

ACCEA



ADVISORY COMMITTEE on
CLINICAL EXCELLENCE AWARDS

ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS



ANNUAL REPORT

(Covering the 2015 Awards Round)

November 2016



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	4
Section 1: Distribution of Awards	6
• Introduction	6
• 2015 Awards	7
• Applications for Awards	8
• Distribution of New National Awards	10
○ Level	13
○ Specialty	19
○ Age	20
○ Gender	20
○ Ethnicity	22
• Sources of Nominations	24
• Applications for Renewals	24
• Distribution of Awards in Payment	26
Section 2: Employer Based Awards	30
Section 3: Reports on the National Scheme	31
• Appeals, Concerns and Complaints	31
• Appeals from 2015 Awards Round	31
• Complaints	33
• Committee Membership	33
Section 4: Development of the Scheme	35
• Removal of Pay Protection	35
• Distinction Award Holders Returning to Work	35
• Renewals	35
• Changes to the 2015 Guides	35
○ Publication of full application	35
○ Disability	35
○ Consultants nearing retirement	35
○ Comparison of current application with most recent successful	36
○ Renewals	36
○ Appeals	36
○ Complaints and Freedom of Information	36
○ Early renewal of an award following a job change	36
○ Sabbaticals	36
○ False statement/possible fraud identified	36
Section 5: Doctors' and Dentists' Review Body 2011 Review of the Scheme	37
• Review of Compensation Levels and Incentives for NHS Consultants	37
• Next Steps and Work in ACCEA going forward	37
Appendix I Award Data Matrix by Specialty and Region	38

Foreword

We are pleased to present our third Annual Report which summarises the outcome of the 2015 national Clinical Excellence Awards round.

Clinical Excellence Awards (CEAs) recognise and reward individuals who provide clear evidence of clinical excellence by demonstrating achievements that are significantly over and above what they would normally be expected to deliver in their roles. Each year, we review hundreds of applications and in so doing look carefully for such evidence. In addition our colleagues on regional sub-committees of the ACCEA across England and the Wales Committee will already have carefully assessed all applications from within their area of responsibility. Where we feel that individual applications require further clarification, we discuss them with the relevant sub-committee as a further part of the quality assurance process.

Each year all regions of England and Wales produce a significant number of applicants who have demonstrated clear evidence of clinical excellence. Such excellence will be evident in several key areas such as delivering and developing high quality services, high quality leadership, research, innovation, and teaching and training. Individual achievements will have already led to significant improvements in many areas of health care or will have produced research outcomes and innovation that hold the promise of significant future improvements at local, national and international level. Therefore, the collective impact of clinical excellence demonstrated each year by the CEA awards process is very significant indeed. The 2015 awards round was no exception.

It is very important to ensure that the governance of all aspects of the CEA process is of a consistently high standard. This is a responsibility which we undertake on behalf of the ACCEA. We place considerable emphasis upon learning from experience. Valuable feedback is obtained from our annual round of discussions with regional sub-committees. In addition at the conclusion of each awards round, we meet with the Chairs and Medical Vice-Chairs of ACCEA regional sub-committees and also meet with representatives of the National Nominating Bodies such as the Medical Royal Colleges. These meetings provide a means of reviewing the outcome of the awards round and of identifying areas where further improvements in processes can be considered. We also look carefully at points raised by unsuccessful applicants who contact ACCEA, and endeavour to provide further clarification to address their concerns.

Our priorities in 2015 were to build on the achievements of our first year in office and to continue to recruit new members to the ACCEA sub-committees; to provide training for new and existing members and in addition to improve the governance processes that already exist. We are able to report the following progress:

- Changes to the annual guidance issued to applicants and to those who assess such applications eg:
 - Expanded the guidance on scoring and the explicit standards required for the renewal of awards
 - Clarification of eligibility of applicants, including revision of the policy for those retired but returned to work and wish to re-apply for a CEA
 - Clarification of the appeals process

- further provision of information to unsuccessful applicants to enable them to review their application and identify areas for potential development
- Review of the recruitment and training of members of regional sub-committees
- Regular updating of the ACCEA webpage to provide better information for applicants, employers, assessors and those who wish to provide citations
- the issue of a series of email reminders to consultants whose award it due for renewal has reduced the number who failed to apply for renewal

The 2015 awards round was completed on time. This reflects a great deal of hard work on the part of our colleagues on regional sub-committees. Their work provides much of the foundation upon which governance of the awards process is based. We also rely upon the National Nominating Bodies to provide citations on individual applicants and to rank applicants for new awards. Employing bodies also make a valuable contribution to the assessment process. We are grateful to all concerned for the important contribution that they have made.

We also extend our thanks to the ACCEA secretariat. They undertake a wide range of tasks that are essential to the preparation for and satisfactory conduct of each award round. They are also the first point of contact for the many enquiries received from applicants. Much of this work goes unremarked but is also essential to the effective governance of the CEA process.

Bill Worth
Chair

Mary Armitage
Medical Director

Introduction

- i. This is the twelfth 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 2015 1198 consultants in England and Wales completed new applications on our web-based submission system. 1078 consultants completed new applications in England. 1737 completed new and renewal applications in England and Wales, compared with 1959 in 2014. 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 2015 back to 2009 are shown below:

Year	Number of New Awards
2015	317
2014	318
2013	317
2012	318
2011	316
2010	317
2009	601

- vii. The 2015 awards round was successfully delivered within the timescales set and candidates were notified of the outcome of their applications in a timely manner.

Section 1: Distribution of Awards

Introduction

1.1. In the 2015 Awards Round, the number of new awards totalled 317, with 299 awarded to England and 18 to Wales.

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 a geographical area, with adjustment for the number of applications. An independent shortlisting process was carried out by the recognised 'National Nominating Bodies' (NNB). All applications that were shortlisted by either of these routes were considered directly by the ACCEA Chair and Medical Director.

1.3. Following that consideration, the ACCEA Chair and Medical Director accepted the advice of the regional sub-committees when some of the applications, shortlisted by NNBS, did not score sufficiently high enough to be fall within the indicative number for an award at the relevant level. The regional assessment was based on the evidence provided on the application form and on the collective score achieved.

1.4. When the Chair and Medical Director considered the sub-committee's assessment to be borderline, the applications were discussed at a 'final meeting' with the relevant sub-committee. Following this meeting, if it was agreed that the standard had not been demonstrated the application was not considered further. If however, 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 applications shortlisted by the ACCEA sub-committees that represented progression to a higher level in 3 years or less were re-scored by NRes sub-committee, comparing the 2015 application directly with the previous successful application. All applications that tied at the cut-off score for the indicative number for each level in each region were also placed in the 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.¹ Following re-scoring by the NRes sub-committee, the highest scoring applications were included in the final submission to the main ACCEA for recommendation to the Minister for an award. It should be noted that the NRes process is for England only.

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

¹Review 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

The 2015 Awards

1.7. From the final shortlists, 127 Bronze, 132 Silver, 45 Gold and 13 Platinum awards were made in 2015 Awards Round in England and Wales. A list of the individuals granted awards was made public through the ACCEA website.

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 2015

New Awards	2015
Platinum	13
Gold	43
Silver	126
Bronze	117

Table 1b New Awards in Wales 2015

New Awards	2015
Platinum	0
Gold	2
Silver	6
Bronze	10

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 2015

Region	Bronze	Silver	Gold	Platinum	Total	% New
CHES and MER	3	3	1	2	9	23.68
DEPT of HEALTH	4	3	2	0	9	39.13
EAST ENG	9	8	3	1	21	28.57
EAST MID	9	10	4	1	24	29.17
LON NE	12	15	6	2	35	24.65
LON NW	9	11	5	0	25	29.76
LON STH	11	10	4	2	27	30.34
NTH EAST	9	11	2	1	23	30.67
NTH WEST	7	10	4	0	21	24.14
STH EAST	2	4	1	0	7	23.33
SOUTH	14	9	2	2	27	26.73
STH WEST	12	10	2	0	24	26.37
WALES	10	6	2	0	18	15.00
WEST MID	8	10	3	1	22	30.56
YORK and HUM	8	12	4	1	25	27.78
TOTAL	127	132	45	13	317	

Table 3 Awards by Specialty and Award Level for 2015

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	5	1	2	0	8
Anaesthetics	9	13	1	2	25
Clinical Oncology	2	4	0	0	6
Dental	2	2	0	0	4
Emergency Medicine	0	2	0	0	2
Medicine	46	42	18	5	111
Obs and Gynaecology	3	4	0	0	7
Ophthalmology	3	7	1	0	11
Paediatrics	11	12	5	0	28
Pathology	10	11	5	3	29
Psychiatry	5	6	4	2	17
Public Health Dentistry	1	0	0	0	1
Public Health Medicine	3	3	1	0	7
Radiology	5	3	1	0	9
Surgery	22	22	7	1	52
TOTAL	127	132	45	13	317

Applications for Awards

Table 4: Success Rates of New Award Applications in England and Wales 2015

Total Applications	1198	
Total New Awards	317	
Platinum Applications	36	
Platinum Awards	13	36.11%
Gold Applications	153	
Gold Awards	45	29.41%
Silver Applications	512	
Silver Awards	132	25.78%
Bronze Applications	497	
Bronze Awards	127	25.55%

Figure 1 Applications for New Awards 2009-2015 England & Wales

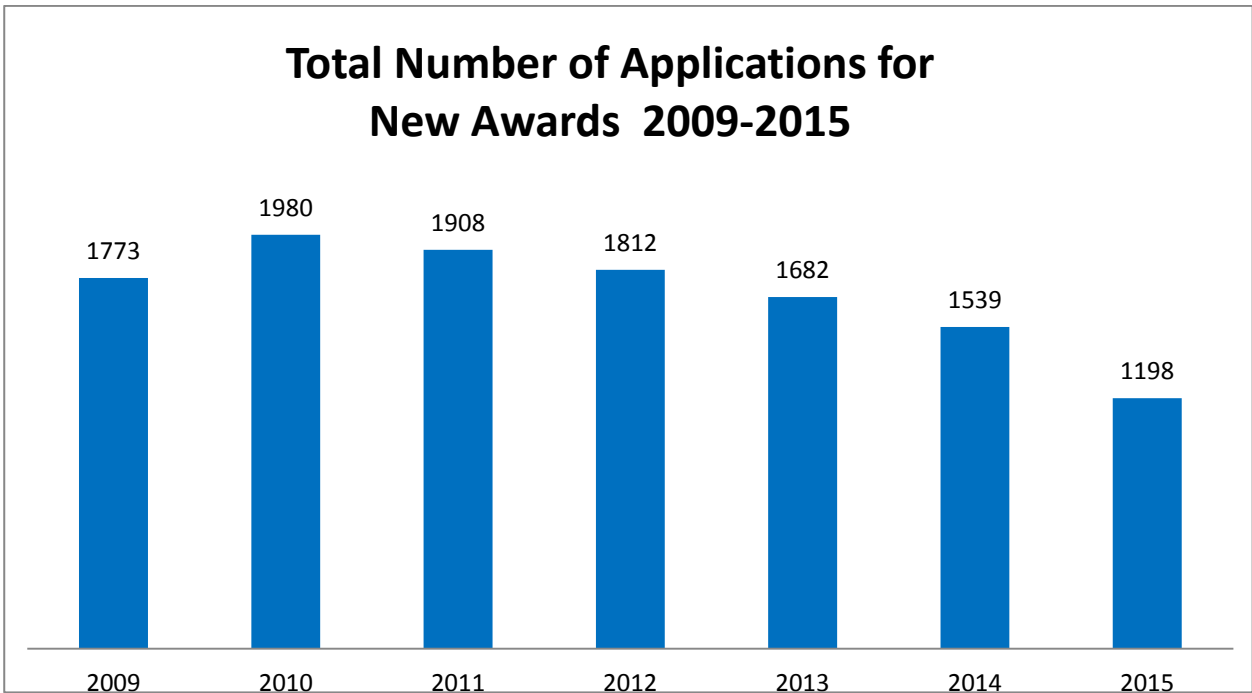


Figure 2 Applications for New Awards 2009-2015 England & Wales

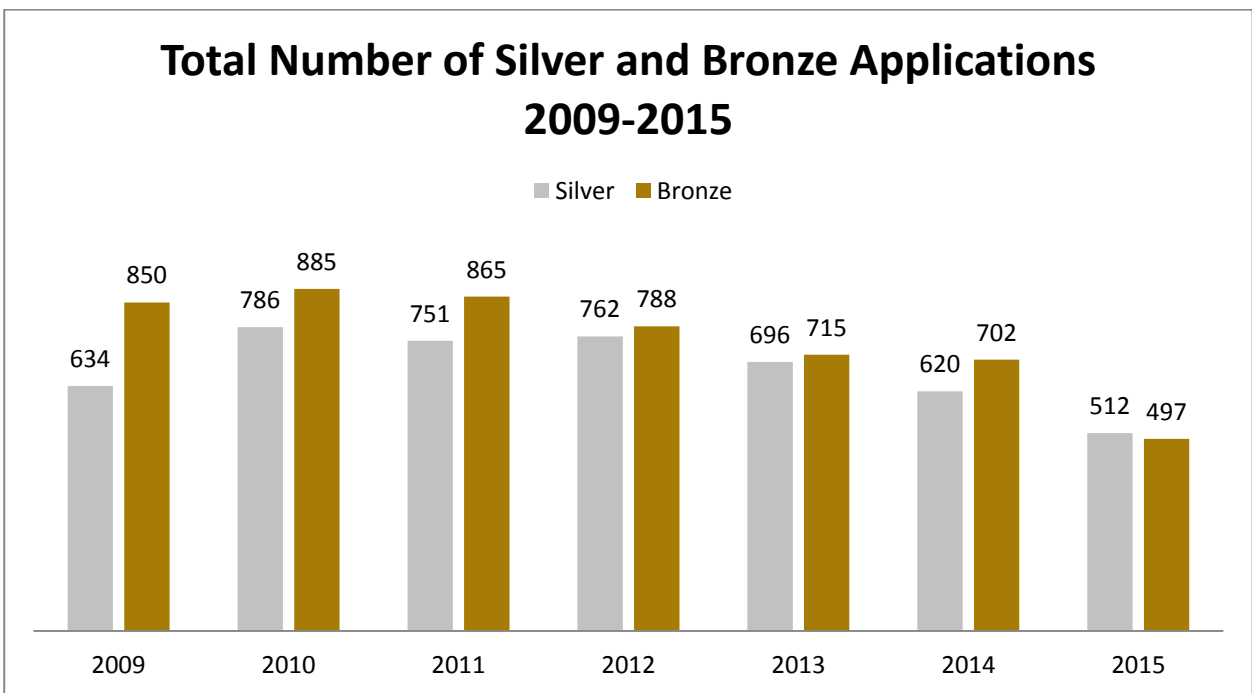
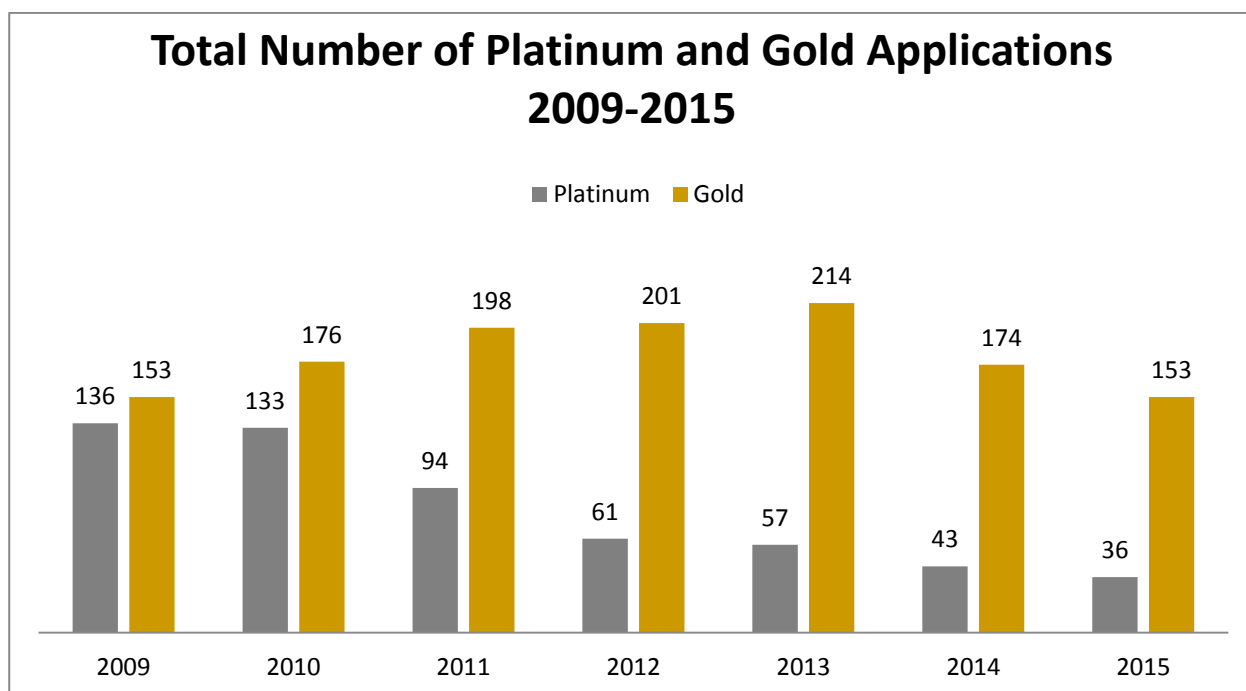


Figure 3 Applications for New Awards 2009-2015 England & Wales



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, working pattern, 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. Where ACCEA holds data for England and Wales then tables are produced for both countries, where it does not, England only data are shown.

Table 5 2015 Bronze Applications V New Awards (England only)

Specialty	Applications	Bronze Awards	% of Successful Applications
Academic GP	12	5	41.67%
Anaesthetics	24	9	37.50%
Clinical Oncology	5	1	20%
Dental	6	2	33.33%
Emergency Medicine	4	0	
Medicine	113	42	37.17%
Obs and Gynaecology	10	2	20%
Occupational Medicine	0	0	
Ophthalmology	7	3	42.86%
Paediatrics	42	11	26.19%
Pathology	38	10	26.32%
Psychiatry	31	4	12.90%
Public Health Dentistry	1	1	100%
Public Health Medicine	9	3	33.33%
Radiology	12	5	41.67%
Surgery	89	19	21.35%
TOTAL	403	117	29.03%

Table 6 2015 Silver Applications V New Awards (England only)

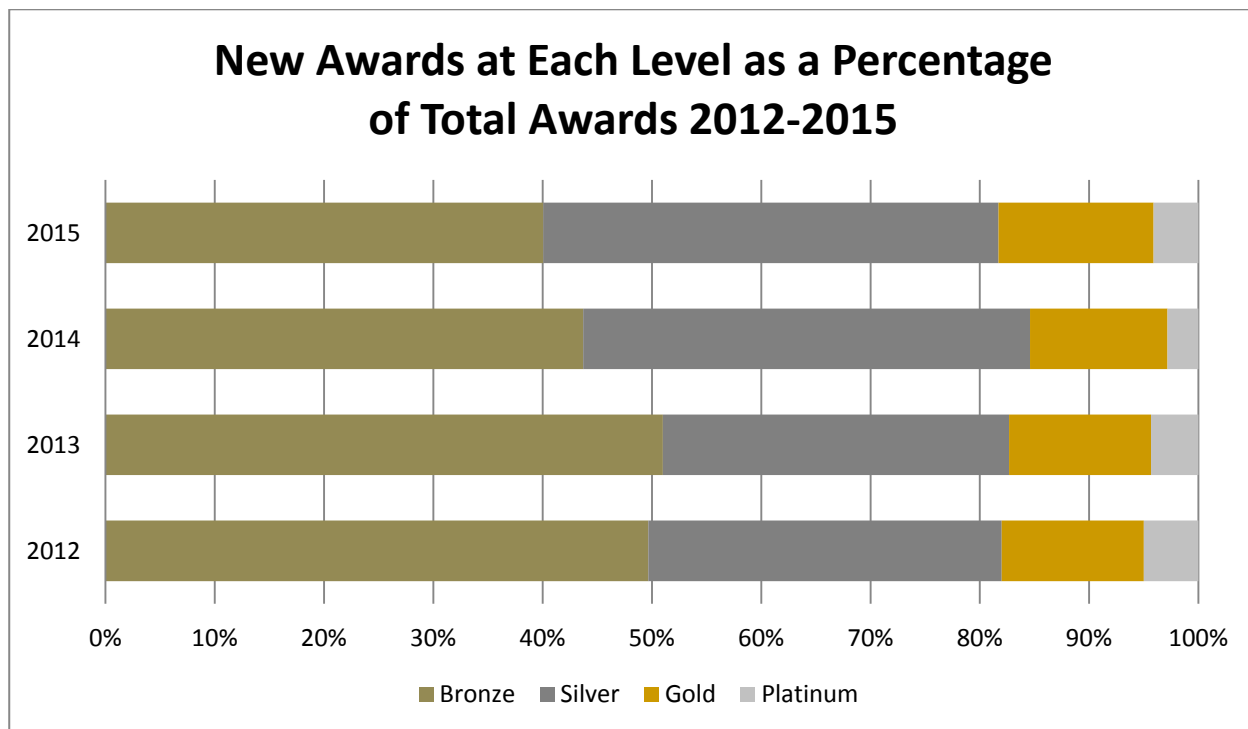
Specialty	Applications	Silver Awards	% of Successful Applications
Academic GP	6	1	16.67
Anaesthetics	42	13	30.95
Clinical Oncology	8	4	50.00
Dental	8	2	25.00
Emergency Medicine	7	2	28.57
Medicine	153	41	26.80
Obs and Gynaecology	18	4	22.22
Occupational Medicine	0	0	
Ophthalmology	21	7	33.33
Paediatrics	47	10	21.28
Pathology	42	10	23.81
Psychiatry	29	6	20.69
Public Health Dentistry	2	0	0.00
Public Health Medicine	15	3	20.00
Radiology	21	2	9.52
Surgery	74	21	28.38
TOTAL	493	126	

Level

1.15. Figure 4 shows the new awards, by award level, as a percentage of all new awards in the last four award years.

1.16. The percentage breakdown of all new awards is as follows: new bronze represents 40%; new silver 42%; new gold 14% and new platinum 4%.

Figure 4: New Awards as a Percentage of all new Awards 2012-2015



1.17. To improve understanding of progression to silver by 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 2015 and 2014.

Table 7: Silver 2015 applications

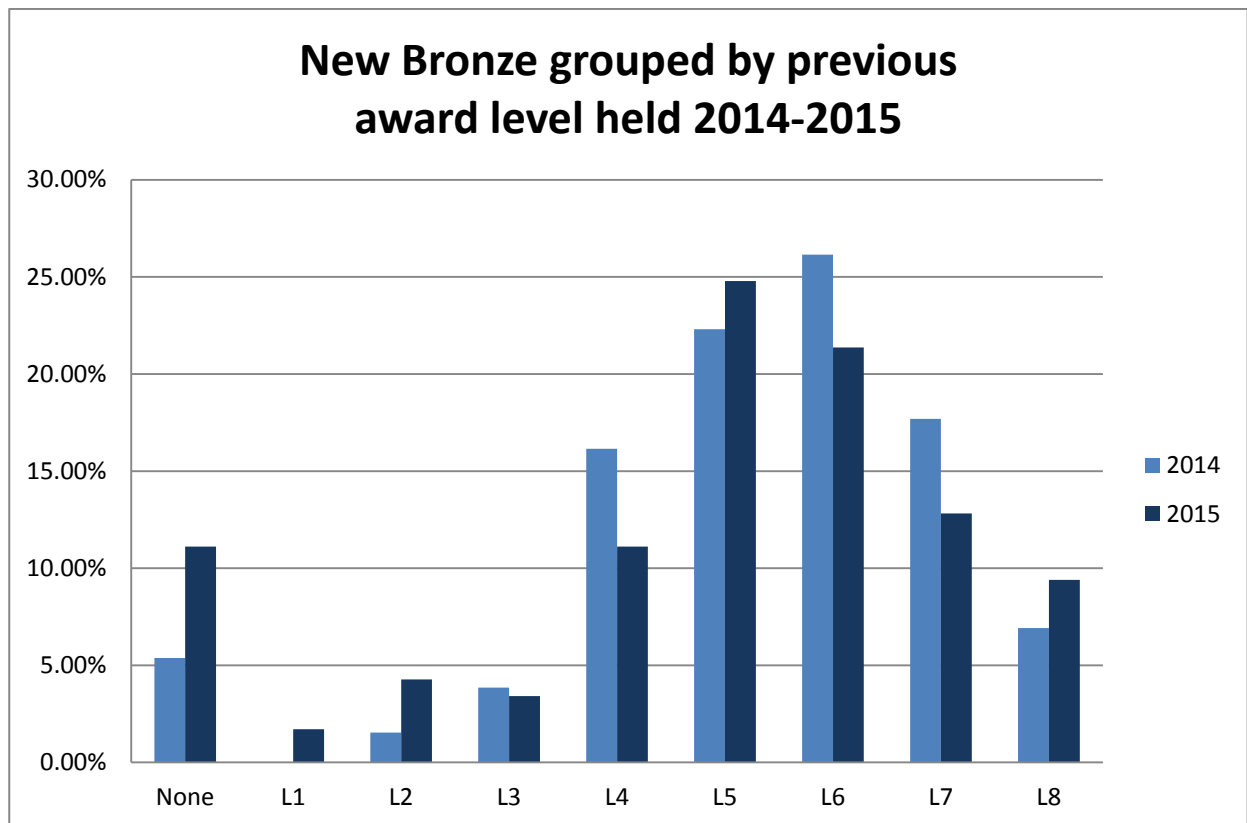
Award level	Application No	New Silver awards	% Successful Applicants
L9	84	11	13.10
B	9	2	22.22
Bronze	419	119	28.40
Total	512	132	25.78

Table 8: Silver 2014 Applications

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

1.18. Bronze award holders represent over 80% of the eligible cohort for silver, and an increasing proportion of applicants.

Figure 5 shows the previous levels of Clinical Excellence Awards held by consultants in England who received a Bronze award in 2014 and 2015



1.19. In 2015 local award Level 5 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 4, 5, 6 and 7. It remains unusual for consultants to achieve a bronze award with less than a Level 4 local award, although in 2015 10% of new Bronzes held no previous award.

1.20. Figure 6a shows consultants in England receiving a new Bronze award in 2015 by their time working 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 6c. This indicates that while early progression is possible for outstanding candidates, many consultants require between 9 and 15 years' service to build a body of work of the necessary standard and sustainability for national excellence awards.

Figure 6a+b: Consultants in England and Wales receiving a new Bronze award in 2015 time as a consultant

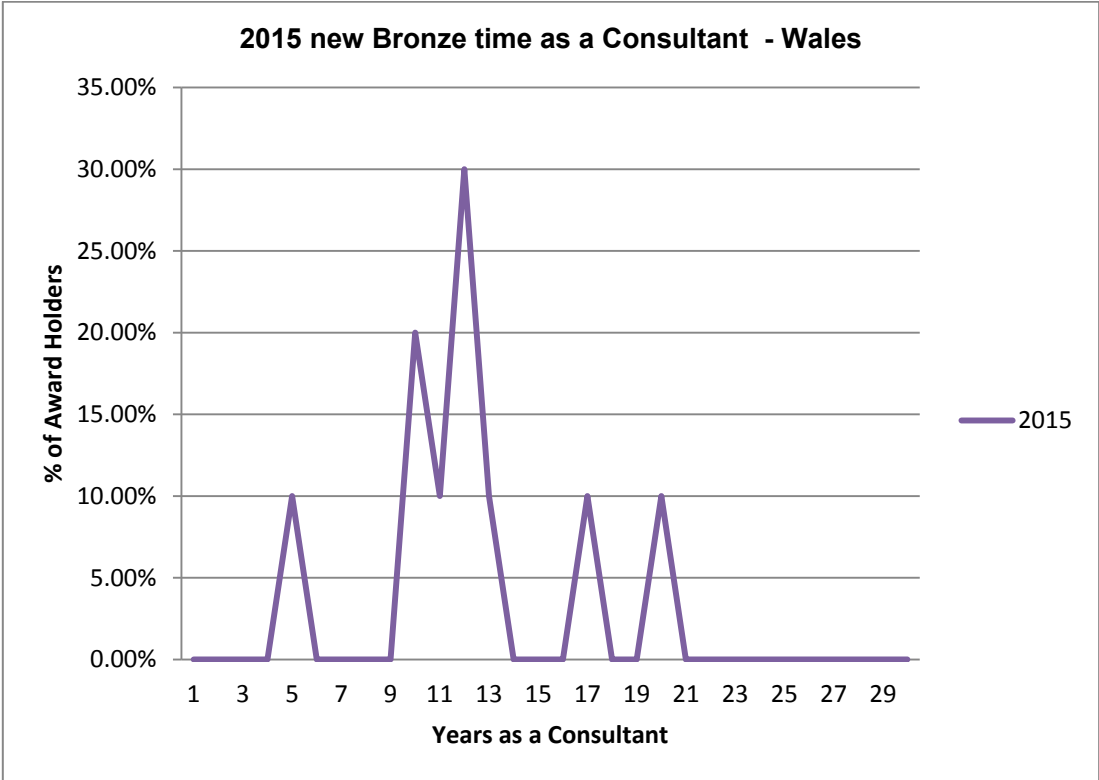
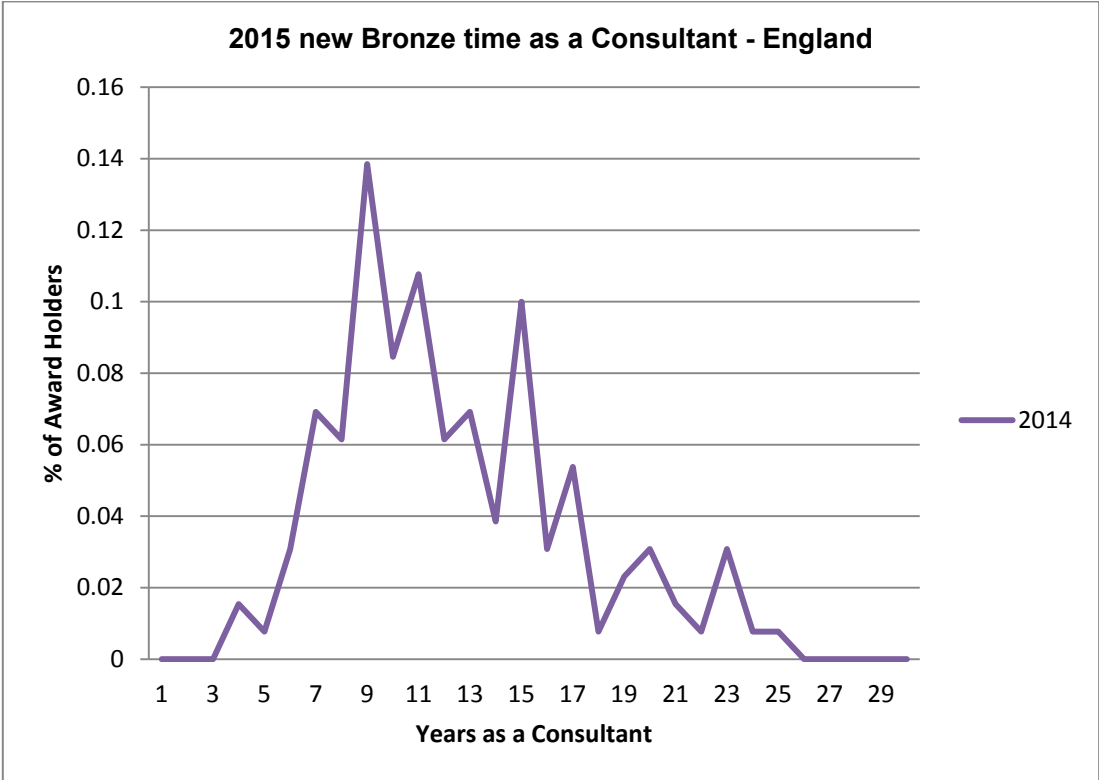
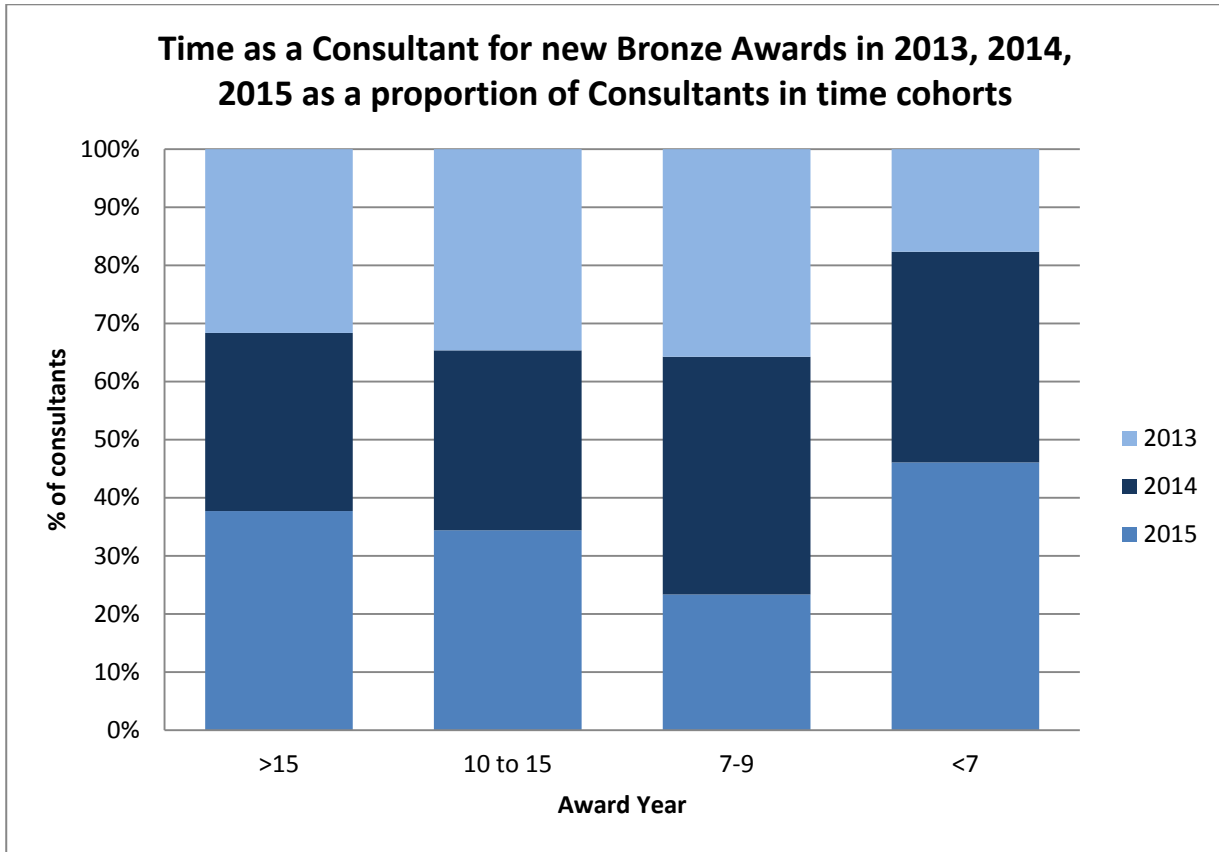


Figure 6c: Consultants in England receiving a new Bronze award in 2013, 2014 and 2015 – Proportion of new award holders in ‘time as a consultant’ cohorts



1.21. The following three figures show the interval between awards for those consultants progressing to higher awards in 2014 and 2015. These continue to show that very few consultants progress to a higher award in less than four years. In the last two award rounds, three consultants each year have progressed to a higher award (from bronze to silver) in three 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 in England. There is a greater spread of time to progress to a platinum award, although seven consultants achieved new platinum in four years.

Figure 7a+b: Consultants in England receiving a new Silver award in 2014 and 2015 by time since receiving L9, Bronze or B

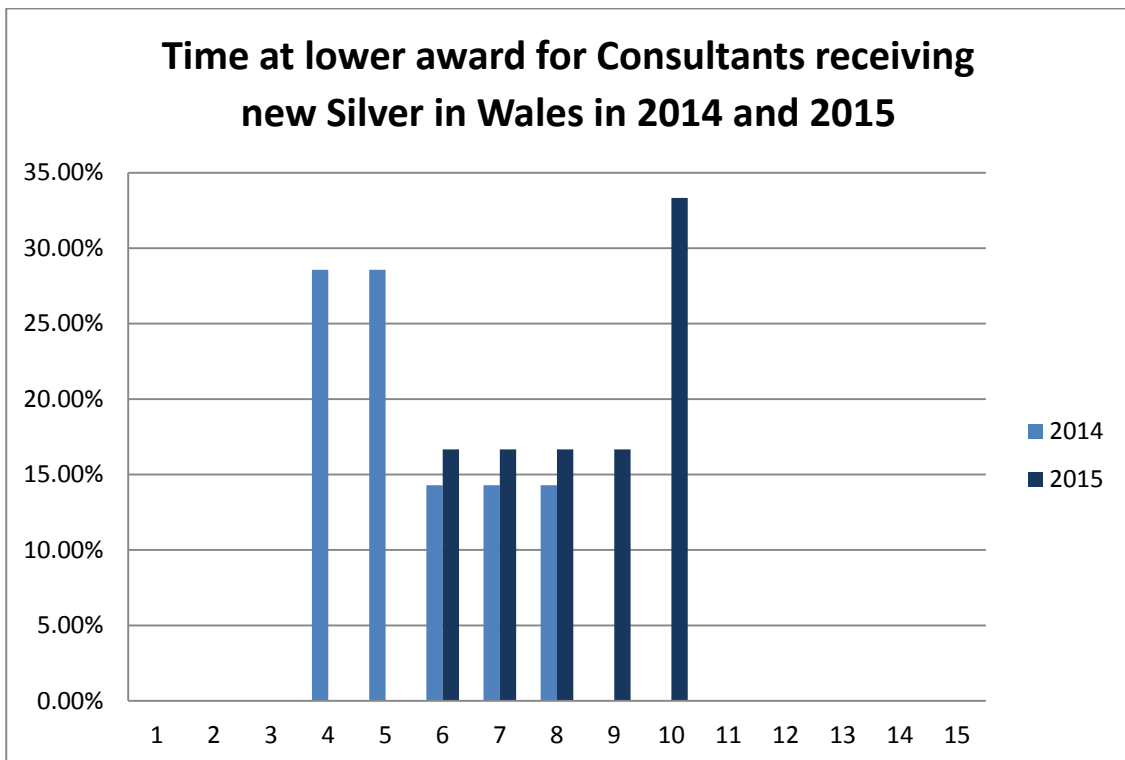
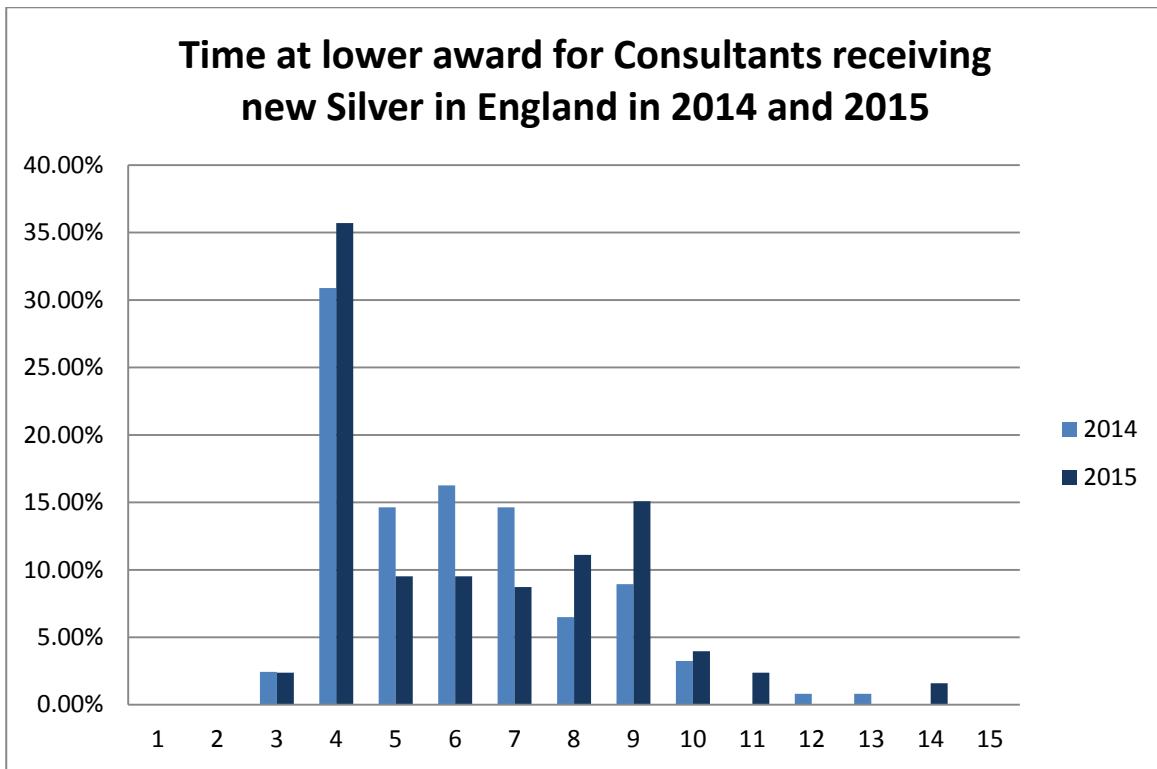


Figure 7c+d: Consultants in England receiving a new Gold award in 2014 and 2015 by time since receiving Silver

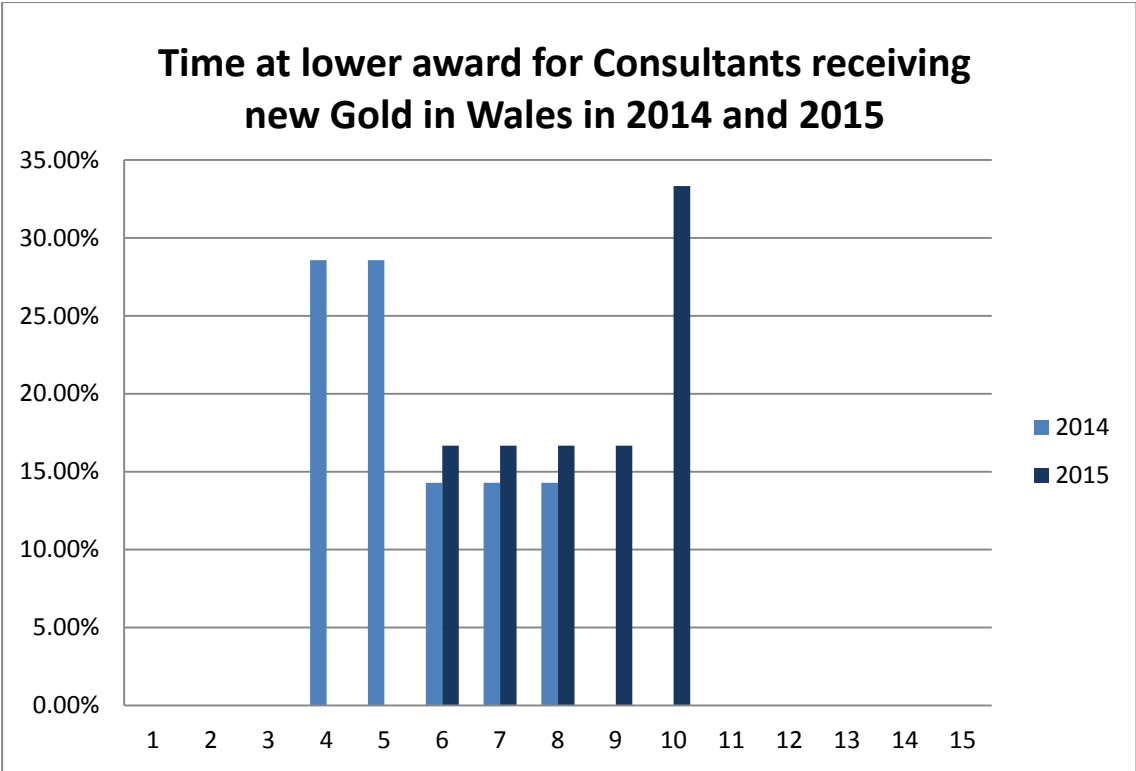
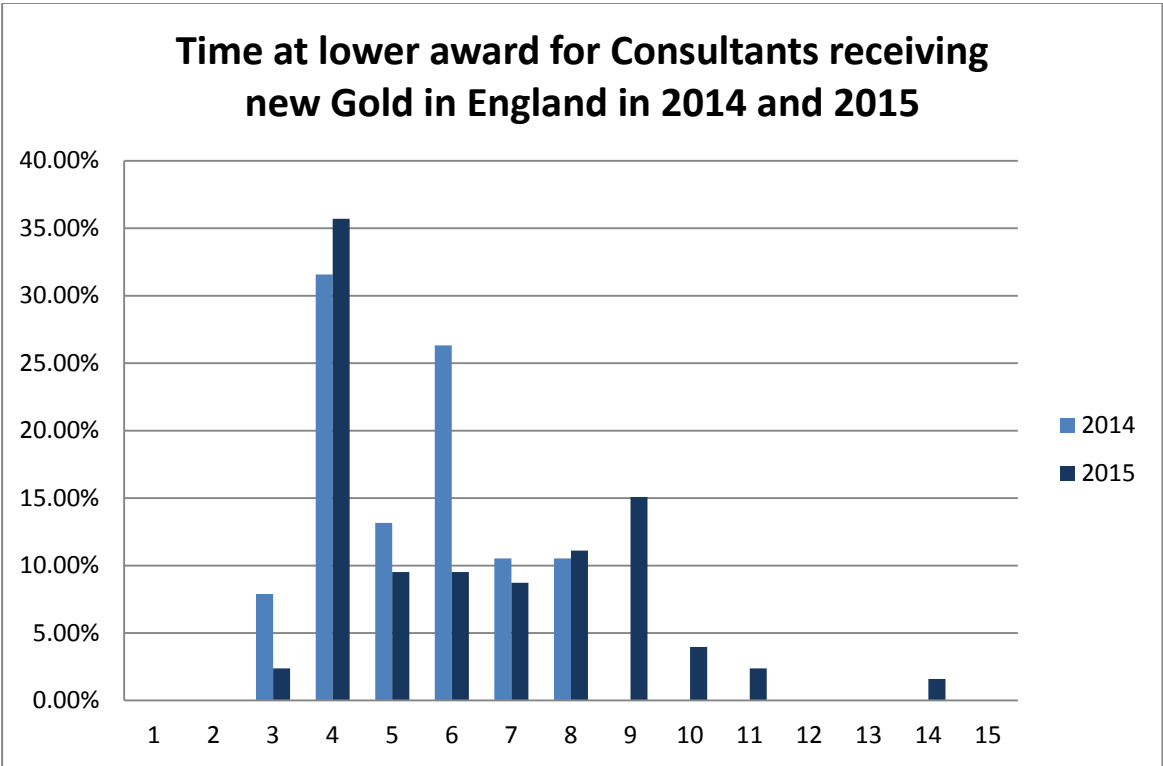
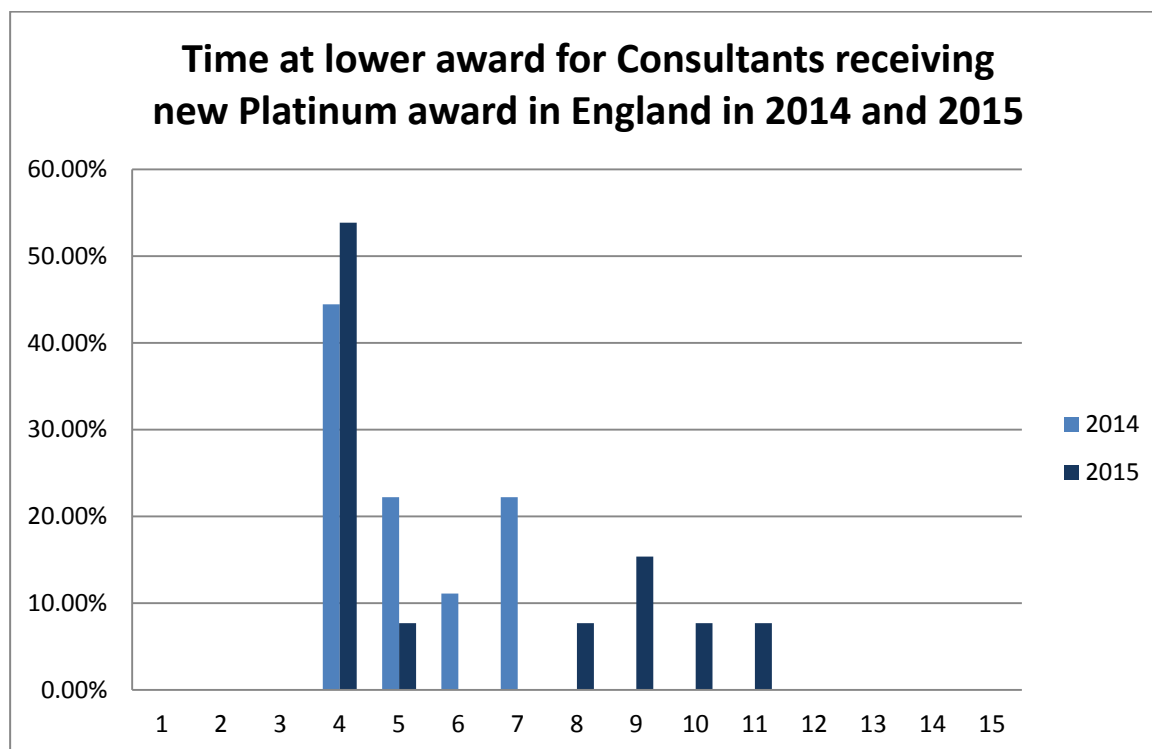


Figure 7e: Consultants in England receiving a new Platinum award 2014 and 2015 by time since receiving Gold or A



Specialty

1.22. Table 3 on page 5 shows the distribution of all levels of new awards across the specialties. Table 9a and b below provides a detailed analysis of the Bronze award level, showing the number of consultants who received awards in 2015 by specialty, and the percentage of applicants from each specialty that succeeded.

Table 9a: 2015 New Bronze Awards by Specialty – England

Specialty	No. of Applications	No. of Bronze Awards	% of Applicants succeeding
Academic GP	12	5	41.67%
Anaesthetics	24	9	37.50%
Clinical Oncology	5	1	20%
Dental	6	2	33.33%
Emergency Medicine	4	0	0
Medicine	113	42	37.17%
Obs and Gynaecology	10	2	20%
Occupational Medicine	0	0	0
Ophthalmology	7	3	42.86%
Paediatrics	42	11	26.19%
Pathology	38	10	26.32%
Psychiatry	31	4	12.90%
Public Health Dentistry	1	1	100%
Public Health Medicine	9	3	33.33%

Radiology	12	5	41.67%
Surgery	89	19	21.35%
Total	403	117	29.03%

Table 9b: 2015 New Bronze Awards by Specialty – Wales

Specialty	No. of Applications	No. of Bronze Awards	% of Applicants succeeding
Academic GP	5	0	0
Anaesthetics	3	0	0
Clinical Oncology	3	1	33.33%
Dental	4	0	0
Emergency Medicine	0	0	0
Medicine	30	4	13.33%
Obs and Gynaecology	5	1	20%
Occupational Medicine	0	0	0
Ophthalmology	1	0	0
Paediatrics	9	0	0
Pathology	8	0	0
Psychiatry	5	1	20%
Public Health Dentistry	0	0	0
Public Health Medicine	2	0	0
Radiology	3	0	0
Surgery	16	3	18.75%
Total	94	10	10.64%

Age

1.23. The mean age of awardees in 2011-2015 is shown in Table 10 below. The ages have risen since 2011, with age of 51 years at Bronze, 53 years at Silver, 57 years at Gold, and 58 years at Platinum.

Table 10: Age of Awardees 2011 - 2015

	Age of Awardees (mean as 1 st April on award year)				
	2011	2012	2013	2014	2015
Bronze	48.2	48.58	48.93	49.82	51.28
Silver	52.5	52.05	51.74	53.16	53.73
Gold	55.1	54.46	54.16	55.66	57.04
Platinum	56.0	57.40	58.08	57.24	58.85

Gender

1.24. The distribution of all awards considered against all applications in 2012-2015 among women is shown in Table 11. This shows that there are a continued lower number of applications from female consultants in comparison to male applicants.

Table 11: Number of Women Applicants Receiving New Awards in England and Wales 2012-2015 compared to Male Applicants

	2012	2013	2014	2015
Total no of applicants	2002	1816	1539	1198
No of women applicants	343	346	297	246
No of male applicants	1659	1470	1242	952
Total no of awards	318	317	318	317
No of women new awards	49	55	49	65
No of male new awards	269	262	269	252
Success rate male* %	16.21%	17.82%	21.66%	26.47
Success rate women* %	14.28%	15.89%	16.50%	26.42

*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. What ACCEA does not have available is the total number of female consultants working in the NHS compared to male consultants

1.26. New awards at each level by gender and the success rate are shown in Table 12a and 12b below.

Table 12a New Awards in England by Level and by Gender for 2015

	Gender	No. of Applications	No. of Awards	% of Applicants Succeeding
Bronze	Female	102	28	27.45%
	Male	301	89	29.57%
	All	403	117	29.03%
Silver	Female	94	25	26.60%
	Male	399	101	25.31%
	All	493	126	25.56%
Gold	Female	18	8	44.44%
	Male	128	35	28.23%
	All	146	43	30.28%
Platinum	Female	5	3	60.00%
	Male	31	10	32.26%
	All	36	13	36.11%

Table 12b New Awards in Wales by Level and by Gender for 2015

	Gender	No. of Applications	No. of Awards	% of Applicants Succeeding
Bronze	Female	21	1	4.76%
	Male	73	9	12.33%
	All	94	10	10.64%
Silver	Female	5	0	0.0%
	Male	14	6	42.86%
	All	19	6	31.58%
Gold	Female	1	0	0.0%
	Male	6	2	33.33%
	All	7	2	28.57%
Platinum	Female	0	0	0.0%
	Male	0	0	0.0%
	All	0	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 13.

Table 13: Number of BME consultants receiving a national award in England and Wales in 2011-2015

	2011	2012	2013	2014	2015
Total number of applicants	2091	2002	1816	1539	1198
No. of BME applicants (% of total applicants)	305 (14.59%)	329 (16.43%)	313 (17.24%)	285 (18.52%)	229 (19.11%)
Total awards	316	318	317	318	317
No. of awards to BME consultants (% of total awards)	44 (13.92%)	43 (13.52%)	53 (16.72%)	38 (11.95%)	66 (20.82%)

1.28. Table 14 shows the success rates of these BME applicants against White and Not Stated in 2015. These figures are broken down by award level in Table 15 below.

Table 14: Success rates of applicants by ethnicity 2015

	Not Stated	BME	White
Total number of applicants	18	229	940
Total number of new awards	2	66	249
Success rate of applicants	11.11%	28.82%	26.49%

Table 15 Number of BME consultants in England and Wales receiving a national award in 2015

Award level	Ethnicity		No. of Applications		%		Actually Awarded		%	
Bronze	White		371		74.65		98		77.17	
	BME		115		23.14		29		22.83	
		Asian or Asian British		90				21		
		Black or Black British		3				0		
		Chinese or Other Ethnic Group		12				3		
		Mixed		10				5		
	Not Stated	(497)	11		2.21		0			
Silver	White		412		80.47		102		77.27	
	BME		97		18.95		29		21.91	
		Asian or Asian British		67				19		
		Black or Black British		3				1		
		Chinese or Other Ethnic Group		13				2		
		Mixed		14				7		
	Not Stated	(512)	3		0.59		1		0.76	
Gold	White		136		88.89		37		82.22	
	BME		13		8.50		7		15.56	
		Asian or Asian British		10				5		
		Black or Black British		1				1		
		Chinese or Other Ethnic Group		2				1		
		Mixed		0				0		
	Not Stated	(153)	4		2.61		1		2.22	
Platinum	White		32		88.89		12		92.31	
	BME		4		11.11		1		7.69	
		Asian or Asian British		1				1		
		Black or Black British		1				0		
		Chinese or Other Ethnic Group		2				0		
		Mixed		0				0		
	Not Stated	(36)	0				0			

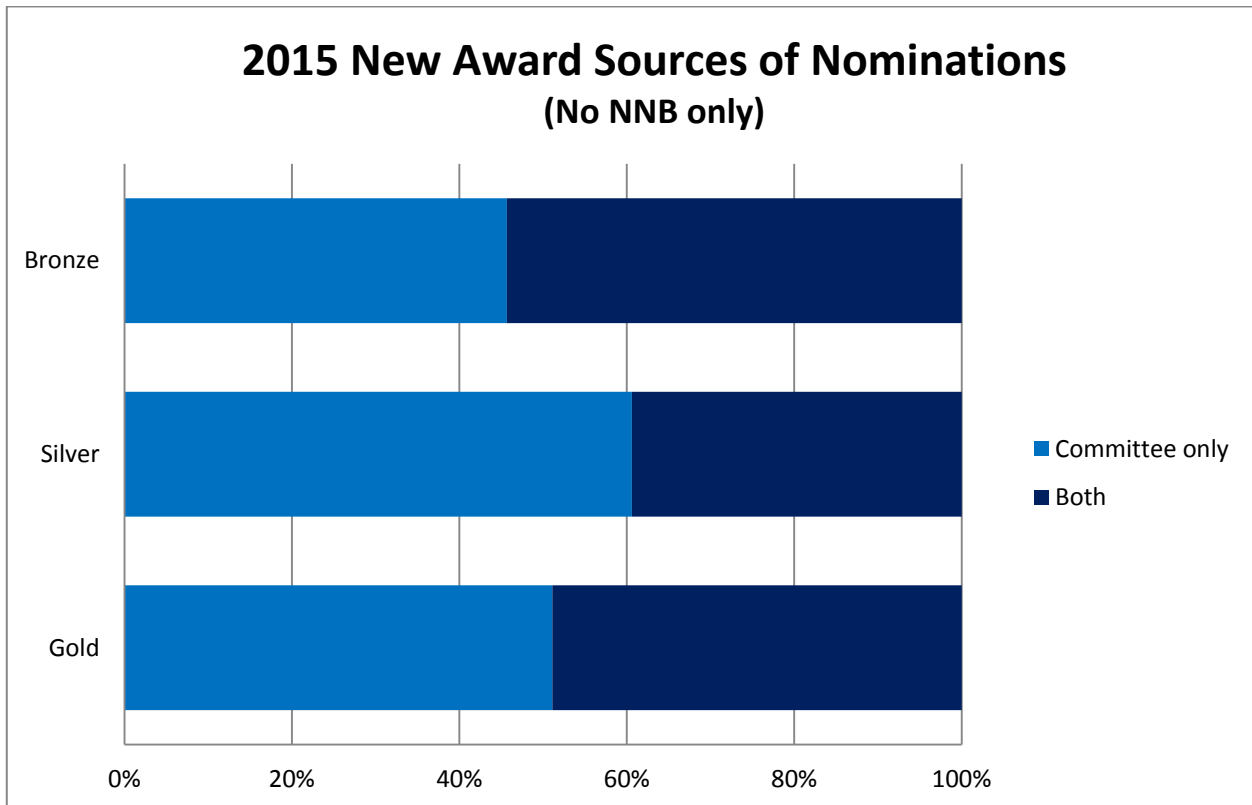
1.29. In Table 15 applications are shown by the main Ethnic Origin groups.² As in previous years, the largest BME category remains Asian or Asian British, with the exception of 2015 platinum applicants. However, the numbers in the other categories are small, making detailed analyses less reliable.

² The current coding methodology is the same as that used in the NHS.

Sources of Nominations

1.30. In the past few years, ACCEA has reported on the source of nominations of successful applicants. Figure 8 shows the percentage of new awardees that were shortlisted only by a sub-committee or by both NNB and sub-committee. This indicates that, of those who were shortlisted by both routes; approximately 40% of awards went to Silver applicants; just over 50% went to Bronze; and approximately 55% to Gold applicants.

Figure 8: Sources of all national award nominations held by 2015 awardees



Applications for Renewals

1.31. Distinction Awards, and Bronze, Silver, Gold and Platinum Clinical Excellence Awards, are normally renewed every five years. Previously, 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. Since 31 March 2015 no consultant will hold a reinstated Distinction Award. It is however, open to any retired Distinction Award holder, or retired Clinical Excellence Award holder, who has returned to work to apply for a Clinical Excellence Award. Evidence for an award needs to be from work undertaken after retirement and restarting work.

1.32. 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 2015 Awards Round. The scoring system and criteria for excellence are the same as for the new awards.

1.33. 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 2011, 2006 and 2001.

1.34. 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.

1.35. In total 608 consultants were due to renew their awards in 2015. ACCEA received 539 applications to renew existing Clinical Excellence and Distinction Awards. 100 consultants were successful at gaining a new award at a higher level. 317 were renewed. In a further 122 cases, consultants failed to provide sufficient evidence of awardable clinical contribution to justify continuation of the awards and their awards were withdrawn. Tables 16-18 give the breakdown of all renewal applications that were reviewed and their outcomes expressed as a percentage.

Table 16 Outcome of review applications in England & Wales 2015

Renewal Applications	2015	% Renewals
Total renewal applications submitted	539	
Successful renewals	319	59.18%
Unsuccessful renewals	119	22.08%
Renewal applicants who gained a new award at a higher level	101	18.74%

A further 69 consultants who should have renewed in 2015 did not; of these 44 retired within the year, the remainder either left the NHS or failed to renew

Table 17a Unsuccessful review applications in England by Award Level

Renewal Applications	2015
Gold	2
A	1
Silver	15
Bronze	85
B	5
Total	108

Table 17b Unsuccessful review applications in Wales by Award Level

Renewal Applications	2015
Gold	0
A	0
Silver	0
Bronze	11
B	0
Total	11

Table 18 Review applications renewed at lower level in England by Award Level

Renewal Applications	2015
Moved from Silver to Bronze	10
Moved from A to Silver	2
Moved from A to Bronze	2
Moved from Gold to Silver	7
Moved from Gold to Bronze	6
Moved from Platinum/A+ to Gold	3
Moved from Platinum/A+ to Silver	1
Total	31

1.36. For England, a further 69 who should have renewed in 2015 did not; 44 of these retired within the award year, the remainder either left the NHS or failed to renew.

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 19 below shows the distribution of clinical excellence awards held at Bronze/B or higher in 2014 and 2015.

Table 19: Number of National Awards in payment in 2015 compared to 2014

	AWARDS RECORDED IN PAYMENT IN 2015	AWARDS RECORDED IN PAYMENT IN 2014	CHANGE IN NUMBER OF AWARDS RECORDED
	Number	Number	
Platinum	154	162	-8
A+	25	51	-26
Gold	253	266	-13
A	53	98	-45
Silver	808	797	11
Bronze	1625	1733	-108
B	147	234	-87
ALL	3065	3341	-276

1.39. This shows an increase in the number of awards held at Silver between 2014 and 2015. Distinction Award numbers continue to reduce due to retirement. Since the 2010 Awards Round, Ministers have held the total number of new awards in England at 300, which is less than 50% of the levels in previous years; this factor explains, in part, the decrease in the number of award holders.

1.40. Table 20 shows the distribution of awards at all levels (local and national awards) as of March 2016.

Table 20 Current number holding Clinical Excellence Awards

AWARDS RECORDED IN PAYMENT AT MARCH 2016		
	Number of Award Holders	Value (£)
	England* & Wales	
Platinum	133	75,796
A+	22	75,889
Gold	226	58,305
A	34	55,924
Silver	749	46,644
Bronze	1442	35,484
B	103	31,959
L9	1535	35,484
L8	867	29,570
L7	1065	23,656
L6	1397	17,742
L5	1740	14,785
L4	2104	11,828
L3	2747	8,871
L2	3713	5,914
L1	4997	2,957
None	20982	0

Note: The total consultant population in England is 43,856. This figure is taken from the NHS Information Centre NHS Workforce statistics July 2015.

*L1-L9 England only. The consultant population in Wales is 2480 (assignment count, not full time equivalent) as of May 2016. This information is taken from statswales.gov.wales

1.41. Table 21 shows the number of renewal applications and successful renewals by region and award level.

Table 21 Renewal Applications and Successful Renewals by Regional and Award Level

2015	Bronze Applications	Bronze Renewals	Silver Applications	Silver Renewals	Gold Applications	Gold Renewals	Platinum Applications	Platinum Renewals	A+ Applications	A+ Renewals	A Applications	A Renewals	B Applications	B Renewals	Total Applications	Total Renewals
DH	6	5	3	1	2	1	0	0	0	0	0	0	2	1	13	8
CM	13	6	4	2	0	0	1	1	1	1	0	0	0	0	19	10
EM	16	12	1	1	4	3	2	2	0	0	0	0	0	0	23	18
EE	31	14	10	5	2	0	2	2	0	0	2	1	0	0	47	22
LNE	40	14	20	12	5	3	6	6	0	0	2	2	2	0	75	37
LNW	20	14	9	6	1	1	3	3	0	0	0	0	2	1	35	25
LS	30	21	9	7	2	0	2	2	0	0	0	0	0	0	43	30
NE	21	13	4	1	2	1	4	4	0	0	0	0	0	0	31	19
NW	19	13	6	6	3	3	3	3	0	0	0	0	0	0	31	25
SE	23	10	4	2	0	0	0	0	0	0	0	0	0	0	27	12
S	25	14	5	4	4	4	4	4	0	0	1	1	1	0	40	27
SW	30	17	7	5	2	2	0	0	0	0	0	0	1	0	40	24
WALES	25	10	4	4	1	1	1	1	0	0	0	0	0	0	31	16
WM	30	15	8	6	3	2	0	0	0	0	0	0	2	1	43	24
YH	29	11	9	8	2	0	1	1	0	0	0	0	0	0	41	20
TOTAL	358	189	103	69	33	21	29	29	1	1	5	4	10	3	539	317

Key Lessons Learnt from the 2015 awards round

1.42. Each year ACCEA has the opportunity to learn from the running of the awards round and put the key lessons learnt in practice for the next awards round. For the 2015 the key lessons learnt were:

- ACCEA sub-committee members' goodwill is very important to the success of the round. Members give up a lot of their own time to ACCEA and contributed greatly to the successful delivery of the awards round
- Early and targeted engagement with key stakeholders resulted in quicker, better quality responses and there was a higher response rate
- Providing information at key points throughout the awards round kept stakeholders informed of progress and next actions
- Streamlining communications and where possible send one email that incorporates all information on a given topic
- Contacting Consultants who were due to renew at least four times by email when the round was open reduced the number of consultants who failed to renew
- Updating the webpage regularly with all data available reduces the number of repetitive queries

Employer Based Awards

It is not mandatory for Trusts to respond to the request for information from ACCEA and to provide an annual report 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 due to the small amount of data received.

Section 2: 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 an appeal. There is no automatic right of appeal; evidence needs to be provided that demonstrates procedures were not followed.

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.

3.3 Consultants, who feel they want to appeal against the process for national awards, need to send a letter to the ACCEA Chair detailing where they consider the process has failed. The ACCEA Chair and Medical Director will review evidence you have 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. 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.

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

Appeals from the 2015 Round

3.5 There are no outstanding national appeals from the 2015 Round. ACCEA received a total of 33 notifications of intention to appeal against the findings of 2015 National Clinical Excellence Awards Round.

3.6 Of the 33 notifications received: in 26 instances the grounds for appeals were not upheld; 5 registered their intent to appeal but no appeal was received by the closing date; 2 appeals were upheld because they had recently moved to jobs in another region; all were resolved through the informal process. Details are held at Table 22.

3.7 2015 Round national appeals are as follows:

Table 22 2015 National Awards Appeals

Date received by ACCEA	Summary of appeal grounds	Current status
England		
Grounds for appeal upheld following informal resolution		
25/01/2016	Disadvantaged because recently moved to the region	Closed
Wales		
Grounds for appeal upheld following informal resolution		
05/01/2016	Disadvantaged because recently moved to the region	Closed
England		
Grounds for appeal not upheld following informal resolution		
04/01/2016	Bias on the part of the sub-committee and failure to fairly consider material duly submitted	Closed
04/01/2016	Established evaluation processes were not followed	Closed
07/01/2016	Discrimination: failure to apply equality act on disability grounds	Closed
07/01/2016	Established evaluation processes were not followed	Closed
07/01/2016	Classification for applications to be put into the National Reserves (NRES) committee and lack of ranking from RC of Radiologists	Closed
08/01/2016	Failure by the sub-committee to fairly consider material duly submitted and established evaluation processes were not followed	Closed
08/01/2016	Established evaluation processes were not followed	Closed
12/01/2016	Established evaluation processes were not followed	Closed
12/01/2016	Scoring policy challenged with regard to distinction award holders	Closed
13/01/2016	Sub-Committee failure to fairly consider material duly submitted. Scoring policy questioned.	Closed
20/01/2016	Registered intent to appeal but no appeal received by the closing date	Closed
20/01/2016	Established evaluation processes were not followed	Closed
21/01/2016	Unfair bias towards teaching hospitals	Closed
25/01/2016	Registered intent to appeal but no appeal received by the closing date	Closed
27/01/2016	Established evaluation processes were not followed	Closed
27/01/2016	Concerns raised about the robustness of the scoring policy	Closed
27/01/2016	Disadvantaged because subject to a Trust investigation	Closed
28/01/2016	Failure to fairly consider material duly submitted	Closed
28/01/2016	Established evaluation processes were not followed	Closed
29/01/2016	Conflict of interest with regard to a sub-committee member	Closed
29/01/2016	Registered intent to appeal but no appeal received by the closing date	Closed
29/01/2016	Unfair bias towards teaching hospitals and unfairness of removing 15% tolerance.	Closed

02/02/2016	Discrimination against part time workers and failure to fairly consider material duly submitted	Closed
11/02/2016	Sub-committee failure to fairly consider material duly submitted	Closed
12/02/2016	Scoring policy challenged with regard to part time workers	Closed
12/02/2016	Registered intent to appeal but no appeal received by the closing date	Closed
12/02/2016	Sub-committee failure to fairly consider material duly submitted	Closed
Wales		
Grounds for appeal not upheld following informal resolution		
13/01/2016	Registered intent to appeal; no appeal received by the closing date	Closed
19/01/2016	Committee operates and unfair review process	Closed
24/01/2016	Committee failure to fairly consider material duly submitted	Closed
01/02/2016	Committee failure to fairly consider material duly submitted	Closed

Complaints

3.8 No complaints were received.

Committee Membership in 2015

3.9 Due to the Review Body on Doctors' and Dentists' Remuneration (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 committee members, who wished to remain as members and who were due to stand down in 2015 awards round. This allowed ACCEA to retain the knowledge and experience of those members who wished to remain, whilst recruiting new members to fill vacancies. Over the last two years there has been a major focus on recruiting and training new sub-committee members. More than 80 new members have been recruited and eight training days undertaken since 2014. Appointment of sub-committee Chairs and Medical Vice Chairs followed a formal interview process.

3.10 The majority of vacancies remain in the employer's category, despite targeted communications to employers.

Diversity

3.11 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.

3.12 Figures 9 a+b illustrate the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2015 Awards Round, together with any vacancies.

3.13 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 9a: Gender Distribution on Regional Sub-Committee in 2015 Awards Round

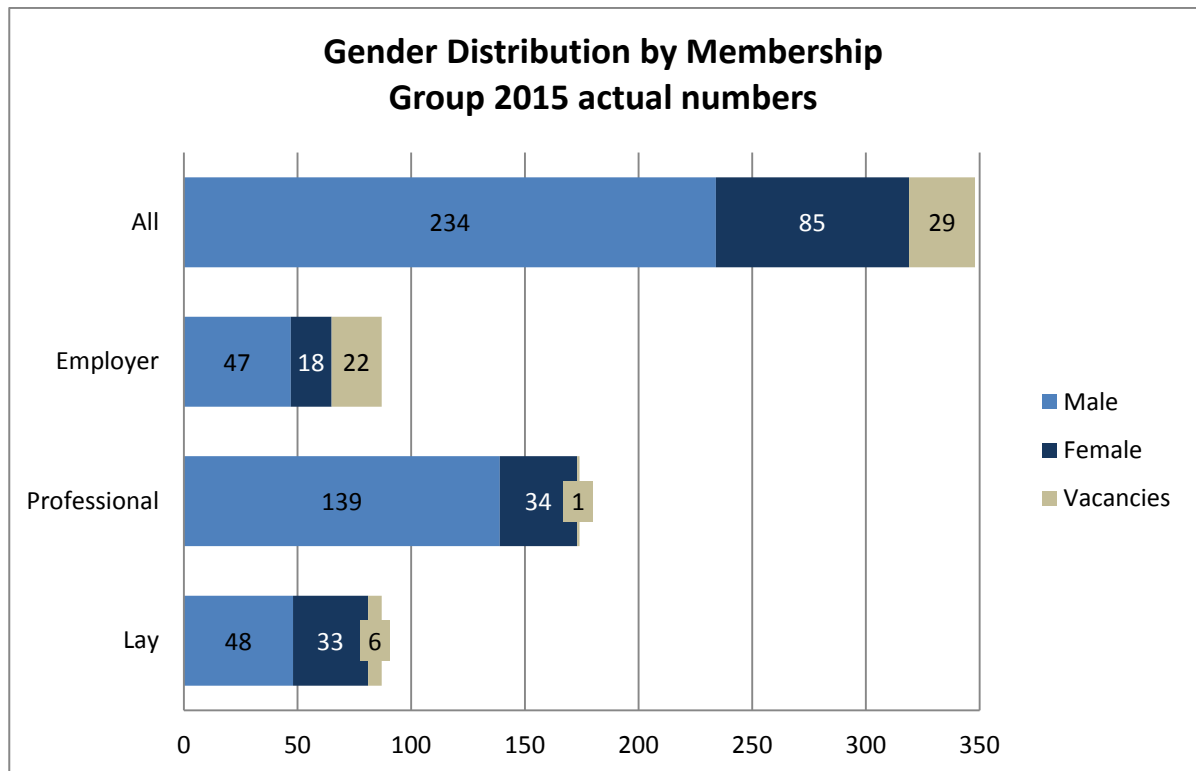
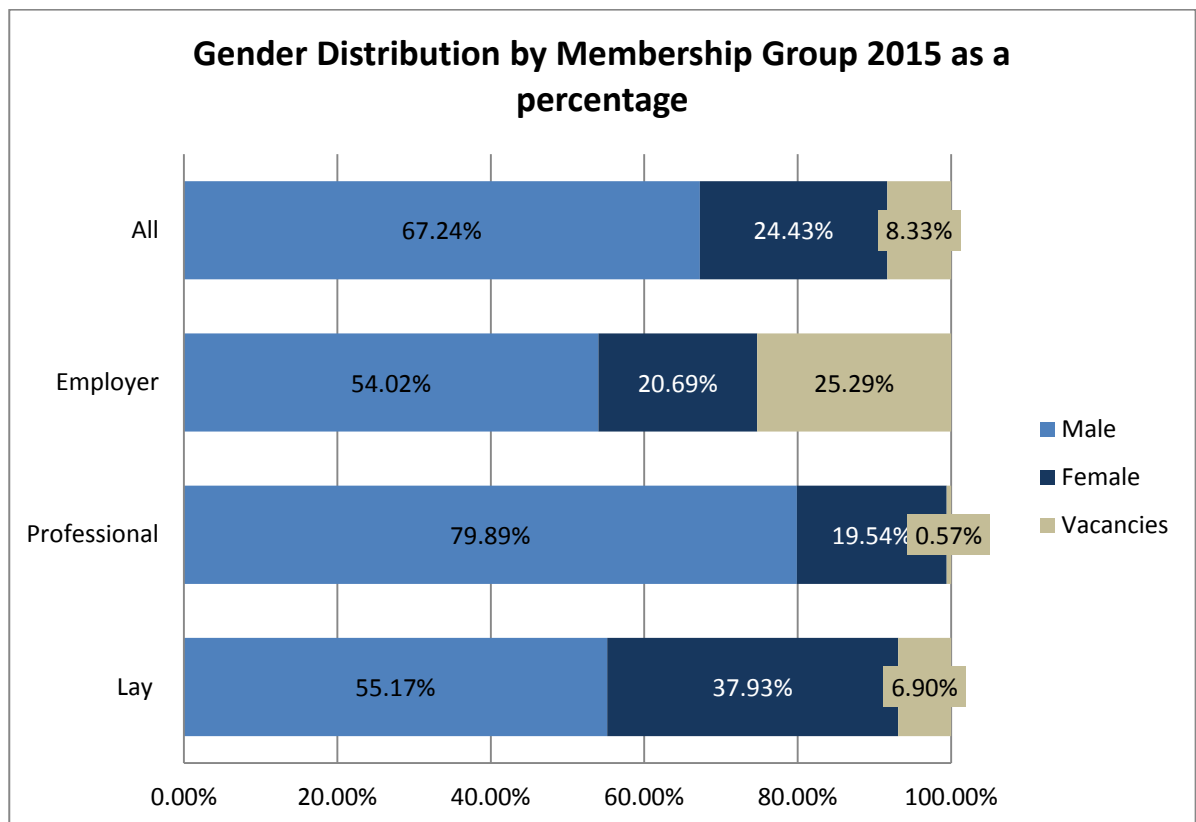


Figure 9b: Gender Distribution by Membership Group in 2015 Awards Round



Section 3: Development of the Scheme

4.1. ACCEA has continued to develop and improve the current CEA scheme through the 2015 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. Notification about the removal of pay protection was made in August 2013.

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. Notification about this change was made in August 2013.

Renewals

4.5. If applicants who are due to submit a renewal application in 2015 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 2016.

Changes to the 2015 Guides

Publication of full application

4.6. Full Application: the intention was to publish the full application of successful applications for new awards in 2015. Following legal advice from the DH Legal Service, ACCEA continued to publish the personal statement only.

Disability

4.7. Disability: ACCEA assumes that adjustments to deal with disability are made in consultant's individual job plans.

Consultants nearing retirement

4.8. Action to take when nearing retirement has been clarified.

Comparison of current application with most recent successful application

4.9. Consultants current application may be compared with their most recent successful for possible duplication.

Renewals

4.10. The guidance makes clear that the renewals are competitive against the standard for new awards per level and region.

Appeals

4.11. The appeals process has been clarified

Complaints and Freedom of Information

4.12. A new section was added covering complaints and freedom of information.

Early renewal of an award following a change in job or significant change in job plan

4.13. Awards may need to be renewed early if there is a change in job or significant change in job plan.

Sabbaticals

4.14. The action the consultant should take prior to going on a sabbatical has been explained.

False statement/possible fraud identified

4.15. New section added about what action to take if a false statement is made or a possible fraud is identified:

Section 4: 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 (DDRDB) 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 DDRDB Review, and downloadable copies of this and subsequent written evidence is available on the National Archive of the DDRDB website - http://webarchive.nationalarchives.gov.uk/20130513091446/http://www.ome.uk.com/DDRDB_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 DDRDB 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 has committed to work with the profession on the principles of these recommendations. Until further announcements are made, ACCEA will continue to operate the Clinical Excellence and Distinction Award schemes under the current business rules and in accordance with the Guidance published for the 2016 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 23a-d set out the distribution of awards by specialty and region for Bronze, Silver, Gold and Platinum Awards.

Table 23a: Distribution of new Bronze Awards in 2015 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	1			3
CM						1										3	4
EM		1				4			1	2					1		9
EE		1	1			4				1					1	1	9
LNE				1		6	1		1	1	1					1	12
LNW		1				3				1	1	1		1		1	9
LS		1				3	1		1	2	2	1					11
NE		1				3					2	1				2	9
NW		1				3				1					1	1	7
SE		1				1											2
S		1				3				1	3			1		5	14
SW	3	1		1		3					1				1	2	12
WALES			1			4	1					1				3	10
WM	1					2				1		1			1	2	8
YH						6				1						1	8
Total	5	9	2	2		46	3		3	11	10	5	1	3	5	22	127

Table 23b: Distribution of new Silver Awards in 2015 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											2			1			3
CM		1				2											3
EM		1				5										2	8
EE		1				2			2	1		1				3	10
LNE			1			6	1		1	2	1			1		2	15
LNW		1				4	1				1	2		1		1	11
LS						4				1	1	1			1	2	10
NE		3				4	1			1						2	11
NW	1	1	1	1		2			1			1				2	10
SE		1							2	1							4
S		1	1			3					2					2	9
SW		2			2	2				1	1	1				1	10
WALES						1				2	1				1	1	6
WM				1		3	1			1	1					3	10
YH		1	1			4			1	2	1				1	1	12
Total	1	13	4	2	2	42	4		7	12	11	6		3	3	22	132

Table 23c: Distribution of new Gold Awards in 2015 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			1				1	3
EE						4											4
LNE						4				1		1					6
LNW		1				2										2	5
LS						1				1	1	1					4
NE						1					1						2
NW	1					2										1	4
SE						1											1
S						1										1	2
SW										1						1	2
WALES	1														1		2
WM										2	1						3
YH						1					1	1				1	4
Total	2	1				18			1	5	5	4		1	1	7	45

Table 23d: Distribution of new Platinum Awards in 2015 by Specialty and Region

REGION	Anaesthetics	Medicine	Pathology	Psychiatry	Surgery	Total
DH			2			2
EM	1					1
EE		1				1
LNE		2				2
LS		1		1		2
NE		1				1
S	1			1		2
WM					1	1
YH			1			1
Total	2	5	3	2	1	13