaken specific analyses on the application rates and success rates of women over a number of years. These data demonstrate that whilst women are overall much less likely to apply for an award, when they do apply they are generally as competitive and successful as men.

**1.26.** New awards at each level by gender and the success rate are shown in Table 10a and 10b below.

**Table 10a (New Awards in England by Level and by Gender) for 2014**

<b>Award Level</b>	<b>Gender</b>	<b>No. of Applications</b>	<b>No. of Awards</b>	<b>% of Applicants Succeeding</b>
Bronze	Female	136	21	15.44%
	Male	465	109	23.44%
	<b>All</b>	601	130	21.63%
Silver	Female	102	20	19.61%
	Male	493	103	20.89%
	<b>All</b>	595	123	20.67%
Gold	Female	27	4	14.81%
	Male	140	34	24.29%
	<b>All</b>	167	38	22.75%
Platinum	Female	5	1	20.00%
	Male	37	8	21.62%
	<b>All</b>	42	9	21.43%

**Table 10b (New Awards in Wales by Level and by Gender) for 2014**

<b>Award Level</b>	<b>Gender</b>	<b>No. of Applications</b>	<b>No. of Awards</b>	<b>% of Applicants Succeeding</b>
Bronze	Female	21	1	4.76%
	Male	80	8	10.00%
	<b>All</b>	101	9	8.91%
Silver	Female	5	2	40.00%
	Male	21	5	23.81%
	<b>All</b>	26	7	26.92%
Gold	Female	1	0	0
	Male	6	2	33.33%
	<b>All</b>	7	2	28.57%
Platinum	Female	0	0	0
	Male	0	0	0
	<b>All</b>	0	0	0

## Ethnicity

1.27. 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 11.

**Table 11: Number of BME consultants receiving a national award in England in 2009-2014**

	2009	2010	2011	2012	2013	2014
Total number of applicants	1773	1980	1908	1813	1817	1405
No. of BME applicants (% of total applicants)	263 (14.8%)	298 (15.1%)	274 (14.4%)	299 (16.49%)	313 (17.23%)	282 (20.07%)
Total awards	566	300	299	301	300	300
No. of awards to BME consultants (% of total awards)	82 (14.5%)	46 (15.3%)	42 (14.0%)	42 (13.95%)	53 (16.93%)	37 (12.33%)

1.28. Table 12 shows the success rates of these BME applicants against White and Not Stated in 2014. These figures are broken down by award level in Table 13 below.

**Table 12: Success rates of applicants by ethnicity 2014**

	Not Stated	BME	White
Total number of applicants	34	285	1220
Total number of awards	7	38	273
Success rate of applicants	20.59%	13.33%	22.38%

**Table 13 Number of BME consultants in England and Wales receiving a national award in 2014**

Award level	Ethnicity		No. of Applications		%		Actually Awarded		%	
Bronze	White		531		75.64		117		84.17	
	BME		153		21.79		20		14.39	
		Asian or Asian British		116		16.52		16		11.51
		Black or Black British		11		1.57		1		0.72
		Chinese or Other Ethnic Group		14		1.99		3		2.16
		Mixed		12		1.71		0		0
	Not Stated	(702)	18		2.56		2		1.44	
Silver	White		496		79.87		112		86.15	
	BME		112		18.04		15		11.54	
		Asian or Asian British		85		13.69		12		9.23
		Black or Black British		5		0.81		1		0.77
		Chinese or Other Ethnic Group		12		1.93		0		0
		Mixed		10		1.61		2		1.54
	Not Stated	(621)	13		2.09		3		2.31	
Gold	White		154		88.51		36		90	
	BME		18		10.34		3		7.50	
		Asian or Asian British		15		8.62		3		7.50
		Black or Black British		1		0.57		0		0
		Chinese or Other Ethnic Group		2		1.15		0		0

		Mixed					0		0
	Not Stated	(174)	2	1.15	1	2.50			
Platinum	White		39	92.86	8	88.89			
	BME		2	4.76	0	0	0	0	0
		Asian or Asian British				0		0	0
		Black or Black British	1			0		0	0
		Chinese or Other Ethnic Group	1			0		0	0
		Mixed				0		0	0
	Not Stated	(42)	1	2.38	1	11.11			

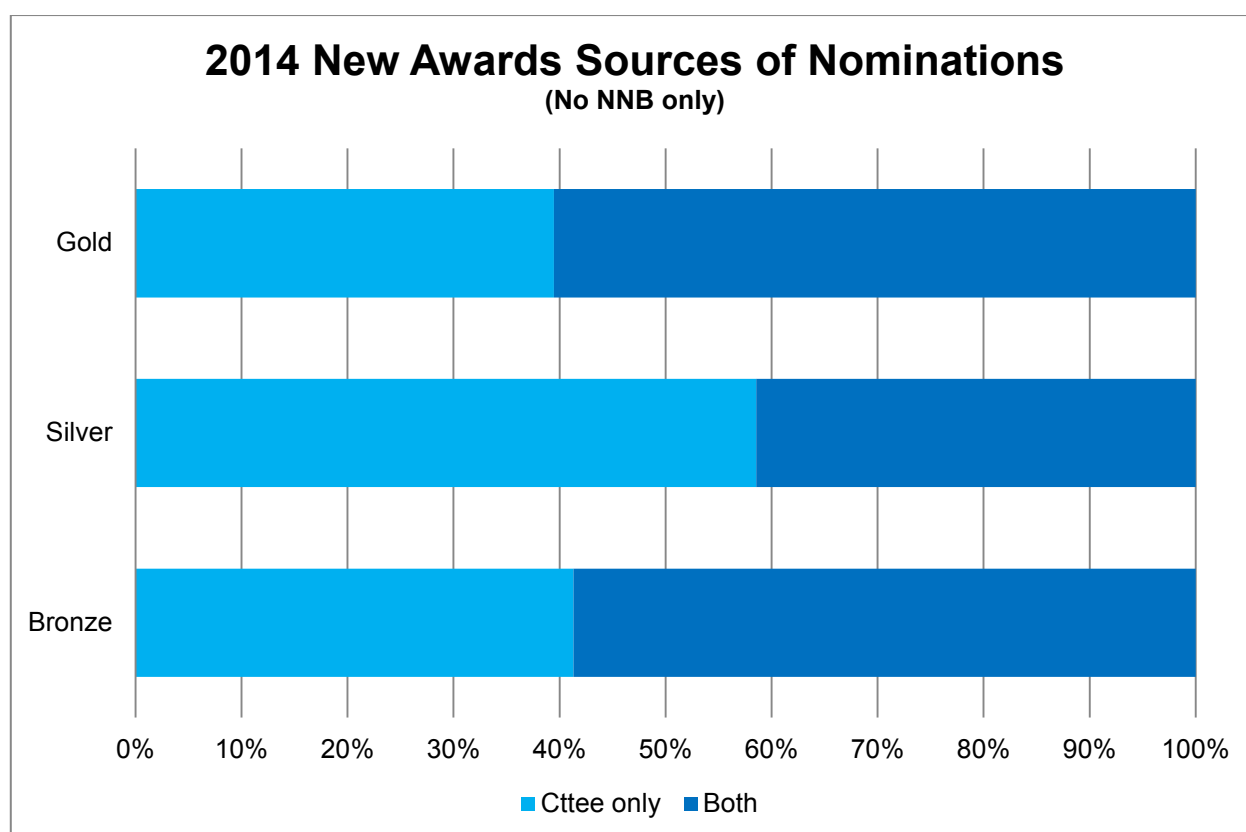
1.29. In 2014, BME applicants were less successful comparatively, than white consultants at Bronze, Silver and Gold level. At Platinum level in 2014 there were only two BME applicants and no awards, with 14 awards made to white consultants

1.30. In Table 13 applications are shown by the main Ethnic Origin groups.<sup>3</sup> As in previous years, the largest BME category remains Asian or Asian British and the numbers in the other categories are small, making detailed analyses less reliable.

### Sources of Nominations

1.31. In the past few years, ACCEA has reported on the source of nominations of successful applicants. Figure 5 shows the percentage of new awardees that were shortlisted only by a sub-committee or by both NNB and sub-committee. This indicates that approximately 40% of awards went to Silver applicants who were shortlisted by both routes and approximately 60% went to Bronze and Gold applicants shortlisted by both.

Figure 5: Sources of all national award nominations held by 2014 awardees



<sup>3</sup> The current coding methodology is the same as that used in the NHS.

## **Applications for Renewals**

1.32. 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, were renewed annually to ensure that ACCEA is satisfied that their excellence continues. From January 2014 the rules changed, and consultants with distinction awards are no longer able to apply for re-instatement of their award after retirement. No consultant will hold a reinstated Distinction Award after 31 March 2015. However, it is open to any retired Distinction Award holder who has returned to work to apply for a Clinical Excellence Award.

1.33. 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 scoring continued into the 2014 Awards Round. The scoring system and criteria for excellence are the same as for the new awards.

1.34. The scoring process allowed each regional sub-committee to compare the renewal scores with the scores obtained by new applications at the same or similar levels. In the 2014 Round, under the current five-year renewal procedures, the committees considered the awards given to consultants in 2010, 2005 and 2000.

1.35. In total ACCEA considered 484 applications to renew existing Clinical Excellence and Distinction Awards. Of these 66 consultants retired within the renewal period and therefore did not submit a renewal application. 65 consultants were successful at gaining a new award at a higher level. 169 were renewed, 147 were given a one year extension.

1.36. In a further 37 cases, consultants failed to provide sufficient evidence of awardable clinical contribution to justify continuation of the awards and their awards were withdrawn.

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

1.37. 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.

1.38. Table 15 below shows the distribution of clinical excellence awards held at Level 9 or higher in 2013 and 2014.

**Table 15: Number of National Awards in payment in 2014 compared to 2013**

	AWARDS RECORDED IN PAYMENT IN 2013	AWARDS RECORDED IN PAYMENT IN 2014	CHANGE IN NUMBER OF AWARDS RECORDED
Level	Number	Number	
Platinum	151	162	9
A+	56	51	-5
Gold	240	266	26
A	123	98	-25
Silver	711	797	86
Bronze	1748	1733	-15
B	285	234	-51
L9	1603	1550	-53
ALL	4917	4891	-28

1.39. This shows an increase in the overall number of awards held at Platinum, Gold and Silver between 2013 and 2014. Distinction Award numbers continue to reduce due to retirement and over a third of distinction award holders have left the Scheme since 2010. Since the 2010 Awards Round, Ministers have 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.

1.40. Table 16 shows the distribution of awards at all levels as of July 2015.

**Table 16 Current number holding Clinical Excellence Awards**

AWARDS RECORDED IN PAYMENT AT July 2015			
Level	Number of Award Holders		Value (£)
	England	Wales	
Platinum	138	5	75,796
A+	29	1	75,889
Gold	223	10	58,305
A	60	2	55,924
Silver	726	32	46,644
Bronze	1571	97	35,484
B	143	2	31,959
L9	1576		35,484
L8	879		29,570
L7	1078		23,656
L6	1423		17,742
L5	1772		14,785
L4	2113		11,828
L3	2751		8,871
L2	3722		5,914
L1	5008		2,957
None	17231		0

Note: The total consultant population in England is 40443. 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 on these consultants

## **Section 2: Employer Based Awards**

It is not mandatory for Trusts to respond to the request for information from ACCEA, on their Employer Based Award schemes. The response rate has fallen in recent years, and is now so low, that no analyses have been undertaken.

## **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.

3.2 For Employer Based Awards, ACCEA no longer deals with employer based appeals. 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.

3.2 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.

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

#### **Appeals from the 2014 Round**

3.4 There is one outstanding national appeal from the 2014 Round. There have been a total of 25 notifications of intention to appeal against the findings of 2014 National Clinical Excellence Awards Round.

3.5 Of the 25 notifications received, 23 were instances where the grounds for appeals were not upheld and there were resolved through the informal process.

3.6 One appeal was heard by an appeals panel but not upheld. Details are held at Table 17.



3.7 2014 Round national appeals are as follows:

**Table 17 2014 National Awards Appeals**

Date received by ACCEA	Names	Summary of appeal grounds	Current status
Grounds for appeal not upheld following informal resolution			
03/02/2015	Unlawful discrimination based on, gender and age/established evaluation processes were ignored		Closed
22/01/2015	Bias on the part of a committee - unpopular specialty		Closed
10/02/2015	Established evaluation processes were ignored		Closed
11/02/2015	Established evaluation processes were ignored		Closed
15/01/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations)		Closed
18/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations). Bias on the part of a committee		Closed
5/3/2015	ACCEA established evaluation processes were not followed		Closed
6/3/2015	ACCEA established evaluation processes were not followed		Closed
2/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations)/extraneous factors or material were <i>not</i> taken into account/unlawful discrimination/established evaluation procedures were not followed/bias or conflict of interest on the part of committee		Closed
10/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations)/established evaluation procedures were not followed		Closed
5/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations). ACCEA established evaluation processes were not followed		Closed
6/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations). ACCEA established evaluation processes were not followed		Closed
8/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations). ACCEA established evaluation processes		Closed

	were not followed	
5/3/2015	Disadvantaged by change of employer	Closed
6/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations)	Closed
6/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations)/unlawful discrimination/established evaluation procedures were not followed/bias or conflict of interest on the part of committee	Closed
5/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations). ACCEA established evaluation processes were not followed	Closed
12/03/15	ACCEA established evaluation processes were not followed	Closed
15/3/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations)	Closed
13/3/2015	ACCEA established evaluation processes were not followed	Closed
10/3/2015	Unlawful discrimination based on gender	Closed
18/3/2015	Unlawful discrimination based on ethnicity. Bias or conflict of interest on the part of a committee	Closed
14/3/2015	ACCEA established evaluation processes were not followed	Closed
<b>Appeal panel</b>		
06/02/2015	The relevant committee did not consider material duly submitted to support an application (ie application and citations)	Panel did not uphold appeal. Now closed
<b>Outstanding</b>		
05/03/15	Failure to follow established evaluation processes, bias or conflict of interest on the part of a committee and unlawful discrimination based on gender and ethnicity	Outstanding

## Concerns and Complaints

3.8 No concerns or complaints were received.

## **Committee Membership in 2014**

**3.9** 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 2012. This allowed ACCEA to retain the knowledge and experience of its members through the period of uncertainty. Recruitment and training recommenced for the 2014 round, with continued emphasis on promoting diversity.

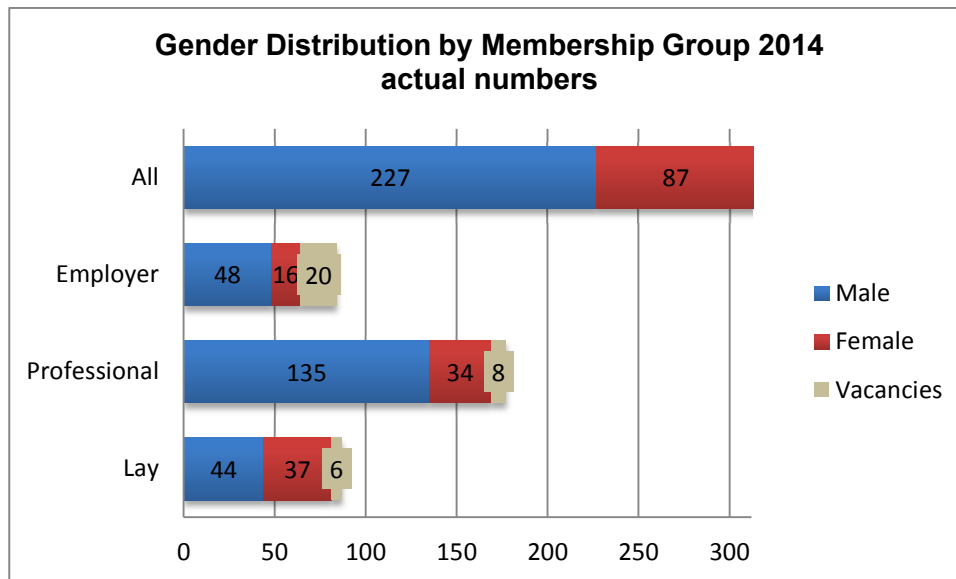
### *Diversity*

**3.10** 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.

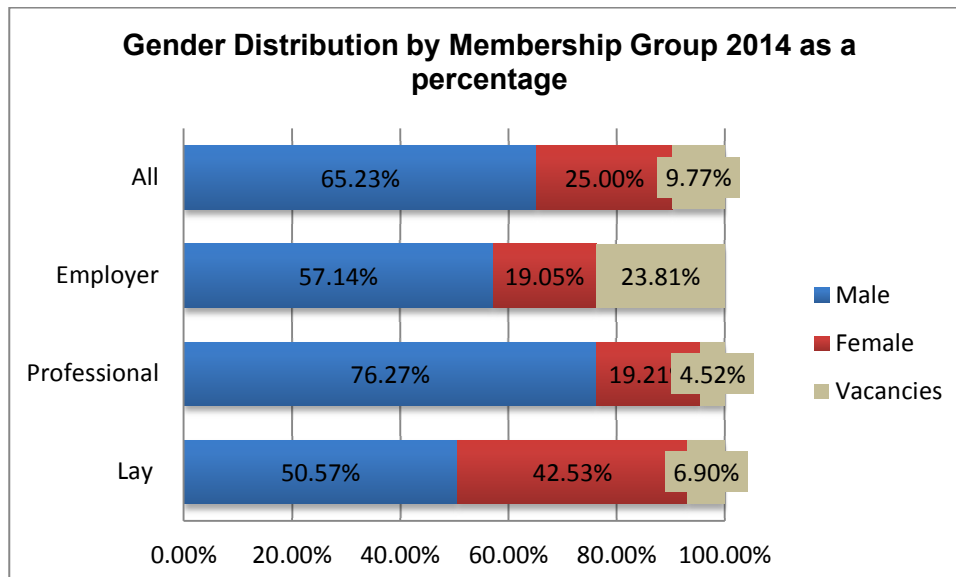
**3.11** Figures 6 a+b illustrate the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2014 Awards Round, together with any vacancies.

**3.12** 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 6a: Gender Distribution on Regional Sub-Committee in 2014 Awards Round**



**Figure 6b: Gender Distribution by Membership Group in 2014 Awards Round**



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

4.1. ACCEA has continued to develop and improve the current CEA scheme through the 2014 Awards Round.

### **Removal of Pay Protection**

4.2. 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.

4.3. Consultants who were due to submit a renewal application in the 2014 round did not receive the financial value of the award from 1 October 2014 if their renewal application was not renewed due either to there being unsuccessful at renewal or the non-submission of an application.

### **Distinction Award holders returning to work**

4.4. Following consultation with stakeholders the Department of Health have asked ACCEA to change the business rules relating to the reinstatement of Distinction Awards following a return to NHS work after retirement. From 1 January 2014 consultants with Distinction Awards were no longer be able to apply for reinstatement of their award after retirement. In addition, any consultants who, in January 2014, held a reinstated Distinction award following retirement cease to receive this award from 31 March 2015. Consultants retiring and then returning to work after 1 January 2014 are able to apply to re-enter the CEA Scheme as Clinical Excellence Award holders are currently able to.

### **Renewals**

4.5. If applicants who are due to submit a renewal application in 2014 either fail to submit an application or submit one that does not achieve the required standard for renewal; a recommendation will be made to ACCEA to have the award ceased when it expires on 31 March 2015.

### **Changes to the 2014 Guides**

#### *Appeals*

4.6. .Employer Based Awards: ACCEA at national level no longer has a role in relation to employer based awards in England.

#### *Consultants who have retired and returned to work*

4.7. Clarifies the level of new award consultants can apply for, who have retired but have returned to work on a contract that makes them eligible for an award.

4.8. Distinction Award holders returning to work: Consultants with Distinction Awards are no longer able to apply for reinstatement of their award after retirement. In addition, any consultants who, in January 2014, hold a reinstated Distinction award following retirement will cease to receive this award from 31 March 2015.

### *Investigations/disciplinary procedures*

4.9. Investigations or disciplinary procedures: Consultants must inform ACCEA if they are subject of any investigations, disciplinary procedures or successful litigation, related to clinical practice, with an admission of liability or liability proven in court.

### *Personal Statements*

4.10. Additional information can be included in the personal statement about if an award was held previously and when; or any extenuating circumstances ie ill health.

### *Renewals*

4.11. Applicants have the option to renew silver, gold or platinum awards at the same **or** at a lower level; the decision should be based on what level of award the supporting evidence is considered by the consultant to be appropriate.

4.12. Decisions on renewal of awards are made based on the information provided in applications.

4.13. If applicants who are due to submit a renewal application in 2014 either fail to submit an application or submit one that does not achieve the required standard for renewal; a recommendation will be made to ACCEA to have the award ceased when it expires on 31 March 2015.

4.14. Consultants who are due to submit a renewal application in the 2014 round will not continue to receive the financial value of the award if it is not renewed or if a renewal application is not submitted.

### *Consultants previously on Pay Protection*

4.15. Applications can be made by consultants previously on Pay Protection for national awards at whatever level the consultant believes their contribution to be competitive. This can be at or below the level of any national award held at the time their award ceased.

4.16. Bullet 7 emphasises demonstrating where equality and inclusion outcomes have been achieved.

### *Consultants in receipt of their pension*

4.17. Clarifies that a consultant is not eligible to retain an existing National award if they in receipt of any part of their pension.

### *Requirements for new and renewal applications*

4.18. Emphasises that consultants must give dates for activities.

4.19. The amendments to the other Guides are mainly consequential upon these changes.

## **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](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 2014 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. The following Table 19a-d set out the distribution of awards by specialty and region for Bronze, Silver, Gold and Platinum Awards.



Table 19a: Distribution of new Bronze Awards in 2014 by Specialty and Region

REGION	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs & Gynaecology	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total
DH														3			3
CM	1			2			1										4
EM		2				3				1	1	1				2	10
EE	1					3	1			1					2	1	9
LNE		2	1		1	5	1		2	2		2				5	21
LNW						4				3							7
LS		1		2		5	1			1		2					12
NE				1		1										4	6
NW						2				1	1				1	2	7
SE															1	3	4
S		1				4			1	2	1				4	4	17
SW		1		1		2				2						5	11
WALES			1	1		5					2						9
WM						3	1			2						1	7
YH						6	1			1	2					2	12
<b>Total</b>	<b>2</b>	<b>7</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>43</b>	<b>6</b>		<b>3</b>	<b>16</b>	<b>7</b>	<b>5</b>		<b>3</b>	<b>8</b>	<b>29</b>	<b>139</b>

Table 19b: Distribution of new Silver Awards in 2014 by Specialty and Region

REGION	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs & Gynae	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	PH Dentistry	PH Medicine	Radiology	Surgery	Total
DH													1	2			3
CM		1									1					2	4
EM	1					5										2	8
EE		2				6											8
LNE				1		9	1			2	1	1		1		1	17
LNW		1				5				2						2	10
LS		1				5				1	1	1				1	10
NE				1		1			2	1						3	8
NW						3	1								1	3	8
SE		1				1	1								1		4
S	1	1				6			1	1							10
SW	1	1	1			1				1	1			1	1	2	10
WALES		1				1			1		2					2	7
WM						4			1	3						4	12
YH						7					3	1					11
Total	3	9	1	2		54	3		5	11	9	3	1	4	3	22	130

Table 19c: Distribution of new Gold Awards in 2014 by Specialty and Region

REGION	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs & Gynaecology	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	Public Health Dentistry	Public Health Medicine	Radiology	Surgery	Total
DH														1			1
CM						1										1	2
EM						1										2	3
EE						2											2
LNE						2	1			1	1					1	6
LNW		1				1				1							3
LS						1				2							3
NE						1				1						1	3
NW								1	1							1	3
SE															1		1
S										1							1
SW		1				1				1	1						4
WALES				2													2
WM						1										1	2
YH			1	1		1										1	4
Total		2	1	3		12	1	1	1	7	2			1	1	8	40

Table 19d: Distribution of new Platinum Awards in 2014 by Specialty and Region

REGION	Anaesthetics	Medicine	Pathology	PH Medicine	Surgery	Total
EM			1			1
LNE		1	1			2
LNW		2				2
LS				1		1
NW					1	1
S		1				1
SW	1					1
Total	1	4	2	1	1	9