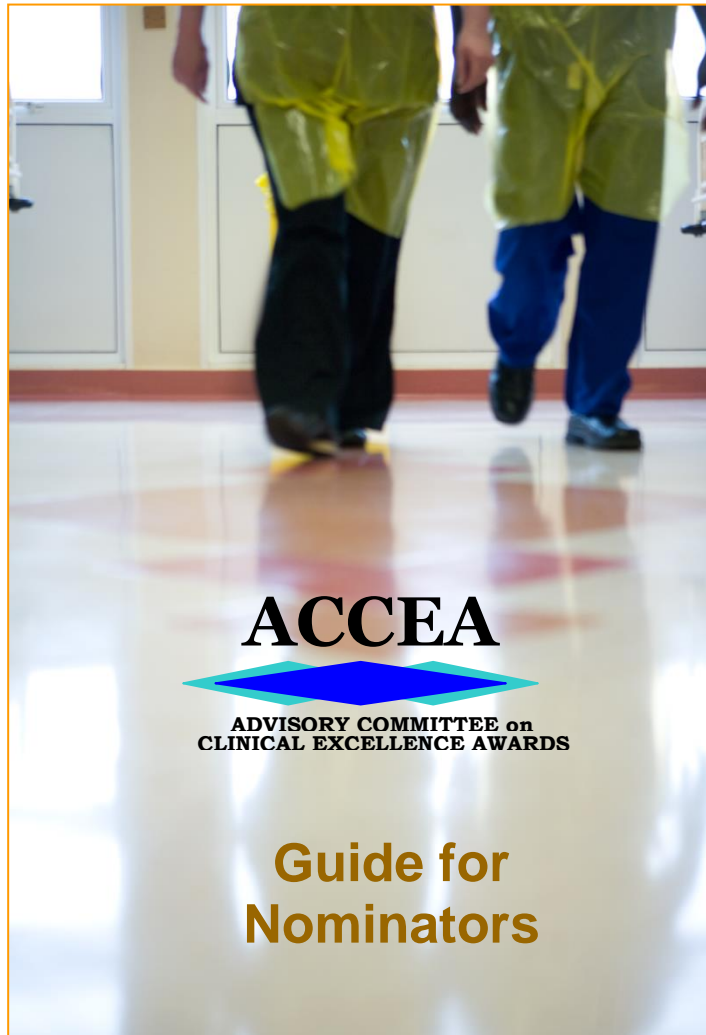


NHS Consultants' Clinical Excellence Awards Scheme

2017 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 28 February 2017

Please note: All applications for national awards must be submitted by 17:00 on Tuesday 25 April 2017

Preface: What does this Guide cover?

All nominators should be aware that the Clinical Excellence Awards Scheme has been subject to a review by the Review Body on Doctor's 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 2017 Round only. It does not pre-empt decisions on any new Scheme.

This Guide is 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 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 nominating consultants for an award.

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. 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).

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

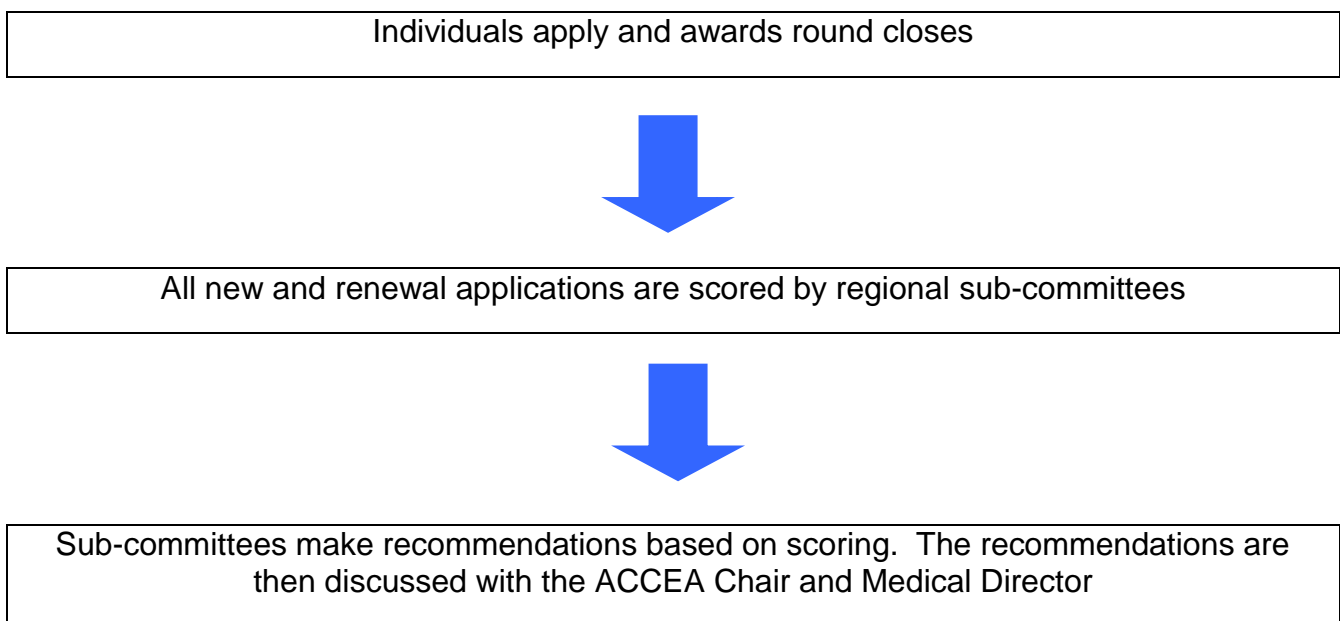
1.5.6 Regional sub-committees score all new and renewal applications in their region. From these scores the sub-committees make a list of recommendations for awards based on the indicative number of awards for that region. Applications for platinum awards go through two further stages. They are scored 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 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.

1.5.8 ACCEA receives additional advice from specialist societies and 'National Nominating Bodies' on the quality of applicants' work.

1.5.9 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.

1.5.10 The assessment process is summarised in the following diagram:





Some candidates for new awards are placed in a national reserve pool and rescored by the National Reserve (NRES) sub-committee. The NRES sub-committee membership is 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 of 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 the operation of 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 list of National Nominating Bodies on the ACCEA website. These 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.

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

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
- 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 National Awards timetable

1.9.1 The timetable for the National Awards round is set out in the diagram overleaf. All applications and supporting documents for national awards must be submitted by **17:00** hours on Tuesday 25 April 2017. **It will not be possible to submit an application after this time under any circumstances.**

Part 2: Making a citation or nomination

2.1 Who can provide a citation?

2.1.1 Any individual or professional body may support applications for awards, by making a written citation on behalf of a consultant or academic GP. This should indicate their views on the quality of the applicant's contribution.

2.1.2 Support from a third party should be provided by way of a citation. For a national award, this should be submitted via the online process. A citation will add more value if it describes the impact or context of your contributions. Citations that duplicate information in your application or multiple identical citations are unhelpful.

2.1.3 If an applicant has applied for a renewal of their existing award and a new award at the higher level citations can be given for both or either award. The online system will ask you which award you want the citation to be added to.

2.1.4 A completed citation must identify:

- The person completing the citation, as well as the body, if any, that they represent
- A senior officer of the society who vouches for the institution's approval of that citation, if relevant

2.1.5 Citations that fail to meet these conditions will not be accepted as the citation of a body but would be considered as a personal citation.

2.2 Who can nominate?

2.2.1 Accredited bodies (including Royal Colleges, universities, specialist societies and other national nominating bodies – a list of which is published on the ACCEA website) submit ranked lists, assessing the relative excellence of a limited number of their members' applications – this number is determined by the size of their constituency. These lists are given the term 'Nominations'.

2.2.2 Recognised 'nominating' bodies should submit a list of ranked names to ACCEA. Rankings for national awards must be submitted online via the ACCEA website. A ranked list can only be submitted to ACCEA if there is a corresponding citation for each applicant.

2.3 National nominating bodies

2.3.1 ACCEA has designated a small number of organisations which represent nationally a particular interest as "national nominating bodies" (NNBs). It invites these organisations to support candidates through ranking and citations. Applications ranked by NNBs are considered to have been shortlisted for awards. These are reviewed by the Chair and Medical Director of ACCEA, and where appropriate are discussed with the regional sub-committee

2.3.2 The process used should be publicised to all your members in sufficient time to allow applicants to prepare applications, and should provide for self-nomination. You should

confirm that your members are aware of processes for determining your ranked nomination list. This is mandatory.

2.3.3 NNBs differ from specialist societies in that the latter provide a perspective from interests within individual specialties.

2.3.4 You should submit nominations in ranked order to the following formulae:

- **For Bronze Awards**, the number of nominations will not exceed 0.6 % of consultants with no national award
- **For Silver Awards**, the number of nominations will not exceed 3.5% of the consultant member B/L9/Bronze award holders
- **For Gold Awards**, the number of nominations will not exceed 3.5% of the consultant members holding Silver awards or two - whichever is the larger.

2.4 Specialist societies

2.4.1 As the Clinical Excellence Awards Scheme is currently under review, applications to register as a Specialist Society are not currently being considered but this does not preclude an individual society providing a citation for any of their members and indicating in that citation where they would rank that individual.

2.4.2 A specialist society is defined, for the purposes of ACCEA, as:

“A professional body, which draws together consultants in a defined specialty, for the purpose of improving their contribution to the practice of that specialty, and to its research and educational activities.”

2.4.3 The number of nominations that a registered specialist society can make will depend on how large a society you are:

- For societies with up to 250 consultant members, no more than four Bronze, two Silver and one Gold nominations
- For societies between 250 and 500 consultant members, a maximum of seven Bronze, three Silver and two Gold nominations
- For societies with more than 500 consultant members, it depends on the award level:
 - Bronze: Up to 0.6% of the consultant members with no national award, or 8 – whichever is the larger
 - Silver: Up to 3.5% of the consultant member B/L9/Bronze award holders or 4 – whichever is the larger
 - Gold: Up to 3.5% of the consultant members with Silver awards or 2 – whichever is the larger

2.4.4 The process used should be publicised to all your members in sufficient time to allow applicants to prepare applications, and should provide for self-nomination. You should confirm that your members are aware of processes for determining your ranked nomination list. This is mandatory.

2.4.5 Candidates nominated by specialist societies will all be reviewed by the relevant regional sub-committee but not by the Chair and Medical Director of ACCEA unless they have been short-listed by the regional sub-committee or a national nominating body.

2.5 Nominations from universities and research bodies

2.5.1 You should make nominations directly to ACCEA for Bronze, Silver and Gold Awards. The deadlines and process you use should be publicised to all potential applicants early enough to allow applicants to prepare applications, and should provide for self-nomination. You should confirm that your members are aware of processes for determining your ranked nomination list. You must do this by the closing date of Tuesday 25 April 2017 at 17:00 hours. Please do so by email to: ACCEA.Secretariat@dh.gsi.gov.uk. This is mandatory.

2.5.2 Nominations for Platinum Awards from universities should follow the process outlined in section 2.6 before being submitted via the ACCEA member from Universities UK.

2.5.3 For ACCEA to accept and process your nominations, you must provide:

- The composition of your committee, which should include consultants with and without a national award, and one or more lay representatives. This should be someone from outside your organisation who has informed lay involvement in healthcare, and up to date knowledge of the NHS
- Details of how the committee sifted and ranked applicants for an award, paying particular attention to evidence submitted on Domain 4 (research and innovation) and Domain 5 (teaching and training)
- The name and contact details of your vice-chancellor

2.6 Nominations for Platinum awards

2.6.1 A specified number of nominations in a ranked list should be submitted through the online system by:

- The Academy of Medical Royal Colleges (AoMRC), on behalf of the Royal Colleges
- Universities UK on behalf of the Universities and Research Bodies
- Regional sub-committees of ACCEA

2.6.2 Nominations for Platinum Awards from Royal Colleges and Faculties should be submitted to the AoMRC. Nominations for Platinum Awards for Universities and Research Bodies should be submitted through Universities UK.

2.6.3 Nominating bodies must submit a list of nominations for Platinum Awards online by **17:00 hours on Tuesday 25 April 2017**. Rank them in order of those you think most worthy of an award.

2.6.4 The ranking from each nominating body will be considered by the ACCEA Platinum sub-committee members when evaluating applications for recommendation to the central committee.

2.6.5 When submitting a ranked list, completed citations must also be submitted by the closing date for all applicants on that list.

2.7 Governance

2.7.1 All nominating bodies must operate open, objective and transparent systems for consideration of applicants and notify ACCEA of their process.

2.8 Assessing an application

2.8.1 You should concentrate your evaluation on contributions to the specialty or appropriate grouping and the impact on the wider NHS, rather than assessing contributions to the local employer, for which ACCEA receives direct, informed advice from employers.

2.8.2 Part 3 of this guide outlines the criteria that will be used for assessing the application, and you should refer to these when considering possible applicants. You may also wish to use the advice on scoring that ACCEA provides for its sub-committees in the Guide to Assessors, available on the ACCEA website at www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards.

2.8.3 You should nominate separately at Bronze, Silver and Gold levels. **Please note that ACCEA does not invite Platinum nominations from specialist societies.**

2.8.4 Applicants who hold Discretionary Points, a Level 1-8 Award or a Commitment Award may apply for a higher level award. The guidelines for applying for a higher award are as follows:

Applicant holds:	Applicant can apply for:
Discretionary Points or Level 1-8 Award or Commitment Awards in Wales or exceptionally no award	Bronze Award through the national process and/or Level 9 from their employer
Bronze Award or Level 9 Award or B Distinction Award	Silver Award
Silver Award	Gold Award
Gold Award or A Distinction Award	Platinum Award

2.8.5 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 as outlined in the table below. This can be 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.

At time of retirement:	You can apply for:
No national award was held	Bronze Award through the national process and/or Level 9 from your employer if you work in England
National award or local award L9 was held	A national award at or below the level of any national award held at the time of retirement

2.8.6 Citations and nominations will only be considered if a consultant has submitted a completed application.

2.8.7 The deadline for submitting a citation and/or a nomination is 17:00 on **Tuesday 25 April 2017**. No submissions will be accepted beyond this date.

2.8.8 All valid nominations for National Awards, in ranked order, received by ACCEA by the closing date will be considered by the appropriate regional sub-committee.

How to submit a ranked list via the online system:

Step 1: You will need to request a user id and password if it is your first time accessing the online system. Otherwise please use your previous login details. To access the online system go to www.nhsaccea.dh.gov.uk



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 must provide a citation for each applicant on a ranked list. A ranked list will only be considered complete once every applicant on it has a citation submitted by the Nominating Body. You must be logged into the system to submit the citation.



Step 5: You will only be able to submit your list once all the applicants on it have registered an application in the system and a citation has been submitted by the nominating body. Once you have submitted your list it can no longer be amended.

Part 3: Assessment criteria

3.1 Highlighting achievements in five key areas

3.3.1 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.

3.3.2 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

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 specialty. 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 or 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 fully participated in any relevant national or 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 their service became 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. 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 diversity 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
- Exemplary 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 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 of 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 will be given the option 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 they 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.