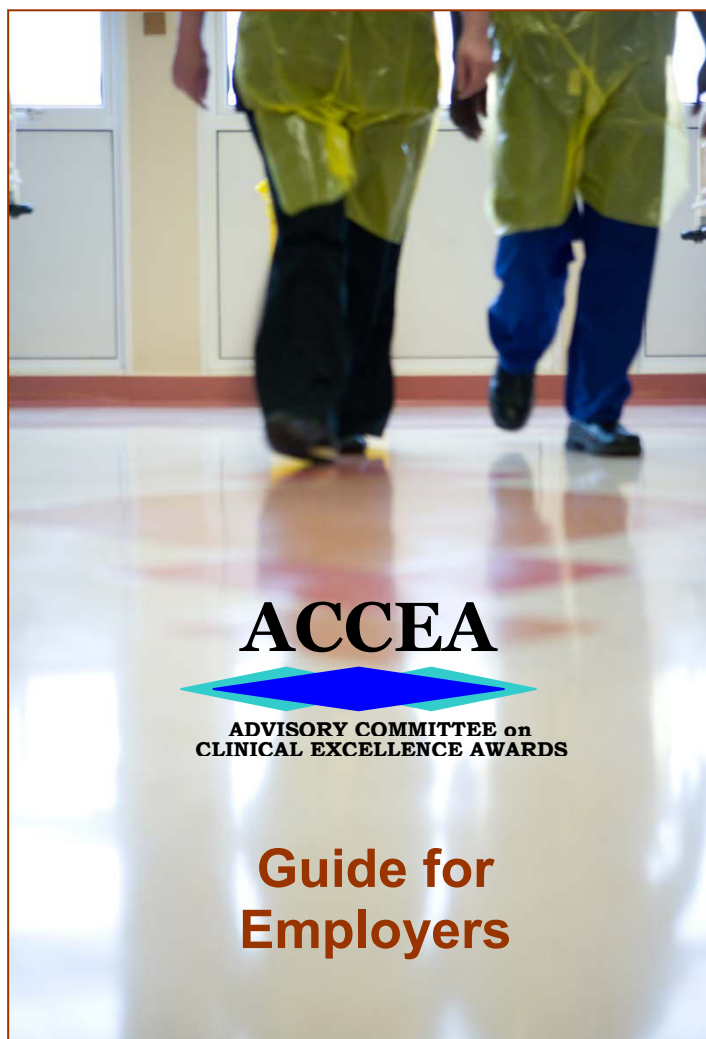
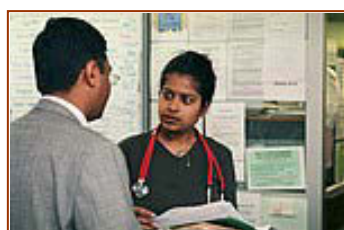


NHS Consultants' Clinical Excellence Awards Scheme

2016 Awards Round



This Guide is available online at the ACCEA website

www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards

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

Published 11 March 2016

Please note: All applications for national awards must be submitted by 17:00 on Monday 16 May 2016

Preface: What does this Guide cover?

All employers should be aware that the Clinical Excellence Awards Scheme has been subject to a review by the Review Body on Doctors and Dentists Remuneration (DDRB), which was published on 17 December 2012 with a Written Ministerial Statement from the Secretary of State. The recommendations in the report are subject to on-going discussions.

The advice and information contained within this Guide relates to the 2015 Round only. It does not pre-empt decisions on any new Scheme.

This Guide is to aid employers in dealing with applications from NHS consultants and Academic GPs for new national Clinical Excellence Awards (CEAs) and the renewal of national CEAs and Distinction Awards. This includes:

- > Chief Executives
- > Medical Directors
- > HR Directors
- > Postgraduate Deans
- > Deans of medical and dental schools

It explains how the Scheme works, your role in the process and how awards are assessed. Please use it as background information, and as a reference guide when supporting an application.

You can also find a Code of Practice at:

www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards

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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. As there are a limited number of new awards agreed by Ministers, this makes the process very competitive.

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.

1.2 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. 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. Applicants in Wales can apply for a national Bronze award (L9 equivalent). If an applicant finds out that they have been successful at the employer based level 9 before the national recommendations are made they must let the Secretariat know - whichever award is granted first takes precedence, therefore a national application will be withdrawn if the consultant is successful with their Level 9 application prior to the outcome of the national awards round. There is no difference to the applicant, financially, between the two awards.

1.2.3 ACCEA makes recommendations to Ministers for Bronze, Silver, Gold and Platinum awards. Employers decide upon awards for local Levels 1-9.

1.2.4 There is a core application form for all the awards, which means everyone who applies for a particular level of award has the same opportunity to highlight their contributions.

1.2.5 Applications for National awards in both England and Wales must be completed online.

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.

- 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 healthcare

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 clinical 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
- 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

1.3.3 National awards recognise not only the high quality local clinical practice, leadership, research and innovation and teaching but also the impact of that work elsewhere within the NHS.

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 every level, and all awards are assessed against the same strict criteria. These criteria are set out in Part 3 of this Guide, and there is also guidance for assessors on how to judge applications against these criteria, which you can view at www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards.

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 For the purposes of renewal, distinction awards are scored against their Clinical Excellence Awards equivalents:

Distinction Award	CEA Award
B	Bronze
A	Gold
A+	Platinum

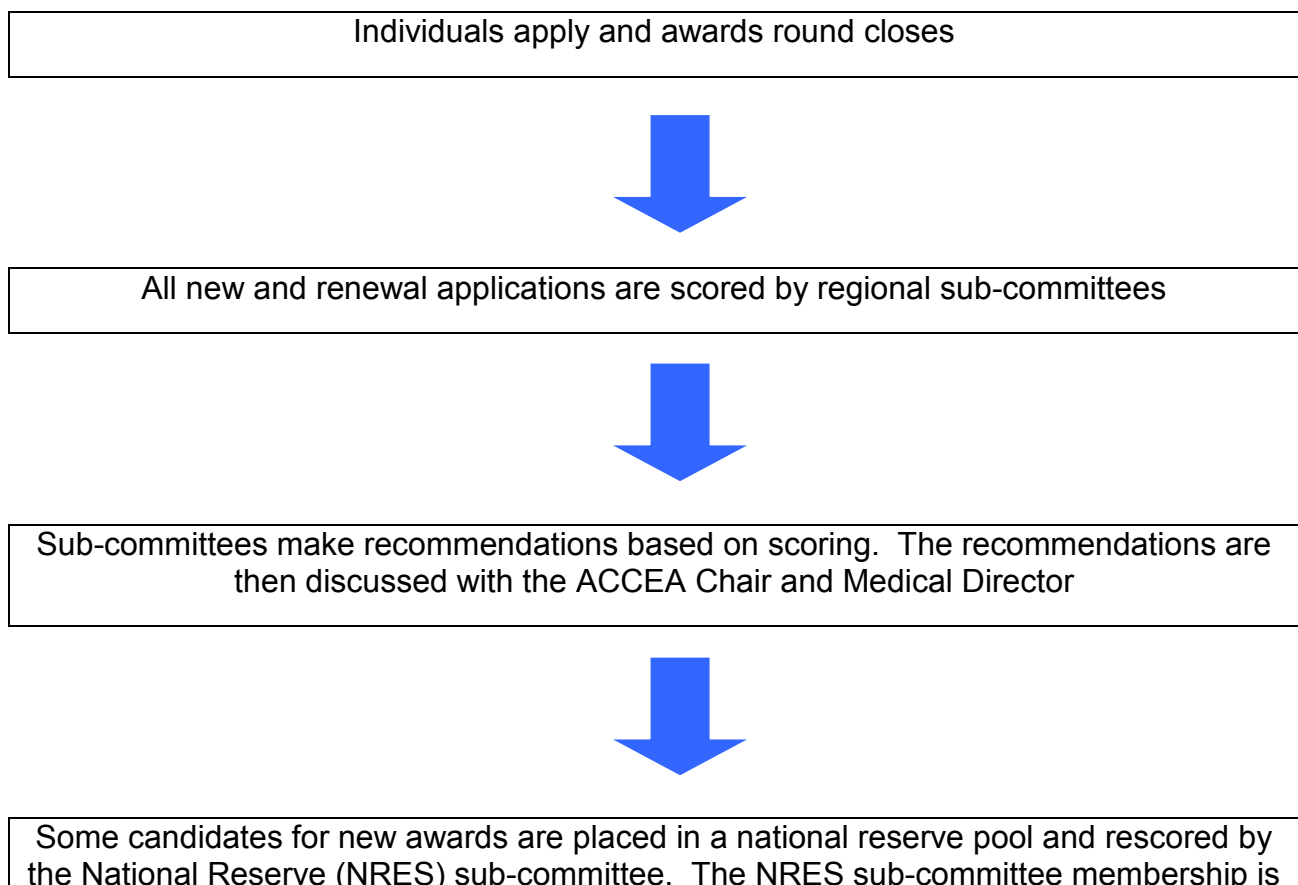
1.5.5 The sub-committees measure achievement within the parameters of an individual's employment, and recognise excellent service over and above the normal delivery of job plans including the quality of delivery of contractual duties.

1.5.6 Regional subcommittees score all new and renewal applications in their region. From these scores the sub-committees make a list of recommendations for awards based on the indicative number of awards for that region. Applications for platinum awards go through two further stages. They are scored again by a national committee made up of lay chairs and medical vice chairs of regional sub-committees. These scores along with the regional sub-committee rankings are considered alongside the recommendations of the Academy of Medical Royal Colleges and Universities UK by the platinum committee of the main ACCEA.

1.5.7 ACCEA receives additional advice from specialist societies and 'National Nominating Bodies' on the quality of applicants' work. A separate guide has been produced for these 'nominators'. They produce ranked lists indicating their views of the relative merits of applicants who have asked to be considered by them.

1.5.8 These rankings are one of the pieces of evidence used by sub-committees to help evaluate applications. The lists are also considered by the Chair and Medical Director, when preparing the recommendations to go to the main Committee.

1.5.9 The assessment process is summarised in the following diagram:



made up of Chairs and Medical Vice Chairs from each regional sub-committee.



ACCEA's Chair and Medical Director make recommendations for new awards and renewals, based on the sub-committee and national reserve scores, to the National ACCEA Committee



ACCEA England recommendations are sent to DH Ministers for agreement. Welsh recommendations to Welsh Ministers



Notifications are sent to individual applicants and their employers

1.6 About the ACCEA and supporting committees

1.6.1 The Advisory Committee on Clinical Excellence Awards (ACCEA) is a non-departmental public body. It issues guides to the Scheme (such as this document) setting out the detailed criteria against which applicants will be assessed. The ACCEA Secretariat administers the application and assessment process for national awards.

1.6.2 The Committee advises Ministers on award nominations proposed by the Chair and Medical Director, and based on recommendations from sub-committees and national bodies.

Regional Sub-Committees

1.6.3 There are thirteen regional ACCEA sub-committees which assess applications for National Awards. They are based on the boundaries of the ten previous Strategic Health Authorities. London is split into three, while the North West is subdivided into two to make these areas manageable. There is a committee covering Wales. A separate Committee considers applicants who are seconded to the Department of Health or who work for Arm's Length Bodies or in public health outside the NHS.

1.6.4 The sub-committees consider all applications from consultants and academic GPs in their area. They also receive any associated citations and ranked lists from specialist societies and nominating bodies on the applicant's work, when this is submitted to ACCEA via its accredited process. The sub-committee produces a shortlist for the Chair and Medical Director to consider for submission to the main Committee.

1.6.5 Committee members come from a wide range of backgrounds, with experience and expertise in numerous areas. They come to a collective decision on who to shortlist for awards. Medical (professional) members make up 50%; lay members 25% and employer members 25%.

1.6.6 The sub-committees will remain a source of advice, when requested, on procedural issues relating to local award schemes

National Nominating Bodies

1.6.7 The Chair and Medical Director also consider the applications of all those consultants and academic GPs who have been shortlisted by accredited National Nominating Bodies, such as the Medical Royal Colleges, Universities UK, the British Medical Association, the Medical Women's Federation and the British International Doctors Association. There is a Guide for Nominators and a list of National Nominating Bodies on the ACCEA website. Those bodies are invited to submit a ranked shortlist in a similar way to that produced by the sub-committees. These lists are then considered, in consultation with the relevant sub-committee.

1.7 Employer Based Awards/Commitment Awards

1.7.1 ACCEA, at national level, does not have any role in relation to employer based awards in England or commitment awards in Wales. For further Information on employer based or commitment, awards please contact the individual employer.

1.8 Transparency

1.8.1 ACCEA operates the Scheme in a transparent manner. The ACCEA website includes the following material:

- A nominal roll showing all existing award holders
- Personal statements of consultants receiving new awards and (from 2013) renewals. These statements summarise the evidence which individuals have set out in their application. See 2.2.4 Duty of Candour
- Membership of the main Committee and the regional sub-committees
- A list of National Nominating Bodies
- An Applicants' Guide which explains how the Scheme works, who is eligible and how to apply

- An Assessors' Guide which describes how applications are assessed and scored
- A Guide for Employers which aids employers in dealing with applications from NHS consultants and Academic GPs for new national CEAs and the renewal of national CEAs and Distinction Awards
- A Guide for Nominators for any individual or professional body, including Royal Colleges, universities and other national and local bodies, who are supporting applications for new awards. It explains the nominators role in the process and how awards are assessed
- The Annual Report which reports on the operation of the Clinical Excellence Awards Scheme during a specific year
- Clinical Excellence Awards Framework Agreement 2003
- Summary versions of the minutes of the meetings of the main Committee

1.9 Disability

1.9.1 Employers have a legal duty to consider making reasonable adjustments consistent with provisions of the Equality Act for employees with disabilities to support the continuation of their employment. Any reasonable adjustments agreed by the employer in consultation with the consultant should be reflected in the consultant's individual job plan. All applications will be treated equitably by ACCEA and scored against the work achieved, which stands out over and above the standard expected of a consultant or academic GP.

Part 2: Your role in the Awards process

The following section sets out the key elements in your role in the national awards process. Information on your role in the Employer Based Awards process can be found in the Employer Based Awards Guide, which includes details of the annual investment requirements.

2.1 Identifying suitable applicants

2.1.1 As an employer, you should consider how to encourage your consultant staff to apply for an award. You should set up open and clear procedures to identify potential applicants. Do not wait until the previous award winners have been announced.

2.1.2 Part 3 outlines the criteria that will be used for assessing the application, and you should refer to these when considering possible applicants.

2.1.3 You should not offer the prospect of an award as an incentive for recruitment or retention.

2.2 Contributing to an application for a new national award or renewal of a national award

2.2.1 When a consultant employed by the Trust or Health Board applies for a new Bronze, Silver, Gold, Platinum award and/or a renewal of their existing award, the Chief Executive or nominated deputy will need to complete a citation (known as the employer statement or Part 2) and assess the five domains in the application.

2.2.2 Your statement is the formal view of the applicant's merits, and is therefore crucial to their application. **Consultants cannot submit applications for national awards without a supporting employer statement. It is important you respond promptly to the request to contribute to the employer statement, so the consultant does not miss the deadline.**

2.2.3 TO BE SUCCESSFUL, A RENEWAL APPLICATION **MUST** DEMONSTRATE THAT THE CONTRIBUTION IS AT LEAST AS GOOD AS THE LOWEST RANKED SUCCESSFUL APPLICANT FOR NEW AWARDS AT THAT LEVEL IN THAT REGION. APPLICATIONS THAT DO NOT SCORE AS HIGHLY AS THE LOWEST RANKED SUCCESSFUL APPLICANT FOR A NEW AWARD IN THE RELEVANT REGION WILL NOT BE SUCCESSFUL FOR RENEWAL AT THAT LEVEL. IN ORDER TO SMOOTH OUT VARIATIONS FROM YEAR TO YEAR AND TO TAKE INTO ACCOUNT REGIONS WITH SMALL NUMBERS OF APPLICATIONS, A THREE YEAR ROLLING AVERAGE WILL BE CALCULATED AND THE LOWER OF THE TWO SCORES APPLIED. CUT-OFF SCORES ARE NOT COMPARABLE OR INTERCHANGEABLE BETWEEN DIFFERENT REGIONS OR DIFFERENT AWARD LEVELS.

2.2.4 The following guidelines should be read before completing any employer statement:

- Complete assessments in the employer statement according to the criteria.
- **Do not use these to compare the applicant with other consultants you are supporting, or give them a ranking.** (See Paragraph 2.3.1 for the process of providing a separate ranking for all applicants in your trust, which enables you to comment on your views of their relative merits).
- You should complete the assessment for all applicants objectively even if not ranked by your Trust.
- You should indicate factors such as ongoing contractual or professional difficulties in the free text part of the statement.
- You **must** inform ACCEA on the application form of any investigations or disciplinary procedures against the applicant within the last 5 years. This would include any investigations by external bodies such as the GMC, GDC, NCAS etc. It would also include any restrictions on practice, complaints against performance or conduct that the employer is formally investigating. **You should inform ACCEA directly** if the applicant becomes the subject of a subsequent complaint.
- We will take note of any disciplinary process underway and await the outcome so that appropriate action can be taken at that point, in consultation with you and the applicant.
- You also have the opportunity to explain the rationale behind your assessments.
- Where your consultants are applying for both renewal of an existing award and progression to a higher award it would be helpful if you could be explicit about your support for each element of the application as they are considered separately and it is possible that you may support the renewal of an award but not progression.
- State whether or not you ran a local award scheme for 2013 and 2014.
- You have a duty of candour and are obligated to inform ACCEA of any misleading information in the application form.

2.2.5 Employer's statements must be done online at www.nhsaccea.dh.gov.uk. Please follow the steps below:

Step 1: Logging on to the system

The Chief Executive will receive an email stating that a consultant has applied for an award and/or for the renewal of an award and that they will need to login to complete Part 2 of the consultant's application. The email will provide instructions on how to

obtain an account and a link to the ACCEA application (if you have used the system before your username and password will be the same as in previous years).



Step 2: Viewing applications

Once logged in, the Chief Executive or nominated deputy is able to view all applications awaiting their completion. They are able to select an applicant, view their Part 1 as read only, and complete Part 2. At any stage, the Chief Executive or nominated deputy can save their work and log back in at a later stage to continue.

If they find a mistake with the application, they can return this to the applicant with a relevant message. The applicant can then correct the application but will then need to re-submit this to the Chief Executive.



Step 3: Finalising Employers Contribution

Once the Chief Executive or nominated deputy is satisfied with Part 2, they should submit it back to the applicant.

The applicant then decides whether to submit their application to ACCEA – **only applicants can submit the finalised forms from their accounts.**

2.3 NHS Employer and University ranked lists

2.3.1 You should submit a separate, ranked order of merit at each level. This is needed for every level apart from Platinum. A ranked list will only be accepted if an employer statement for each applicant, or in the case of universities a citation has been provided. This should be done via the online system as follows:

Step 1: You will need to request a login to access the online system at www.nhsaccea.dh.gov.uk and select “new account request” (if you have done this in previous years your login will still be valid).



Step 2: Once logged in, you may create one ranked list for each national award level.



Step 3: Within each ranked list, you can add consultants to it by their Surname/GMC number. You may change or amend the rankings at any point up until final submission. You can save a draft version of the ranked list and return to complete it later.



Step 4: You will only be able to submit your list once all the applicants on it have registered an application in the system. Once you have submitted your list it can no longer be amended.

2.3.2 Trusts who employ clinical academics should liaise with the appropriate universities to ensure that joint or complementary citations are provided.

2.3.3 To be eligible for an award, consultants must take part in an annual appraisal exercise. When supporting an application, you need to confirm whether the applicant has undertaken a satisfactory appraisal at some point during the previous 12 months, and if an annual appraisal exercise has not taken place to confirm that the applicant has made reasonable efforts to participate in an appraisal.

2.3.4 Although ACCEA does not need information about the appraisal itself, it expects employers to confirm that applicants participated satisfactorily in the appraisal process, have 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.

2.4 Deadline for applications

2.4.1 All applications and supporting documents must be submitted by **17:00 on Monday 16 May 2016**. Forms received after that time will not be accepted, under any circumstances.

2.5 Effect of submitting an unsatisfactory renewal application

2.5.1 If applicants who are due to submit a renewal application in the 2016 round 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 that the award is terminated when it expires on 31 March 2017. Any extenuating circumstances, eg ill health, should be notified to ACCEA by the consultant and/or the employer consider, indicate what the issue when submitting the application and these will be taken into account.

2.5.2 Consultants who fail to renew an award to be considered in the 2016 Round will lose the award and the financial element on 31 March 2017 unless subject to the provision outline in paragraph 2.5.3. They will, however, be able to apply for a new award if they remain eligible for the Scheme or any successor Scheme. They can apply for a new bronze once they have satisfied the eligibility criteria outline in Part 2: Eligibility of the guide for National Awards Applicants (new and renewal) Existing Award Holders.

2.5.3 Where an application does not score as highly as the lowest ranked successful new applicant at the equivalent of silver, gold awards, these applicants will be considered by ACCEA for renewal at a lower level if the score achieved on their application is as high as the lowest ranked successful new applicant at the lower level in that region. Platinum applicants will be scored by the Platinum sub-committee and benchmarked against the lowest successful new applicant. The original sub-committee score will be used, the application will not be rescored.

2.5.4 Following consultation with stakeholders, the Department of Health has asked ACCEA to change the rules relating to pay protection. From 1st October 2014, pay protection is no longer applicable to any award that is, or has previously been, withdrawn or not renewed. Consultants due to submit a renewal application in the 2015 round will not receive the financial value of the award after 31 March 2016 if it is not renewed due to either not achieving the required standard or the non-submission of an application.

Part 3: Assessment criteria

3.1 Highlighting achievements in five key areas

3.1.1 When completing their application, applicants need to highlight their achievement in five domains. You should consider how applicants have performed in these areas before deciding on whether to encourage them to apply.

3.1.2 Applicants are not expected to perform 'over and above' expectations in all five domains to be worthy of an award. Much will depend on the type and nature of their post.

3.2 Assessing applications

3.2.1 Part 4 in the Guide for Assessors has comprehensive information about how to score an application. As part of the assessment process, domains are scored by committee members using the following ratings:

➤ Excellent	10
➤ Over and above contractual requirements	6
➤ Meets contractual requirements	2
➤ Does not meet contractual requirements or when insufficient information has been produced to make a judgment.	0

3.2.2 As the employer, you will also score each domain using the following ratings:

➤ 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

Domain 1 – delivering a high quality service

Applicants need to give evidence of their achievements in delivering a service which is safe, has measurably effective clinical outcomes, provides good patient experience and where opportunities for improvement are consistently sought and implemented. (Applicants should provide evidence across all of these dimensions, although it is recognised that their exceptional contribution may just focus on one of them).

In their evidence they should include quantified measures (eg outcome measures) if these exist, that reflect the whole service that they (and if relevant, their team) provides, using Indicators for Quality Improvement or Quality Standards and other reference data sources in England or the Healthcare Standards for Wales where it allows them to provide performance data against indicators for their speciality. The evidence on patient safety should refer where possible to the new quality indicators and the evidence on the patient experience should indicate how they have addressed the issues of dignity, compassion and integrity with patients.

Applicants should concentrate on recent contributions (since their last award or renewal whichever is more recent, or in the past five years for Bronze applications). This could, for example, cover the following:

- Excellence in delivering professional commitments. They should refer to validated performance or outcome data where available. They should present this comparatively, and/or with external or peer review reports, assessing the quality of their service, if possible
- Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. For example, they should describe how they have provided dignity of care for patients and won their trust. Here they may refer to validated patient and carer surveys or service feedback
- Evidence of excellence in preventative medicine measures e.g. in alcohol abuse, smoking cessation and injury prevention
- Evidence of the effect on patient experience
- Good use of NHS resources

Domain 2 – developing a high quality service

Evidence of how applicants have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of their local service(s) or related clinical service widely within the NHS. In general, their evidence should be as measurable as possible and it should specify their individual contribution, not just that of their department. They should give specific examples of action taken in light of audit

findings including how these might have contributed to organisational change. Applicants should concentrate on recent contributions (since their last award or renewal whichever is more recent, or in the past five years for Bronze applications).

They need to indicate developments they have been responsible for, either alone or in a team. This could cover information about the following:

- Developing and completing relevant audit cycles or applying strategies to implement evidence based practice, leading to demonstrable service improvements. It is a baseline expectation that they provide evidence that they have fully participated in any relevant National and Local Clinical Audits. They should also refer to participation in any National Confidential Enquiries.
- Developing and/or applying tools to determine barriers to clinical effectiveness and their resolution
- Developing diagnostic tools, intervention techniques and methodology
- Analysis and management of risk; this may include examples of specific improvements, reduced risk or enhanced safety
- Improved service delivery, with a demonstrable effect. For example how has their service become more patient centred and accessible
- Evidence that changes have been informed by consultation with patients
- Innovation in service delivery, with a demonstrable effect – such as evidence of improved outcomes or the introduction of major prevention, diagnosis, treatment innovations or care models
- Improved productivity and efficiency due to service redesign, with no diminution in quality
- Development of new health or healthcare plans or policies
- Major reviews, inquiries or investigations
- National policies to modernise health services or professional practice

Domain 3 – leadership and managing a high quality service

Evidence of how applicants have made a substantial personal contribution to leading and managing a local service, or national/international health policy development. Applicants should concentrate on recent contributions (since their last award or renewal whichever is more recent, or in the past five years for Bronze applications).

If applicants cite in their application particular roles that they have undertaken they

should describe the impact that they have had in that role. ACCEA recognises many different aspects of leadership, which could include, but are not limited to the following:

- Evidence of positive outcomes as a result of effective leadership inputs and processes, giving examples of specific achievements in terms of improved quality of care for patients
- Information about any change management programme or service innovation that they have led, with evidence that it has improved service quality effectiveness, productivity or efficiency, for the benefit of patients, the public and staff
- Evidence of excellence in leading the development and delivery of preventative medicine initiatives including working with other agencies such as local authorities and the voluntary sector.
- Development of individuals or a team in support of improved patient care. They should give specific examples e.g. of mentoring or coaching. (Consultants working in England might refer to the Guidance on talent and leadership planning in England.
- An ambassadorial or change champion role, perhaps in public consultation or explanation of complex issues
- Developing a compelling and shared vision and purpose for change, investing in verified improvement methodologies, tackling any behavioural issues that get in the way
- Demonstrating their contribution to removing barriers and positively promoting diversity in the workplace, and achieve equality and inclusion outcomes thus enabling the career progression of clinicians and non-clinicians into senior leadership positions
- Working across organisational and professional boundaries in support of improved patient care, access or use of resources (clinically effective and efficient)
- A leadership contribution to developing patient focused services
- Membership of a committee along with evidence of outcomes and their role in these. ACCEA is aware that membership of some national or international boards or advisory bodies is itself recognised as a marker of high professional status, but membership alone will not usually be accepted as evidence of an awardable contribution: we require evidence of what their membership achieved and their impact in any particular role that they list
- Excellence in team leadership for which they take sole, rotational or shared responsibility
- A leadership role in relation to clinical governance including a leadership role in policy or service development

➤ Examples of individual leadership

ACCEA requires evidence of an applicant's contribution, the source of any data, and relevant dates. These should all be included in the award application.

Domain 4 – research and innovation

Here applicants may outline their contribution to research, and how they have supported innovation including by developing the evidence base for measurement of quality improvement. In the section on references they should detail papers published etc (not give names of referees). Applicants should concentrate on recent contributions (since their last award or renewal whichever is more recent, or in the past five years for Bronze applications).

They should detail what they have achieved to date and what they hope to achieve, with supporting evidence, such as:

- New techniques or service models that they have developed and which have been adopted by others. In particular how they have applied improvement methodologies in order to get the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change
- Further developed techniques for public engagement
- Encouraged the systematic uptake of innovation to improve the quality of patient services
- Actual or potential impact of their research, including that which is laboratory based, or innovative development on health service practice, health service policy or on the development of health services, including the relevance of their research to the health of patients and the public
- Major trials/evaluations (including systematic reviews) led, or co-investigated, and published over the preceding five years and referenced
- Their contribution as a research leader and to the research and supervision of others
- Other markers of standing in their chosen research field(s) such as membership of review boards of national funding agencies, office bearer of learned societies or professorships. They should provide evidence on impact in these roles
- Grants they hold i.e. not just those held by the department
- Peer reviewed publications, chapters or books written/edited – please indicate editorial activity

- Significant participation in multi-centre research studies, e.g. high levels of recruitment to clinical trials
- Evidence of excellence in research leading to new solutions to preventing illness and injury

Domain 5 – teaching and training

For some applicants, teaching and training will form a major part of the contribution they make to the NHS over and above contractual obligations. Applicants should concentrate on recent contributions (since their last award or renewal whichever is more recent, or in the past five years for Bronze applications).

Applicants should give evidence of excellence that relates to the following (they will not be expected to include examples in all of these categories):

- **Quality of teaching.** Any medical undergraduate teaching, evidence of student feedback and other forms of teacher quality assessment that show students' views
- **Leadership and innovation in teaching.** This might include:
 - Developing a new course
 - Innovative assessment methods
 - Introducing new learning facilities
 - Authorship of successful textbooks or other teaching media
 - A contribution to postgraduate education and life-long learning
 - Contributions to teaching in other UK centres or abroad
 - Developing innovative training methods
- **Scholarship, evaluation and research contributing to national or international leadership in the educational domain.** This might include:
 - Presentations
 - Invitations to lecture
 - Peer reviewed and other publications on educational matters
 - A contribution to education of other health and social care professions
- **Teaching and education of the public** e.g. health promotion and disease prevention
- **Institutional success in regulatory body and quality assessment audits of teaching in which they have played a key role.** This could include undergraduate or postgraduate examinations, or supervision of postgraduate degree students

- Evidence of personal commitment to developing teaching skills. Such as Higher Education Academy membership and courses completed
- Evidence of unusual teaching and educational commitment and workload not recognised in other ways
- Evidence of excellence and innovation in teaching related to preventing illness and injury

3.3 Additional information for Domains 3, 4 and 5

For Domains 3-5, applicants have an opportunity to include additional material to support their application, if they have been particularly active in a specific area.

- Applicants applying for Levels 1-9, Bronze or Silver, can include additional information for Domain 3 **or** Domain 4 **or** Domain 5.
- Gold applicants can select **two** from Domains 3, 4 and 5. If they have been particularly active in these areas, applicants should choose the one/s in which they have made the most significant contribution.
- For Platinum applications, applicants have the opportunity to select **all three** Domains in which to include extra information.

When completing these domains online, applicants are given the opportunity to provide this additional information in supplementary form(s), instead of in the actual domain field. They are not obliged to complete these supplementary form(s) and should only use them if they feel there is inadequate space in the domain field to provide important information to support their application. There are standardised forms for the additional domain information and only information provided on these forms will be accepted.

Part 4: Change in circumstances of current award holders

Applicants are required to notify the ACCEA Secretariat, as soon as possible, of changes to your circumstances as these may affect their entitlement to an award; the amounts paid both to the employer and the applicant. Below are identified some of the main changes which require notification. ACCEA expects employers to ensure that all consultants in their employment are aware of the following requirements:.

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

4.1.1 If consultants stop practising in the area for which their award was granted, changed their job, employer or have a significant change to their job plan, including a reduction in the number of sessions, they should inform ACCEA, as soon as the change has been agreed at a local level, so that ACCEA can consider their case.

4.1.2 Consultants will be asked to submit a copy of their new job plan, signed by their Chief Executive, or nominated deputy, to be considered and approved by ACCEA. Awards are reviewed earlier if there is a change in job, or a significant change in job plan. Failure to notify a change of job plan could put the Consultant's award at risk.

Part time working

4.1.3 All consultants working part-time will receive award payments pro-rata.

Working in general management

4.1.4 If consultants stop practising in the area for which their award was granted, and move into a full or part-time general management post, they will need to speak to you as their employer and consult ACCEA about whether they can continue to receive the full monetary value of their award. Consultants would not normally receive payment of their award if they cease to meet the eligibility criteria set out in Part 2 of the *Guide for Applicants (new and renewal) and Existing Award Holders*.

4.1.5 If consultants return to clinical work after a period in full-time general management, their award may be reinstated after a review by ACCEA.

4.2 The effect of leave, secondments or sabbaticals

Unpaid leave

4.2.1 Awards are not paid during any period of unpaid leave. If consultants take leave for longer than a year, the question of reinstating their award will be subject to review by the ACCEA Medical Director.

Secondments

4.2.2 If consultants are on full-time secondment to a post with a non-qualifying employer, their award will be suspended and will not be subject to renewal in this period.

4.2.3 ACCEA advises that consultants should speak to their employer before beginning their secondment to make arrangements for protecting the award, and continuing to collect it after their secondment has finished.

4.2.4 If the secondment period is less than a year, they will resume receipt of their award once the secondment has ended. If they are due to renew during the secondment period, they will be subject to a renewal during the next applicable awards round. ACCEA may use its discretion and grant an extension to the renewal period to allow the consultant time to gather suitable evidence of awardable work on their return to the NHS.

4.2.5 If the secondment is longer than a year, ACCEA will consider reinstating the award subject to the consultant returning to awardable work.

4.2.6 If consultants are away for between 1 and 5 years they can apply to have their award reinstated. ACCEA will specify the renewal period of the reinstated award. Generally, consultants who are away for five years or more must reapply at Bronze level. Consultants who move to government departments or government sponsored roles may be considered to return at the original level.

4.2.7 If consultants who are due to begin a secondment during their renewal year an extension may be granted at the discretion of ACCEA following the same criteria for retirements. Each case will be judged on its merits.

4.2.8 If consultants are on secondment to the Independent Sector Treatment programme or similar organisation, whilst retaining their contract as an NHS consultant, they are still eligible to receive the award and will be subject to renewal.

Sabbaticals

4.2.9 Consultants must inform the ACCEA Secretariat **before** they begin their sabbatical to agree arrangements surrounding their award. ACCEA would expect evidence of benefits to the NHS as an outcome of the sabbatical or for arrangements to be put in place that continue the NHS contribution. Otherwise ACCEA will consider suspending the award until the Consultant's return.

Prolonged absence from the NHS

4.2.10 Where, for any reason, consultants have not practised their specialty in the NHS for more than a year, ACCEA will review whether the award should be reinstated.

Leaving the NHS during an award round

4.2.11 In order to qualify for an award, consultants must be employed as a consultant in the NHS on 1 April in the award year.

4.2.12 Where an applicant is made redundant or if an applicant retires during an award round and before the announcement of the outcome, their application will be deemed to have been withdrawn.

4.3 Changes in pension contributions

4.3.1 Consultants should notify the Secretariat of any changes to their pension contributions.

4.3.2 ACCEA considers consultants to have retired and returned to work if they are in receipt of all or part of their pension (NHS or USS). If in receipt of any part of their pension they are no longer eligible for their existing award.

4.4 Effect of retirement

4.4.1 Consultants are obliged to notify us of their date of retirement when it is known.

Clinical Excellence Awards Post Retirement

4.4.2 Clinical Excellence Awards cease on retirement and are consolidated into pension (NHS/USS). If consultants are re-employed, they will not continue to receive any award payment. If they are re-employed on a permanent contract, they currently have the right to re-apply to the Scheme.

4.4.3 New awards following retirement and return to work are made on the basis of work undertaken since the new contract began and applications will need to demonstrate impact and sustainability. Evidence that has already gained recognition in an applicant's previous award will not be considered for a new award. The dates when the work described in the application form was undertaken must be clearly stated and if this is continuation of work prior to retirement this must be specified. Any evidence offered for which the dates are unclear will be disregarded by the assessors. If evidence relates to continuation of work prior to retirement, then it should be made clear what has been done since the new contract. If a national award is not held at the time of retirement then an application can be made at bronze level. For applicants who held a national award or L9 at the time of retirement, applications can be made for national awards at or below the level of any national award held at the time of retirement. If a national application is unsuccessful it will not be considered at another level. In these circumstances the applicant would be eligible to apply for employer based awards. Applicants must state the dates of their retirement and the commencement of their new contracts in their application. Applications will be assessed in competition with other applicants in the usual way.

Distinction Award holders returning to work

4.4.4 Following consultation with stakeholders the Department of Health 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 are no longer 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 will cease to receive this award from 31 March 2015. Consultants in this situation or consultants retiring and then returning to work after 1 January 2014 will be able to apply to re-enter the CEA Scheme or its successor as Clinical Excellence Award holders are currently able to (see 2.1.6 and 2.1.7 of the Guide for Applicants).

4.5 Becoming the subject of an investigation

4.5.1 Consultants and Employer's **must** inform ACCEA, as soon as they are aware, if a consultant becomes the subject of any investigations; disciplinary procedures or successful litigation, related to their clinical practice, with an admission of liability or liability proven in a court. See Guide to Applications for national awards section 2.3.2-2.3.5 for details.

4.5.2 Consultants should keep ACCEA informed of any developments and the outcome of any investigations for our records. ACCEA maintains a policy of 'innocent unless proven otherwise'.

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

4.5.4 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.

4.5.5 A consultant or academic GP will not be eligible to apply for an award, to continue to hold an award or to renew an award, if they have disciplinary sanctions including formal GMC/GDC findings of impaired fitness to practise or warnings outstanding against them. 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.

4.5.6 ACCEA considers the placing of restrictions by a regulator or employer on a consultant's practice as indicating 'very extreme circumstances'. 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 5: Appeals

5.1 Appeals for national awards

5.1.1 Appeals against decisions about national awards (Bronze, Silver, Gold and Platinum), both new and renewals are handled by ACCEA. An appeal can only be raised for individual applications.

5.2 Grounds for an appeal

5.2.1 ACCEA considers appeals for National Awards only. ACCEA no longer deals with appeals for Employer Based Awards.

5.2.2 Inevitably, some applicants will be disappointed with the final outcome of the awards. They cannot appeal simply because they disagree with the collective judgement of ACCEA. However, where they can demonstrate procedures have not been followed, they may appeal for a review.

5.2.3 The following would be considered grounds for an appeal:

- The relevant 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 or age
- ACCEA established evaluation processes were not followed
- Bias or conflict of interest on the part of a committee

5.2.4 Any appeal related to national awards must be lodged by either Friday 29 January 2016 or within four weeks of the award results being announced whichever is the latter.

5.3 Handling of Appeals

5.3.1 The ACCEA Chair and Medical Director will review evidence provided to establish whether there are grounds for appeal. If it is determined by that there are grounds for an appeal and that this cannot be resolved informally then a formal appeal will be set up.

5.3.2 A panel of people previously uninvolved in the consultant's application will consider the appeal. The panel will include a professional (medical or dental), an employer and a lay member as chair. They will look at the complaint, the documents setting out prescribed procedures, and a written statement of the procedure actually followed by the committee in question.

5.3.3 The consultant will have access to all documents for consideration by the panel, and have the chance to make further representations in writing.

5.3.4 Appeals panels will usually proceed on the basis of the paperwork, without hearing oral evidence or representations. However, the chair of the panel will consider any written applications for an oral hearing.

5.4 Timeline for appeals

5.4.1 ACCEA attempts to resolve appeals within the timeline set out in 6.5 of the Guide for: National Awards Applicants (new and renewal); Existing Award Holders, however delays do sometimes occur. Where there are delays, the consultant will be kept informed.

5.5 What happens if an appeal is successful?

5.5.1 The panel's role is to decide whether there is a process failure. If an appeal against process is successful, the ACCEA Chair and Medical Director will consider resolution of the case against a range of options, such as a one year extension for a renewal application or rescoring of a new award. ACCEA's decision in respect of an individual appeal will be consistent with other relevant appeals.

5.5.2 A successful appeal does not necessarily mean that an award will be renewed or a new award made. ACCEA will provide the appellant with a written explanation of this underlying reason for the decision.