

# ACCEA



**ADVISORY COMMITTEE on  
CLINICAL EXCELLENCE AWARDS**

## **ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS**

# **ANNUAL REPORT**

(Covering the 2016 Awards Round)

**October 2017**

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

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

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## **Foreword**

We are pleased to present our fourth and the Advisory Committee on Clinical Excellence Awards' (ACCEA) thirteenth annual report.

Clinical Excellence Awards (CEAs) acknowledge and reward those applicants from within England and Wales who have produced clear evidence of excellence in achievements that are over and above what would normally be expected in their roles. These achievements are in important areas, such as developing and delivering high quality services, leadership, research, innovation, teaching and training. Individually and collectively, they contribute considerably to improving health care at local, regional, national and in some cases international level. In 2016, as in all previous years, we have seen many examples of clinical excellence and the demonstrable benefits that they have produced.

As the chief officers of ACCEA, we are responsible for ensuring that the governance of all aspects of the CEA process is of a consistently high standard. An essential component of good governance is the work undertaken by regional sub-committees of ACCEA. They are responsible for assessing and scoring all applications for CEAs from within their region and for identifying applicants who will eventually be considered by main ACCEA and recommended to Ministers for a CEA. We review all such applications very carefully. Some that we have reviewed and which we feel merit a further objective assessment, are rescored by a committee comprising the Chairs and Medical Vice-Chairs of regional sub-committees. Only those who score highly as a result will go forward. This process adds a further degree of reassurance.

Good governance is also facilitated by the important contributions made by National Nominating Bodies such as the Medical Royal Colleges and by employers. This includes ranking applicants, providing citations and in the case of employers, confirming that applicants have met the preconditions that determine eligibility for an award. These provide a valuable means of triangulating the evidence provided by applicants.

ACCEA carefully monitors the success rates of women and those from Black and Minority Ethnic (BME) groups who apply for an award. The evidence demonstrates that where women apply for an award they perform as successfully as their male colleagues. It also demonstrates that the percentage success rate for BME applicants is in line with the number of BME applicants as a percentage of total applications.

As in previous years, we learn from the experience gained during the awards round and make changes to various aspects of governance where appropriate. Such learning arises from a range of sources, such as discussion at our annual meetings with Chairs and Medical Vice-Chairs of regional sub-committees and National Nominating Bodies. An example is the introduction of tele-conferencing as an alternative to some final sub-committee meetings where the applicants for discussion are very few in number. We also hear from a number of unsuccessful applicants who may challenge the decision not to give them a CEA. We always respond fully and openly to the matters that they raise and also learn from these.

Much of the work involved in administering each annual award round goes unseen and is carried out by members of the Secretariat. We gratefully acknowledge the very important part that they played in ensuring that the 2016 awards round was completed on time. We also extend our thanks to members of regional sub-committees, National Nominating Bodies, NHS employers and others who made important contributions to the CEA process.

**Bill Worth  
Chair**

**Mary Armitage  
Medical Director**

## Introduction

- i. This is the thirteenth 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 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 in England and Wales only. The Scottish Advisory Committee on Distinction Awards and the Northern Ireland Clinical Excellence Awards Scheme are responsible for their own awards schemes. 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 2016, a total of 1616 consultants completed new and renewal applications in England and Wales, compared with 1737 in 2015. 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 sub-committees, together with the nominations from the national nominating bodies, and discussed them with the relevant sub-committees.

vi. New awards made for England and Wales each year from 2016 back to 2010 are shown below:

Year	Number of New Awards
2016	318
2015	317
2014	318
2013	317
2012	318
2011	316
2010	317

vii. The 2016 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 2016 Awards Round, the number of new awards totalled 318, with 300 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 new applications. The numbers of new applications to be recommended by each sub-committee were decided by ACCEA based on a distribution of the 300 new awards, guaranteeing a minimum success rate across the committees and awards levels. 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, where the ACCEA Chair and Medical Director agree with the sub-committees' advice that the applications met the relevant standard for an award at that level in that region, those applications were submitted to Main Committee for recommendation to the Minister for an award.
- 1.4 Following review of the applications, the ACCEA Chair and Medical Director accepted the advice of the regional sub-committees that some of the applications, shortlisted by NNBS, did not score sufficiently high enough to 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.
- 1.5 When the Chair and Medical Director were not in full agreement with the sub-committee's assessment, those applications were discussed at a 'final meeting' with the relevant sub-committee. However, where the number of applications for discussion is small, tele-conferencing may be used as an alternative to a face to face meeting. Such an approach is always preceded by prior discussion with the relevant sub-committee Chair and Medical Vice-Chair and after seeking agreement of all sub-committee members. Where the Chair and Medical Director are in complete agreement with the recommendations of a sub-committee, there is no need for either a final meeting or a tele-conference. These revised arrangements have worked very effectively during the 2016 awards round.
- 1.6 Following discussion with the relevant sub-committee, the Chair and Medical Director may feel that their reservations about a specific application have been satisfactorily resolved. In such cases, the relevant application will then be included with those submitted to main ACCEA for recommendation to the Minister for an award. Where this is not the case the application will be referred for consideration by the National Reserve (NRES) process as outlined below.
- 1.7 In 2012 following criticism of CEA governance by the Review Body on Doctors' and Dentists' Remuneration (DDRB), an important additional quality assurance measure was established in the form of the NRES process. This provides additional objectivity by ensuring that the status of an application is not determined solely by the ACCEA Chair and Medical Director. Applications that are referred to this process are rescored by the NRES committee, which is comprised of the Chairs and Medical Vice-Chairs of regional sub-committees. Following this rescoreing, the highest scoring applications are



added to the final list considered by ACCEA's Main Committee for submission to Ministers. This process allows some national benchmarking. Applications are referred to NRES in the following circumstances:

- Discussion at the final meeting of the relevant sub-committee failed to satisfactorily resolve the issues raised by the ACCEA Chair and Medical Director.
- Where an application, if successful, would result in progression to a higher level award within three years or less of having achieved a lower level of national award. In such cases, the NRES assessors also review the previous successful application to avoid giving credit to evidence that was also submitted in the previous application.
- When applicants from within each sub-committee achieve an aggregate score that is tied at the cut-off point for the relevant level of award in that region.

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

### **The 2016 Awards**

1.9 From the final shortlists, 138 Bronze, 116 Silver, 39 Gold and 7 Platinum awards were made in the 2016 Awards Round in England and Wales. A list of the individuals granted awards was published on the ACCEA website.

1.10 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 2016**

<b>New Awards</b>	<b>2016</b>
Platinum	7
Gold	39
Silver	116
Bronze	138

**Table 1b - New Awards in Wales 2016**

<b>New Awards</b>	<b>2016</b>
Platinum	0
Gold	2
Silver	6
Bronze	10

1.11 The pattern of these Awards, by region and specialty, along with the success rate (new awards versus applications) for each region is set out in tables 2 and 3.

**Table 2 - Awards by Region and Award Level for 2016**

Region	Bronze	Silver	Gold	Platinum	Total	Success rate (awards versus applications)
DEPT of HEALTH	5	4	1	0	10	26.67%
CHES and MER	7	4	1	0	12	25.00%
EAST ENG	10	6	4	0	20	25.71%
EAST MID	9	8	1	0	18	27.40%
LON NE	18	13	6	2	39	27.86%
LON NW	8	10	3	0	21	28.00%
LON STH	12	10	2	1	25	26.60%
NTH EAST	5	7	3	0	15	25.42%
NTH WEST	10	8	4	0	22	27.16%
STH EAST	7	4	2	0	13	26.00%
SOUTH	15	8	3	2	28	29.17%
STH WEST	9	12	1	0	22	25.29%
WALES	10	6	2	0	18	18.56%
WEST MID	12	9	3	2	26	29.21%
YORK and HUM	11	13	5	0	29	27.88%
<b>TOTAL</b>	<b>148</b>	<b>122</b>	<b>41</b>	<b>7</b>	<b>318</b>	

**Table 3 - Awards by Specialty and Award Level for 2016 (England and Wales)**

Specialty	Bronze	Silver	Gold	Platinum	Total
Academic GP	2	0	2	0	4
Anaesthetics	8	5	0	0	13
Clinical Oncology	2	2	1	0	5
Dental	6	3	0	1	10
Emergency Medicine	1	2	0	0	3
Medicine	46	48	12	4	110
Obs and Gynaecology	4	3	3	0	10
Ophthalmology	2	3	2	0	7
Paediatrics	19	11	0	0	30
Pathology	6	8	4	0	18
Psychiatry	9	7	0	1	17
Public Health Dentistry	1	1	0	0	2
Public Health Medicine	3	7	1	0	11
Radiology	7	7	2	1	17
Surgery	32	15	14	0	61
<b>TOTAL</b>	<b>148</b>	<b>122</b>	<b>41</b>	<b>7</b>	<b>318</b>

## Applications for Awards

Table 4 - Success Rates of New Awards and Applications in 2016 (England and Wales)

<b>Total Applications</b>	1200	
<b>Total New Awards</b>	318	
<b>Platinum Applications</b>	31	
<b>Platinum Awards</b>	7	22.58%
<b>Gold Applications</b>	137	
<b>Gold Awards</b>	41	29.93%
<b>Silver Applications</b>	463	
<b>Silver Awards</b>	122	26.35%
<b>Bronze Applications</b>	569	
<b>Bronze Awards</b>	148	26.01%

Figure 1 - Applications for New Awards 2011-2016 (England & Wales)

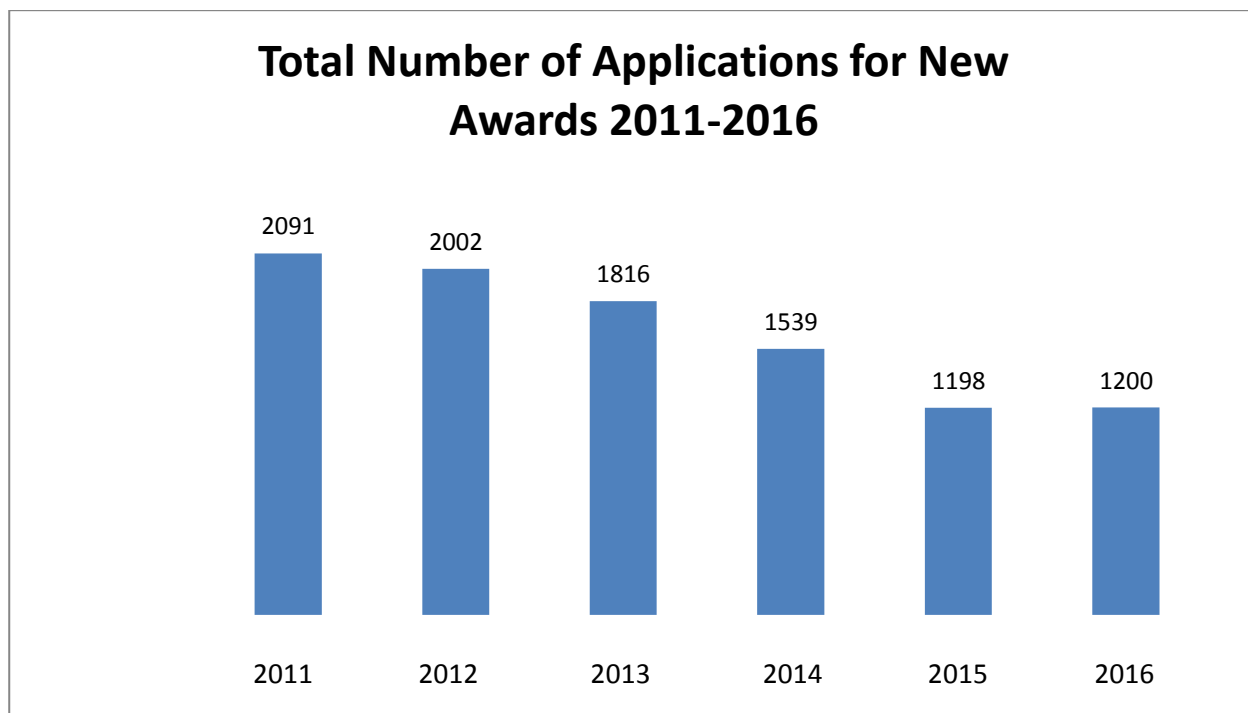


Figure 2 - Applications for New Awards 2011-2016 (England & Wales)

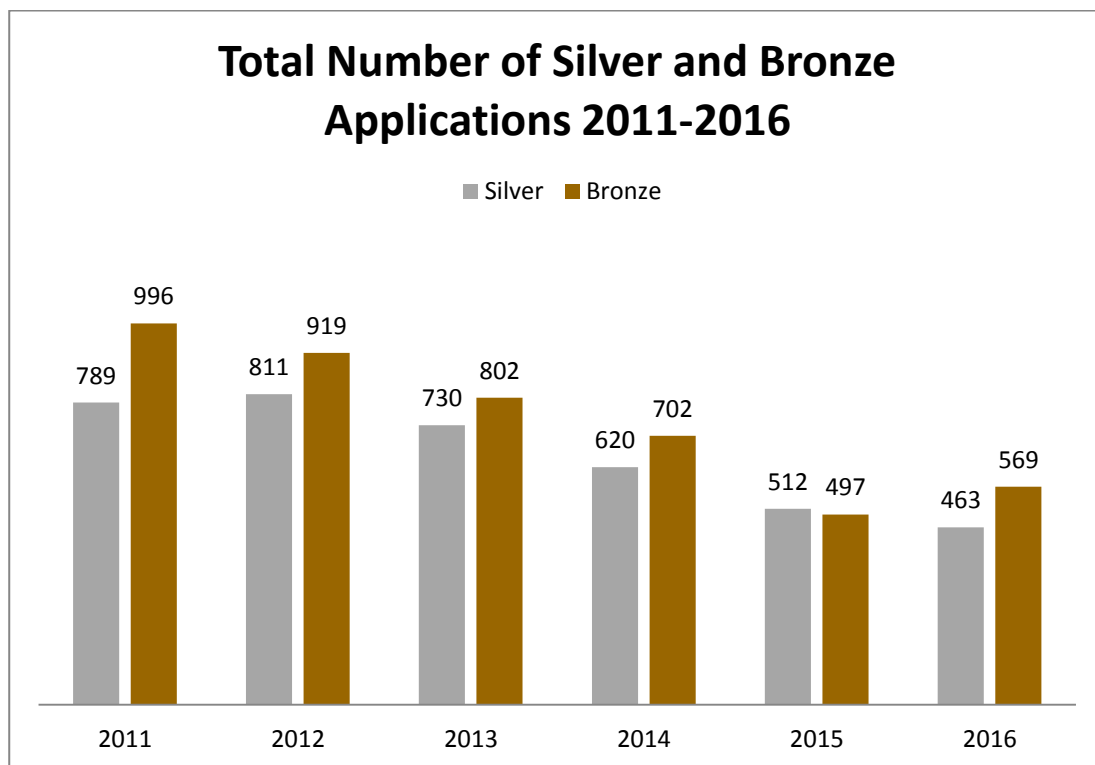
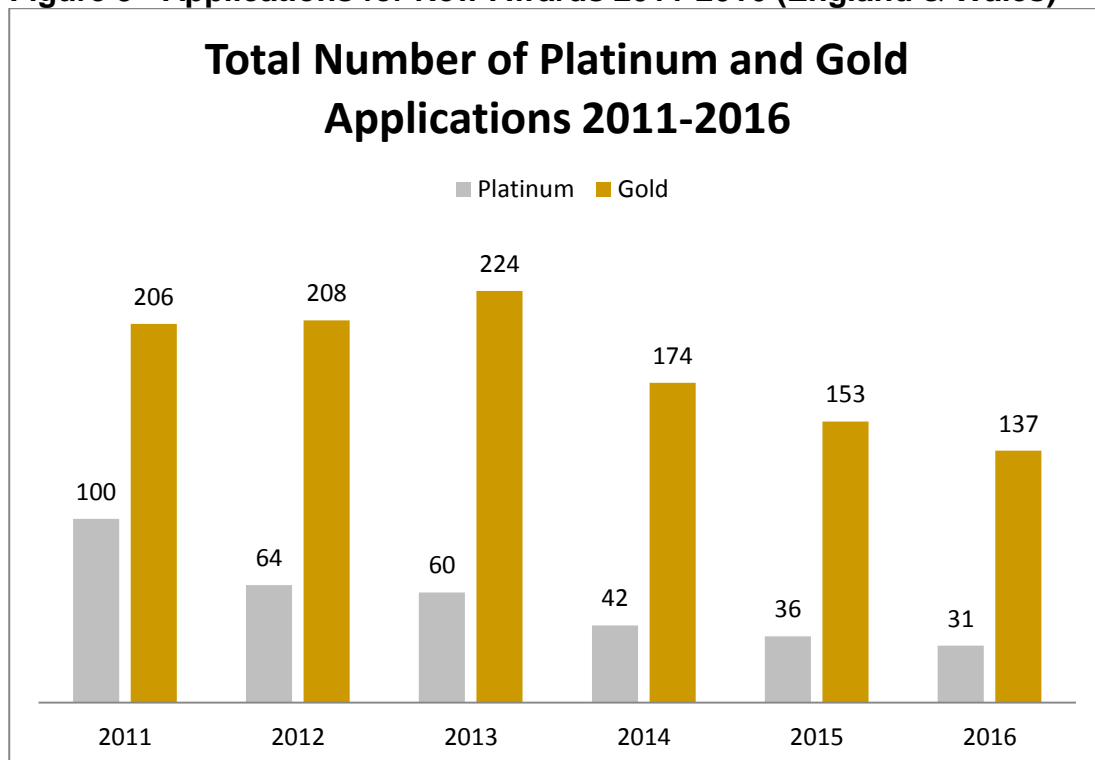


Figure 3 - Applications for New Awards 2011-2016 (England & Wales)



## Distribution of New National Awards

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

1.13 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 demonstrates that the Clinical Excellence Awards Scheme has operated fairly.

1.14 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.

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

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

**Table 5a - 2016 Bronze Applications V New Awards (England)**

Specialty	Applications	Bronze Awards	% of Successful Applications
Academic GP	12	2	16.67%
Anaesthetics	35	8	22.86%
Clinical Oncology	10	2	20%
Dental	12	3	25%
Emergency Medicine	10	1	10%
Medicine	152	43	28.29%
Obs and Gynaecology	21	4	19.05%
Occupational Medicine	0	0	0%
Ophthalmology	12	2	16.67%
Paediatrics	59	18	30.51%
Pathology	32	6	18.75%
Psychiatry	25	9	36%
Public Health Dentistry	3	1	33.33%
Public Health Medicine	19	3	15.79%
Radiology	15	7	46.67%
Surgery	81	29	35.80%
<b>Total</b>	<b>498</b>	<b>138</b>	<b>27.71%</b>

**Table 5b - 2016 Bronze Applications V New Awards (Wales)**

Specialty	Applications	Bronze Awards	% of Successful Applications
Academic GP	1	0	0%
Anaesthetics	2	0	0%
Clinical Oncology	2	0	0%
Dental	3	3	100%
Emergency Medicine	0	0	0%
Medicine	27	3	11.11%
Obs and Gynaecology	3	0	0%
Occupational Medicine	0	0	0%
Ophthalmology	0	0	0%
Paediatrics	6	1	16.67%
Pathology	6	0	0%
Psychiatry	3	0	0%
Public Health Dentistry	0	0	0%
Public Health Medicine	2	0	0%
Radiology	1	0	0%
Surgery	15	3	20%
<b>Total</b>	<b>71</b>	<b>10</b>	<b>14.08%</b>

**Table 6 - 2016 Silver Applications V New Awards (England)**

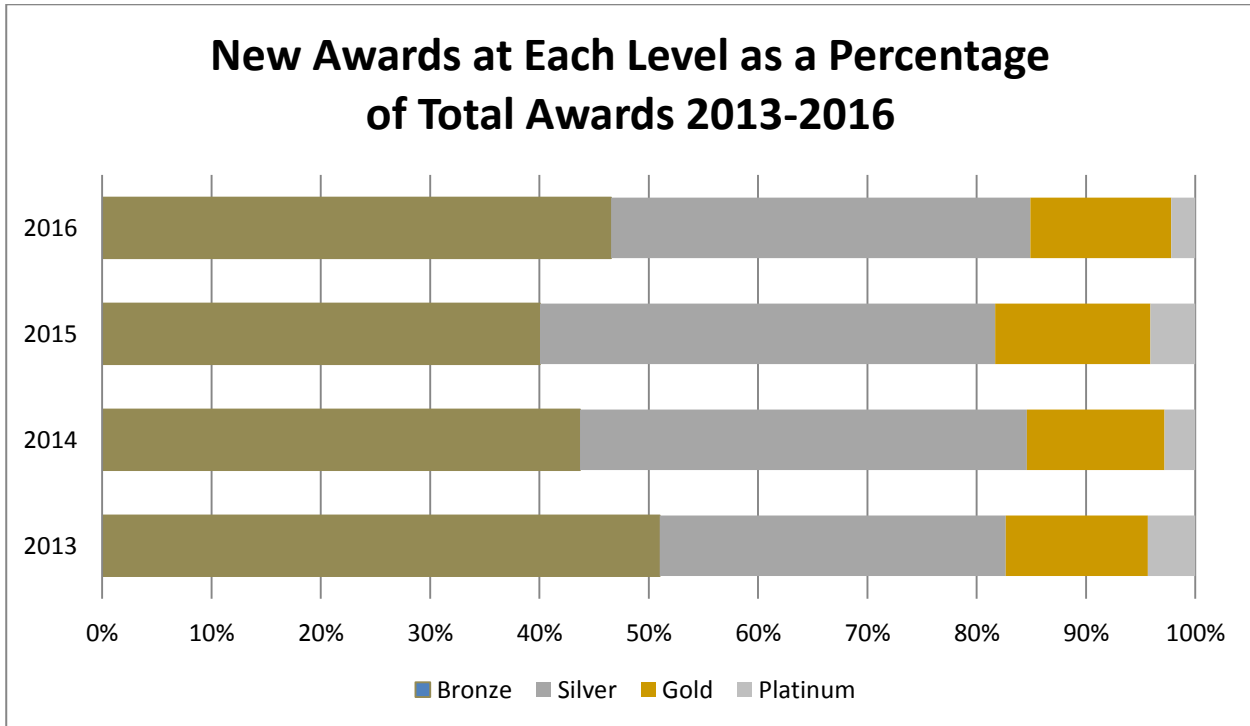
Specialty	Applications	Bronze Awards	% of Successful Applications
Academic GP	6	0	0.00%
Anaesthetics	32	5	15.63%
Clinical Oncology	7	2	28.57%
Dental	8	2	25.00%
Emergency Medicine	6	2	33.33%
Medicine	132	45	34.09%
Obs and Gynaecology	18	3	16.67%
Occupational Medicine	1	0	0.00%
Ophthalmology	15	3	20.00%
Paediatrics	39	11	28.21%
Pathology	23	8	34.78%
Psychiatry	23	6	26.09%
Public Health Dentistry	2	1	50.00%
Public Health Medicine	21	7	33.33%
Radiology	21	6	28.57%
Surgery	89	15	16.85%
<b>Total</b>	<b>443</b>	<b>116</b>	<b>26.19%</b>

**Level**

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

1.18 The percentage breakdown of all new awards is as follows: new bronze represents 47%; new silver 38%; new gold 13% and new platinum 2%.

**Figure 4 - New Awards as a Percentage of all new Awards 2013-2016**



1.19 To improve our 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 2016 and 2015.

**Table 7 - Silver 2016 applications (England and Wales)**

Award level	Application No	New Silver awards	% Successful Applicants
Previous retiree*	2	1	50.00
L9	101	14	13.86
B	6	0	0.00
Bronze	354	107	30.23
<b>Total</b>	<b>463</b>	<b>122</b>	<b>26.25</b>

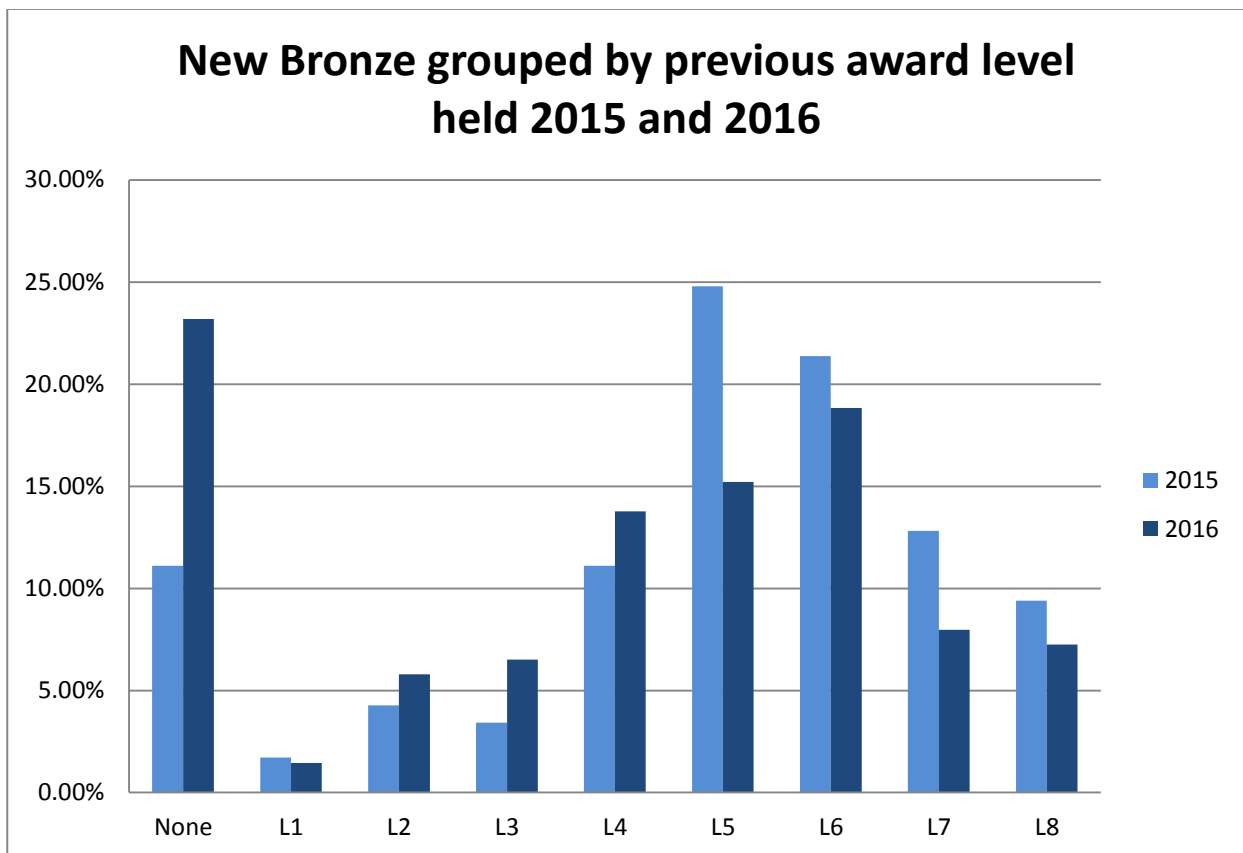
\* Retired and re-entered the scheme

**Table 8 - Silver 2015 Applications (England and Wales)**

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

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

**Figure 5 - previous levels of Clinical Excellence Awards held by consultants in England who received a Bronze award in 2015 and 2016**



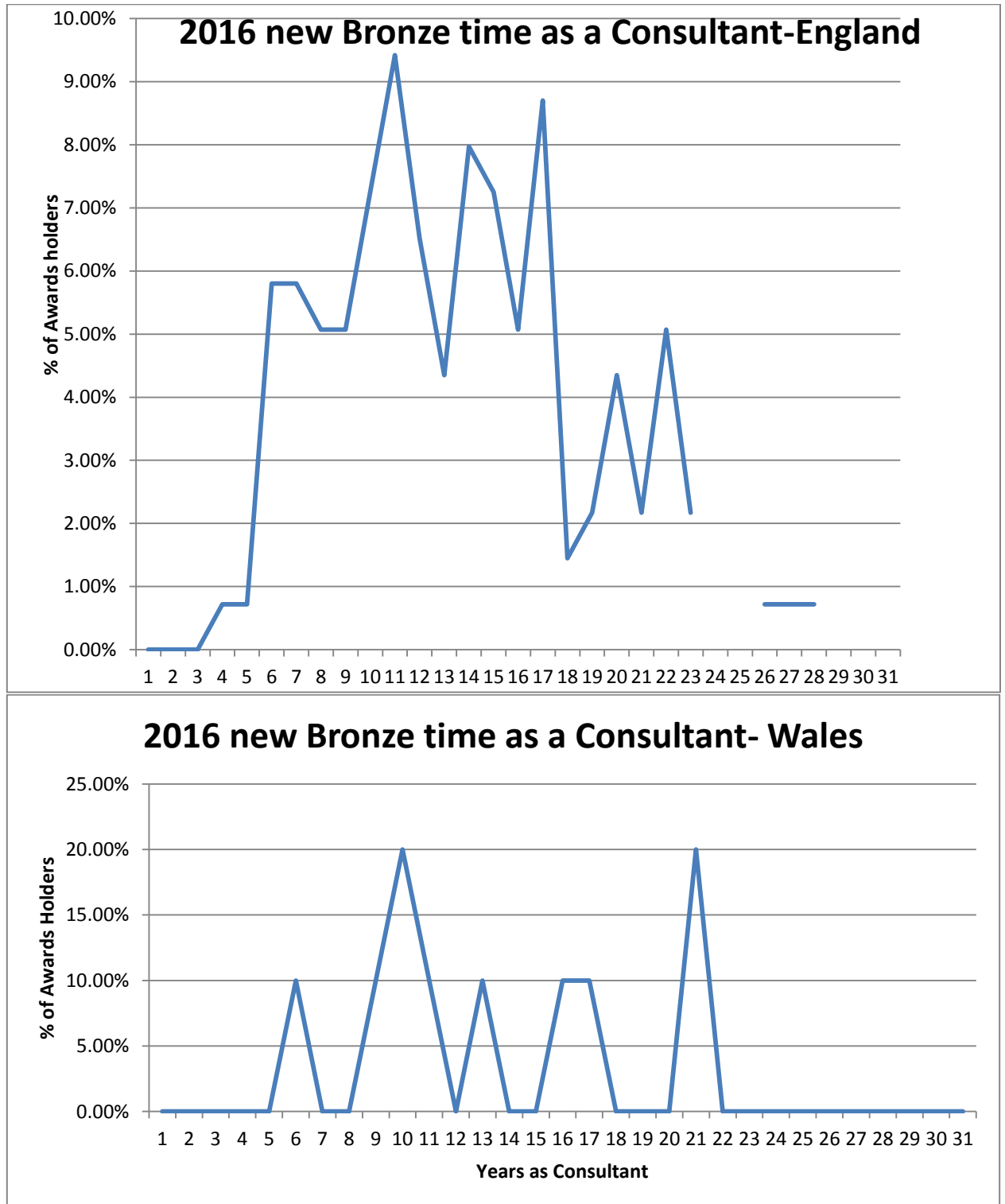
1.21 In 2016 local award none and Level 6 were the commonest level for consultants granted a new bronze award, and over the past few years the majority of awards have been gained at Levels 4, 5, 6 and 7. Historically, it was relatively unusual for consultants to achieve a bronze award with less than a Level 4 local award, however, in 2016 over 20% of new Bronzes held no previous GP award. This may represent the success rate of consultants, such as academic GPs, who are not eligible for local awards, or consultants who may have lost a national award previously and dropped to zero local points.

1.22 Figure 6 shows consultants in England and Wales receiving a new Bronze award in 2016 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. This indicates that while early progression is possible for outstanding candidates, many



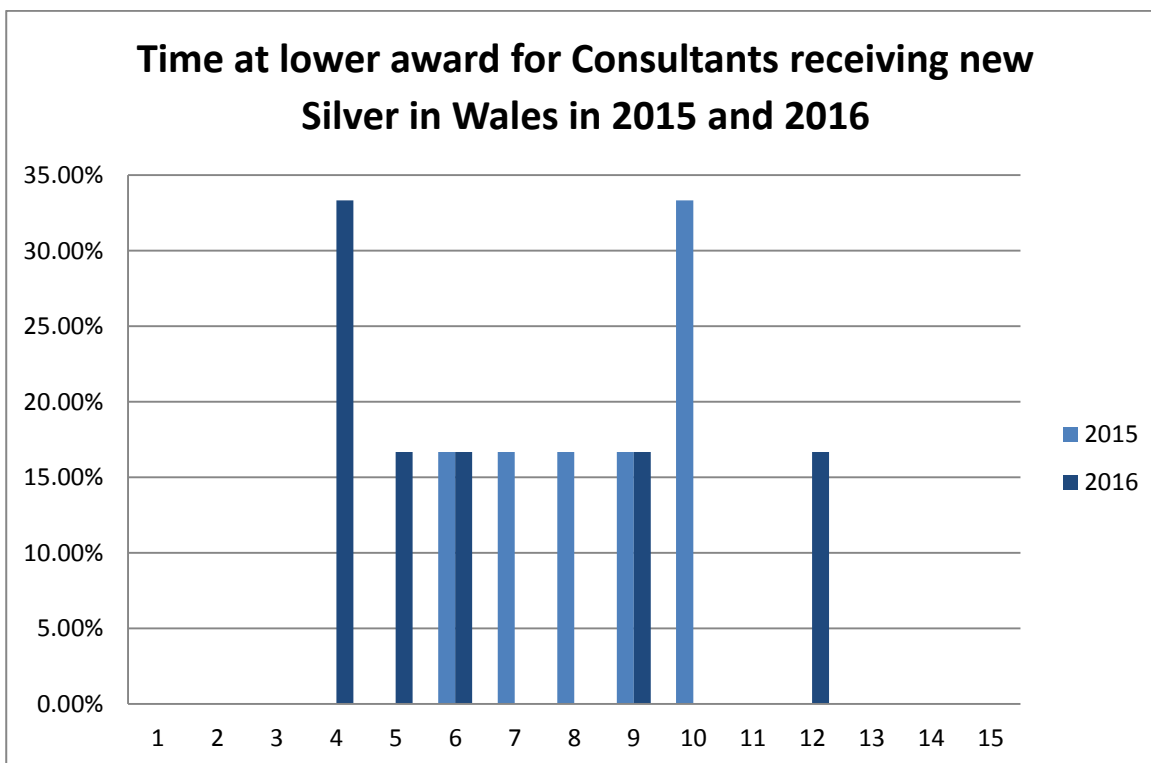
consultants require between 9 and 15 years' service to build a body of work of the necessary standard and sustainability for national excellence awards.

**Figure 6 - Consultants in England and Wales receiving a new Bronze award in 2016 time as a consultant**

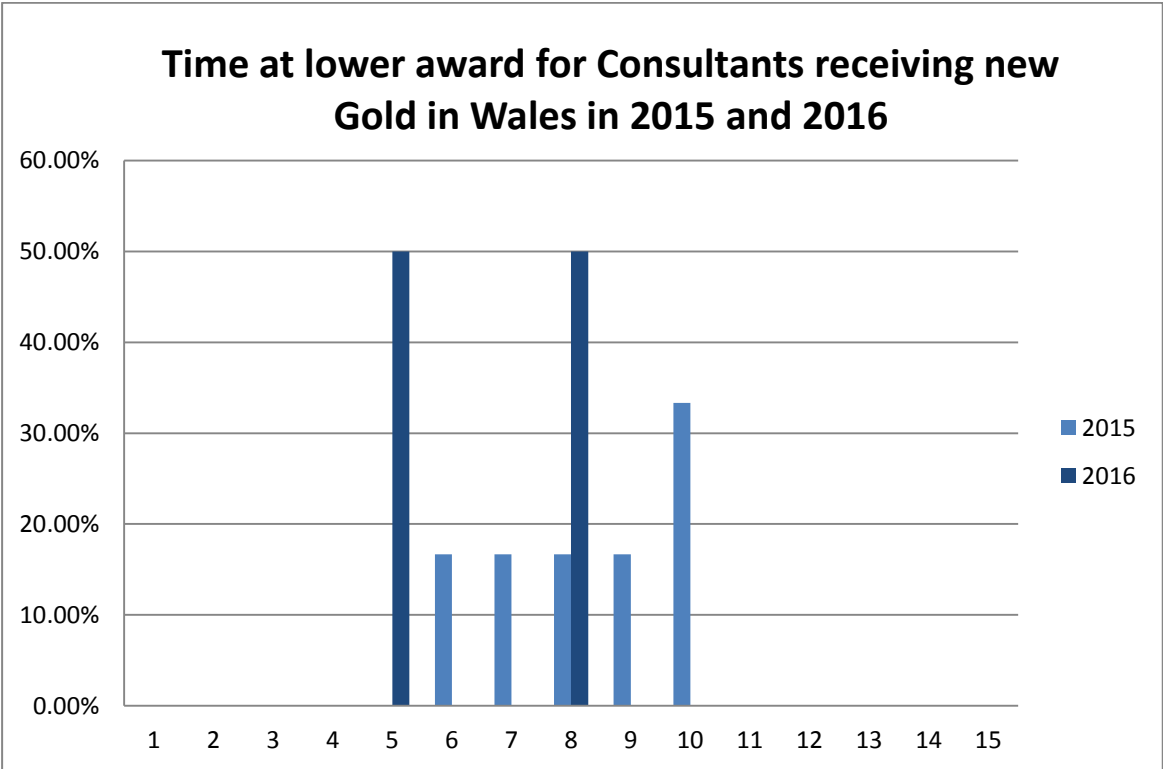
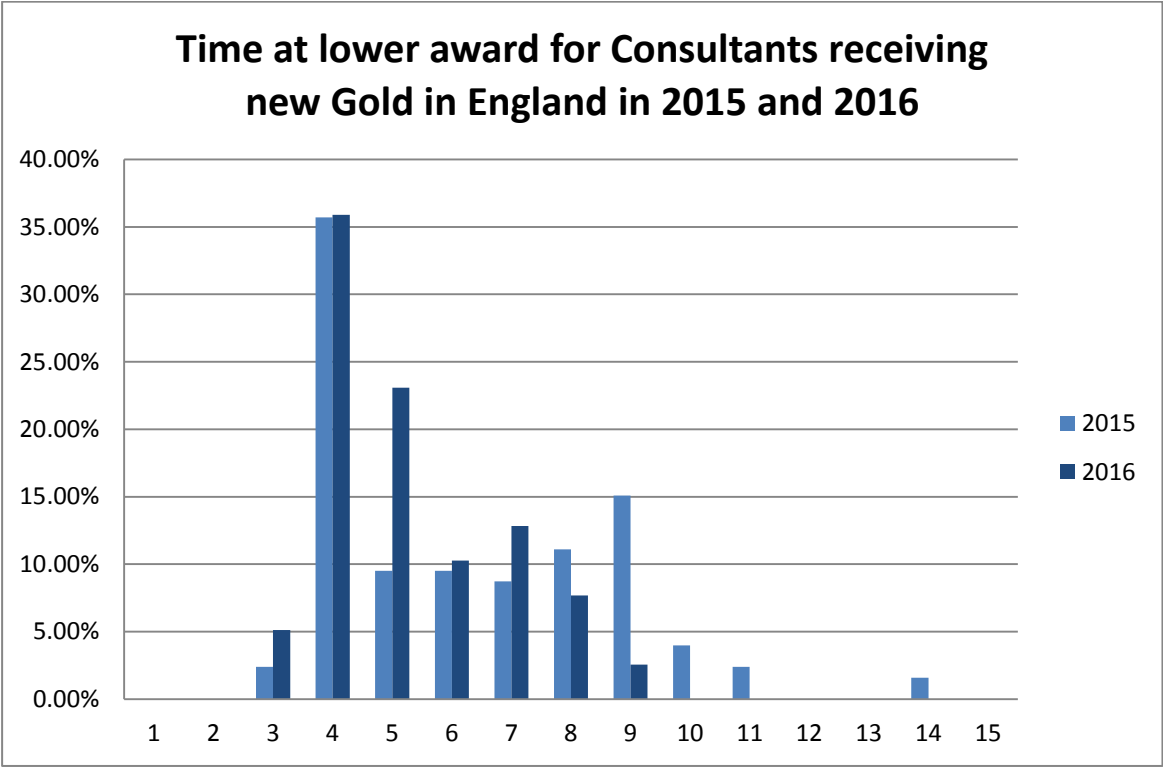


1.23 The following figures, 7a-7e show the interval between awards for those consultants progressing to higher awards in 2015 and 2016. These continue to show that very few consultants progress to a higher award in less than four years.

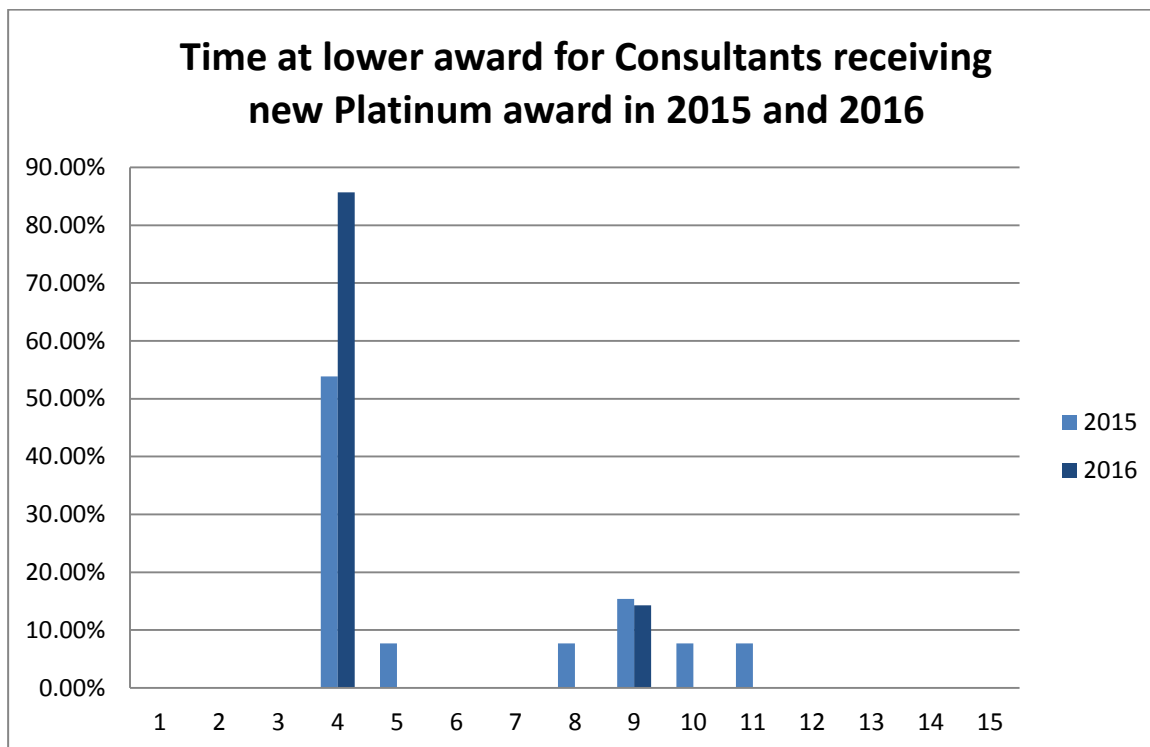
**Figure 7a+b - Consultants in England receiving new Silver award in 2015 and 2016 by time since receiving L9, Bronze or B**



**Figure 7c+d - Consultants in England receiving a new Gold award in 2015 and 2016 by time since receiving Silver**



**Figure 7e - Consultants in England receiving a new Platinum award 2015 and 2016 by time since receiving Gold or A**



### Age

1.24 The mean age of awardees in 2012-2016 is shown in Table 9 below. The average ages of successful applicants have risen since 2012, with an average age of 51 years at Bronze and 53 years at Silver. Gold has reduced to 56 years and Platinum to 55 years.

**Table 9 - Age of Awardees 2012 - 2016**

	Age of Awardees (mean as 1 <sup>st</sup> April on award year)				
	2012	2013	2014	2015	2016
Bronze	48.58	48.93	49.82	51.28	51.46
Silver	52.05	51.74	53.16	53.73	53.25
Gold	54.46	54.16	55.66	57.04	56.23
Platinum	57.40	58.08	57.24	58.85	55.61

### Gender

1.25 The distribution of all awards considered against all applications in 2012-2015 among women is shown in Table 10. This shows that there are a continued lower number of applications from female consultants in comparison to male applicants.

**Table 10 - Number of Women Applicants Receiving New Awards in England and Wales 2013-2016 compared to Male Applicants**

	2013	2014	2015	2016
Total no of applicants	1816	1539	1198	1200
No of women applicants	346	297	246	270
No of male applicants	1470	1242	952	930
Female applicants as a % of total applicants*	19.1	19.3	20.5	22.5
Total no of awards	317	318	317	318
No of women new awards	55	49	65	69
No of male new awards	262	269	252	249
Success rate male** %	17.82	21.66	26.47	26.77
Success rate women* %	15.89	16.50	26.42	25.56

\* NHS Digital diversity figures at March 2017 show that 35.2% of consultants are female

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

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

1.27 New awards at each level by gender and the success rate are shown in Table 11a and 11b below.

**Table 11a - New Awards in England by Level and by Gender for 2016**

	Gender	No. of Applications	No. of Awards	% of Applicants Succeeding
Bronze	Female	155	38	24.52%
	Male	343	100	29.15%
	<b>All</b>	498	138	27.71%
Silver	Female	74	17	22.97%
	Male	369	99	26.83%
	<b>All</b>	443	116	26.19%
Gold	Female	21	9	42.86%
	Male	110	30	27.27%
	<b>All</b>	131	39	29.77%
Platinum	Female	3	1	33.33%
	Male	28	6	21.43%
	<b>All</b>	31	7	22.58%

**Table 11b - New Awards in Wales by Level and by Gender for 2016**

	Gender	No. of Applications	No. of Awards	% of Applicants Succeeding
Bronze	Female	13	3	23.08%
	Male	58	7	12.07%
	<b>All</b>	71	10	14.08%
Silver	Female	4	1	25.00%
	Male	16	5	31.25%
	<b>All</b>	20	6	30.00%
Gold	Female	0	0	0.0%
	Male	6	2	33.33%
	<b>All</b>	6	2	33.33%
Platinum	Female	0	0	0.0%
	Male	0	0	0.0%
	<b>All</b>	0	0	0.0%

### ***Ethnicity***

1.28 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 12.

**Table 12 - Number of BME consultants receiving a national award in England and Wales in 2012-2016**

	2012	2013	2014	2015	2016
Total number of applicants	2002	1816	1539	1198	1200
No. of BME applicants (% of total applicants)	329 (16.43%)	313 (17.24%)	285 (18.52%)	229 (19.11%)	252 (21.00%)
Total awards	318	317	318	317	318
No. of awards to BME consultants (% of total awards)	43 (13.52%)	53 (16.72%)	38 (11.95%)	66 (20.82%)	66 (20.75%)

1.29 Table 13 shows the success rates of these BME applicants against White and Not Stated in 2016. These figures are broken down by award level in Table 14 below.

**Table 13 - Success rates of applicants by ethnicity 2016**

	Not Stated	BME	White
Total number of applicants	35	252	913
Total number of new awards	6	66	246
Success rate of applicants	17.14%	26.19%	26.94%

**Table 14 - Number of BME consultants in England and Wales receiving a national award in 2016**

Award level	Ethnicity		No. of Applications		%		Actually Awarded		%	
Bronze	White		412		72.66%		110		74.32%	
	BME		136		23.99%		33		22.30%	
		Asian or Asian British		101				24		
		Black or Black British		4				2		
		Chinese or Other Ethnic Group		20				6		
		Mixed		11				1		
	Not Stated		19		3.35%		5		3.38%	
Silver	White		362		78.19%		97		79.51%	
	BME		90		19.44%		24		19.67%	
		Asian or Asian British		61				16		
		Black or Black British		4				1		
		Chinese or Other Ethnic Group		13				4		
		Mixed		12				3		
	Not Stated		11		2.38%		1		0.82%	
Gold	White		115		83.94%		33		80.49%	
	BME		20		14.60%		8		19.51%	
		Asian or Asian British		14				5		
		Black or Black British		1				0		
		Chinese or Other Ethnic Group		3				1		
		Mixed		2				2		
	Not Stated		2		1.46%		0		0%	
Platinum	White		25		80.65%		6		87.50%	
	BME		5		16.13%		1		12.50%	
		Asian or Asian British		2				0		
		Black or Black British		0				0		
		Chinese or Other Ethnic Group		2				1		
		Mixed		1				0		
	Not Stated		1		3.23%		0			

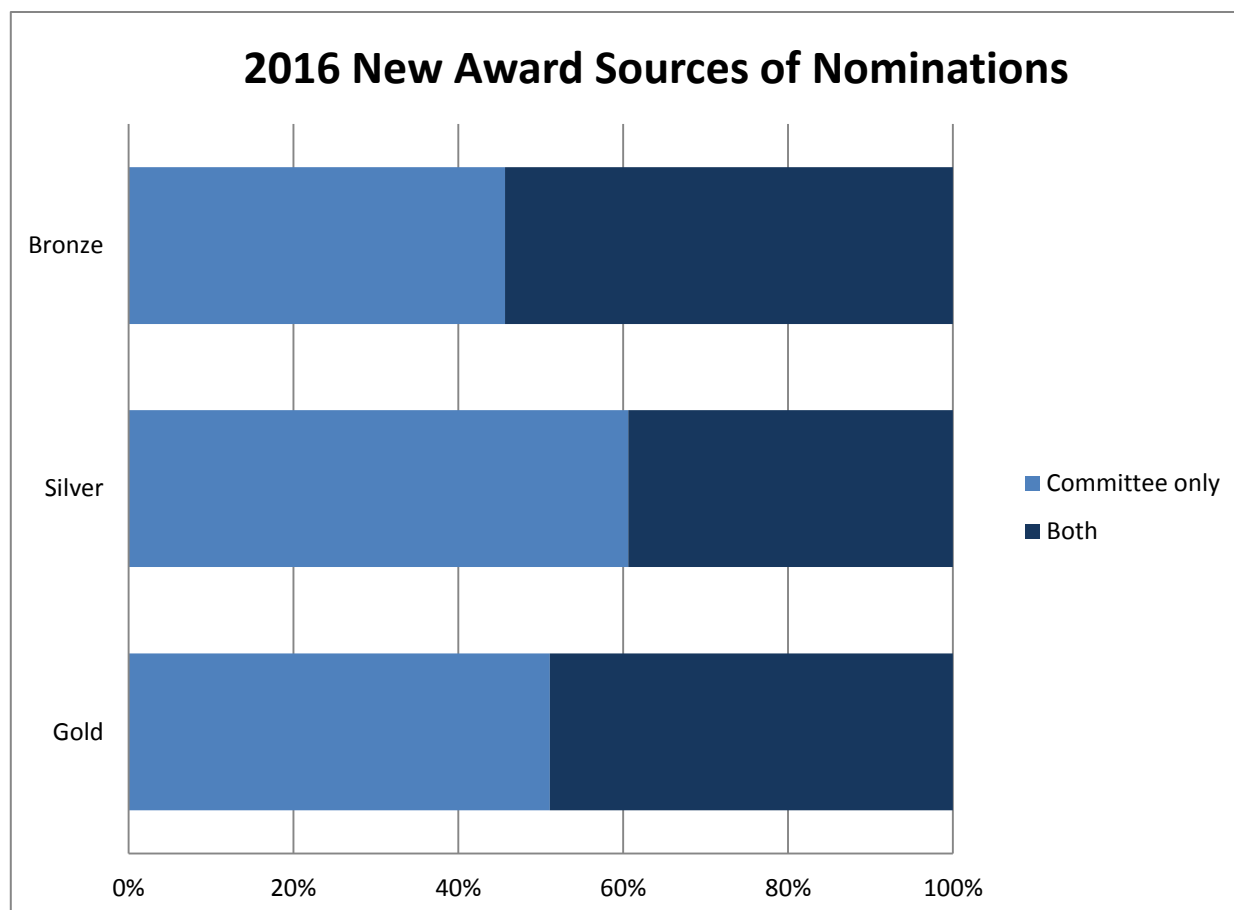
1.30 In Table 14, applications are shown by the main Ethnic Origin groups.<sup>1</sup> As in previous years, the largest BME category remains Asian or Asian British, with the exception of 2016 platinum applicants.

<sup>1</sup> The current coding methodology is the same as that used in the NHS.

## Sources of Nominations

1.31 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.

Figure 8 - Sources of all national award nominations held by 2016 awardees



## Applications for Renewals

1.32 Distinction Awards, and Bronze, Silver, Gold and Platinum Clinical Excellence Awards, are normally renewed every five years. Previously, Distinction Award holders who retired and returned to service, and successfully had their award reinstated, were renewed annually to ensure that ACCEA was satisfied that their excellence continued. 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. As of 31 March 2015, no consultant holds 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 new Clinical Excellence Award. Evidence for an award needs to be from work undertaken after retirement and restarting work.

1.33 In order to strengthen its processes for assessing renewal applications, and a continued desire by ACCEA to ensure the probity of its awards, ACCEA introduced a scoring system for all renewal applications in the 2011 Awards Round. The scoring system and criteria for excellence are the same as for the new awards.



1.34 The scoring process allows each regional sub-committee to compare the renewal scores with the scores obtained by new applications at the same or similar levels. In the 2016 Round, under the current five-year renewal procedures, the committees considered the awards given to consultants in 2012, 2007 and 2002.

1.35 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 do so will not be successful for renewal at that level. However, in the case of renewal applications for Silver, Gold and Platinum awards, the applicant may be renewed at a lower level where the aggregate score achieved is the same as or greater than that required for a successful renewal at the relevant lower award level.

1.36 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 is calculated and the lower of the two scores applied. Cut-off scores are not comparable or interchangeable between different regions or different award levels.

1.37 ACCEA received 416 applications to renew existing Clinical Excellence and Distinction Awards. 90 consultants due to renew were successful at gaining a new award at a higher level; 242 were renewed; 2 were withdrawn. In a further 82 cases, consultants failed to provide sufficient evidence of awardable clinical contribution to justify continuation of the awards and their awards were withdrawn. Tables 15-17 give the breakdown of all renewal applications that were reviewed and their outcomes expressed as a percentage.

**Table 15 - Outcome of review applications in England & Wales 2016**

Renewal Applications	2016	% Renewals
Total renewal applications submitted	416	
Successful renewals	242	58.17%
Unsuccessful renewals	82	19.71%
Renewal applicants who gained a new award at a higher level	90	21.63%
Withdrawn	2	0.48%

**Table 16a - Unsuccessful review applications in England by Award Level**

Renewal Applications	2016
Platinum	1
A Plus	1
Gold	1
A	1
Silver	12
Bronze	52
B	6
Total	74

**Table 16b - Unsuccessful review applications in Wales by Award Level**

Renewal Applications	2016
Gold	0
A	0
Silver	3
Bronze	5
B	0
Total	8

**Table 17 - Review applications renewed at lower level in England by Award Level**

Renewal Applications	2016
Moved from Silver to Bronze	6
Moved from A to Silver	0
Moved from A to Bronze	1
Moved from Gold to Silver	6
Moved from Gold to Bronze	1
Moved from Platinum/A+ to Gold	3
Moved from Platinum/A+ to Silver	3
Total	20

1.38 For England, a further 121 who should have renewed in 2016 did not; 93 of these retired within the award year, the remainder either left the NHS or failed to submit a renewal application.

### Distribution of Awards in Payment

1.39 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.

1.40 Table 18 below shows the distribution of clinical excellence awards held at Bronze/B or higher in 2015 and 2016.

**Table 18 - Number of National Awards in payment in 2016 compared to 2015**

	AWARDS RECORDED IN PAYMENT IN 2016	AWARDS RECORDED IN PAYMENT IN 2015	CHANGE IN NUMBER OF AWARDS RECORDED
	Number	Number	
Platinum	141	154	-13
A+	22	25	-3
Gold	258	253	5
A	25	53	-28
Silver	801	808	-7
Bronze	1415	1625	-210
B	79	147	-68
ALL	2741	3065	-324

1.41 This shows an increase in the number of awards held at Gold between 2015 and 2016. 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 continuing decrease in the overall number of award holders.

1.42 Table 19 shows the number of unsuccessful renewal applications by region.

**Table 19 – Unsuccessful Renewal applications by region**

	2016
Cheshire & Merseyside	1
Department of Health	1
East of England	12
East Midlands	5
London North East	12
London North West	4
London South	6
North East	1
North West	3
South	4
South East	7
South West	9
West Midlands	5
Yorkshire & Humberside	4
Total	74

### **Key Lessons Learned from the 2016 awards round**

1.43 Each year ACCEA listens carefully to suggestions and feedback from applicants, sub-committees and National Nominating Bodies, as well as continuing discussion and development within the Secretariat. As always, ACCEA sub-committee members' commitment and goodwill is essential to the success of the round. We recognise how much time members give up to ensure the round is a success. Forward planning and the early opening of the application window allowed smooth and timely delivery of the round.

## **Section 2: Appeals, Concerns and Complaints**

### **Appeals**

- 2.1 The Guide to Applications (new and renewal) gives details of the appeals process for National 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.
- 2.2 ACCEA no longer deals with Employer Based Award appeals. If a consultant believes that there has been a process failure within their trust, he or she should lodge a complaint with their employer. This should be sent in writing, detailing the reason why he or she feels the procedure was not correctly followed.
- 2.3 Consultants, who feel they want to appeal against the process for national awards should send a letter to the ACCEA Chair detailing where they consider the process has failed. The ACCEA Chair and Medical Director will review evidence provided to establish whether there are grounds for appeal. If it is determined that there are grounds for an appeal and that this cannot be resolved informally, then a formal appeal will be set up. The panel that will hear the appeal 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. Following the investigation, the Chair of the panel will send a report to the Chair of ACCEA with a recommendation.

### **Appeals from the 2016 Round**

- 2.4 There are no outstanding national appeals from the 2016 Round. ACCEA received a total of 25 notifications of intention to appeal against the findings of 2016 National Clinical Excellence Awards Round.
- 2.5 Of the 25 notifications received, in all instances the grounds for appeals were not upheld and the appeals were resolved through the informal process. See Table 20 for details.

2.6 National appeals in the 2016 round were as follows:

**Table 20 - 2016 National Awards Appeals**

Date received by ACCEA	Summary of appeal grounds	Current status
<b>England</b>		
<b>Grounds for appeal not upheld following informal resolution</b>		
17/12/2016	Sub-committee failure to fairly consider material submitted.	Closed
21/12/2016	Sub-committee failure to fairly consider material submitted.	Closed
22/12/2016	Disadvantaged by moving Trust 18 months before renewal due.	Closed
28/12/2016	Inconsistency in support for renewal between Trust and Royal College.	Closed
28/12/2016	Sub-committee failure to fairly consider material submitted.	Closed
29/12/2016	Established evaluation processes were not followed.	Closed
30/12/2016	Established evaluation processes were not followed, and suggestion of bias.	Closed
09/01/2017	Disparity in scoring between new and renewal applications.	Closed
11/01/2017	Differences in scoring across different regions and dissatisfied with Trust level of support.	Closed
12/01/2017	Unusual job plan not taken into account by sub-committee when scoring.	Closed
13/01/2017	Citation not available for sub-committee to review.	Closed
15/01/2017	Established evaluation processes were not followed.	Closed
23/01/2017	Application not assessed by the appropriate sub-committee.	Closed
23/01/2017	Citations not properly considered.	Closed
24/01/2017	Reduced timeframe for evidence due to delay in 2012 awards round.	Closed
26/01/2017	Disadvantaged by moving region. Only missed out by a narrow margin.	Closed
26/01/2017	Did not agree with Trust ratings.	Closed
26/01/2017	Did not agree with the outcome.	
27/01/2017	Sub-committee failure to fairly consider material submitted.	Closed
27/01/2017	Discrimination against women and part time workers, and bias against specialty.	Closed
27/01/2017	Disadvantaged by early renewal after moving job. Sub-committee failure to fairly consider material submitted.	Closed
27/01/2017	Sub-committee failure to fairly consider material submitted.	Closed
<b>Wales</b>		
<b>Grounds for appeal not upheld following informal resolution</b>		
18/01/2017	Sub-committee failure to fairly consider material submitted.	Closed
23/01/2017	Disadvantaged by move to Wales and bias against Consultants in Public Health Medicine.	Closed
24/01/2017	Sub-committee failure to fairly consider material submitted.	Closed

## **Complaints**

2.7 No complaints were received.

## **Section 3: Development of the Scheme**

3.1 ACCEA has continued to develop and improve the current CEA scheme through the 2016 Awards Round.

### **Removal of Pay Protection**

3.2 Following consultation with stakeholders, the Department of Health asked ACCEA to change the rules relating to pay protection. As of 1 October 2014, pay protection is no longer applicable to any award that is, or has previously been, withdrawn or not renewed.

3.3 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 submitted or was unsuccessful. Notification of the removal of pay protection was made in August 2013.

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

3.4 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. As of 1 January 2014, consultants with Distinction Awards are no longer able to apply for reinstatement of their award after retirement. In addition, any consultants who, in January 2014, held a reinstated Distinction award following retirement 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. Notification of this change was made in August 2013.

### **Changes to the 2016 Guides**

3.5 The following changes were made to ACCEA Guides in 2016:

- *Scoring of Distinction Awards:* Clarifying that these are scored against the CEA equivalent only.
- *Regional Scoring:* Explaining about regional scoring and how scoring is divided into two groups.
- *National Reserves process:* This process is explained.
- *Personal Statements published:* The established process to publish personal statements remains in place.
- *Applying for a new award following retirement:* This explains what evidence will be considered for a new award.
- *Consultants who previously held a reinstated distinction award applying for a new award:* Explains what evidence will be considered for a new award.
- *Things to remember when applying:* Renewal applications should include any extenuating circumstances such as ill health information.
- *Successful renewal applications:* Explains the cut-off scores applied to achieve successful renewal applications.

## **Committee Membership**

3.6 Over the last three years there has been a major focus on recruiting and training new sub-committee members. More than 130 new members have been recruited and ten training days undertaken since 2014. Appointment of sub-committee Chairs and Medical Vice-Chairs follows a formal assessment process.

3.7 In 2015 there were 58 vacancies across all sub-committees and in 2016 this number has fallen to 34 vacancies.

### *Diversity*

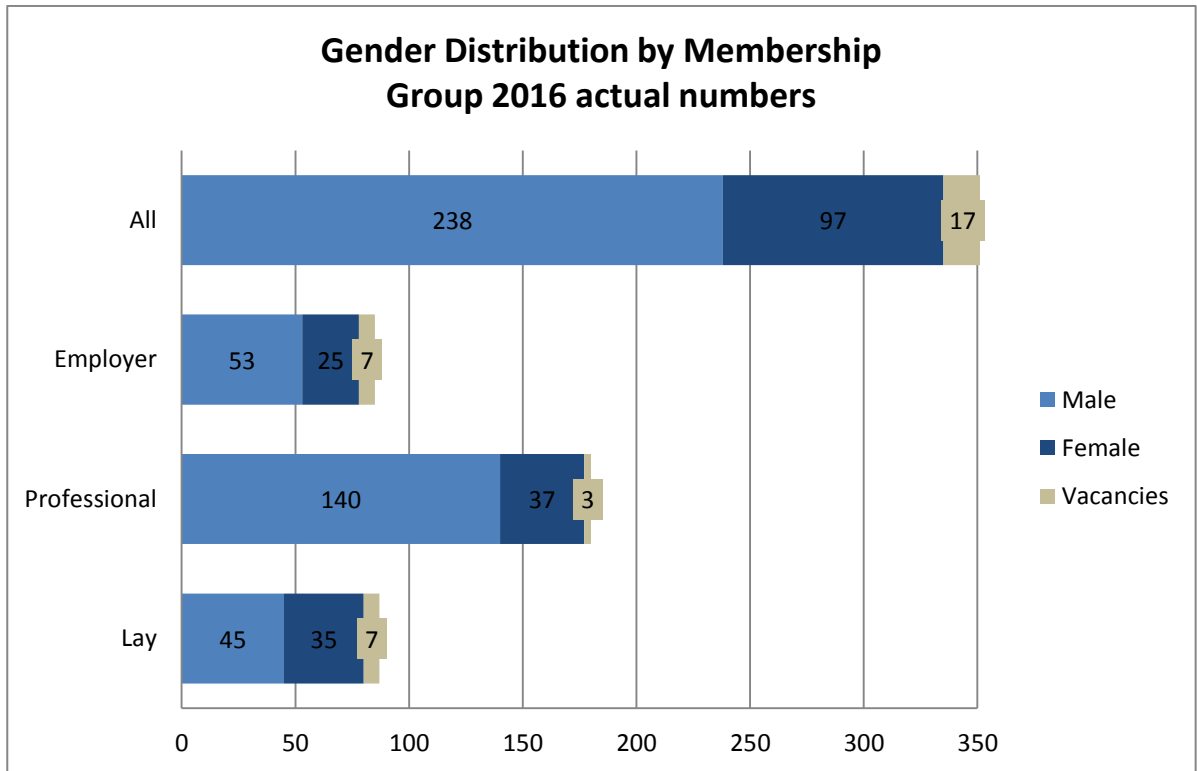
3.8 It was reported in the 2008 Annual Report that the Medical Women's Federation (MWF) continued to express concerns that women are under-represented on ACCEA's regional sub-committees. As a result, ACCEA began to analyse membership of the sub-committees.

3.9 Figures 9 a+b illustrate the gender breakdown within each member category (professional, employer, and lay) on the sub-committees during the 2016 Awards Round, together with any vacancies.

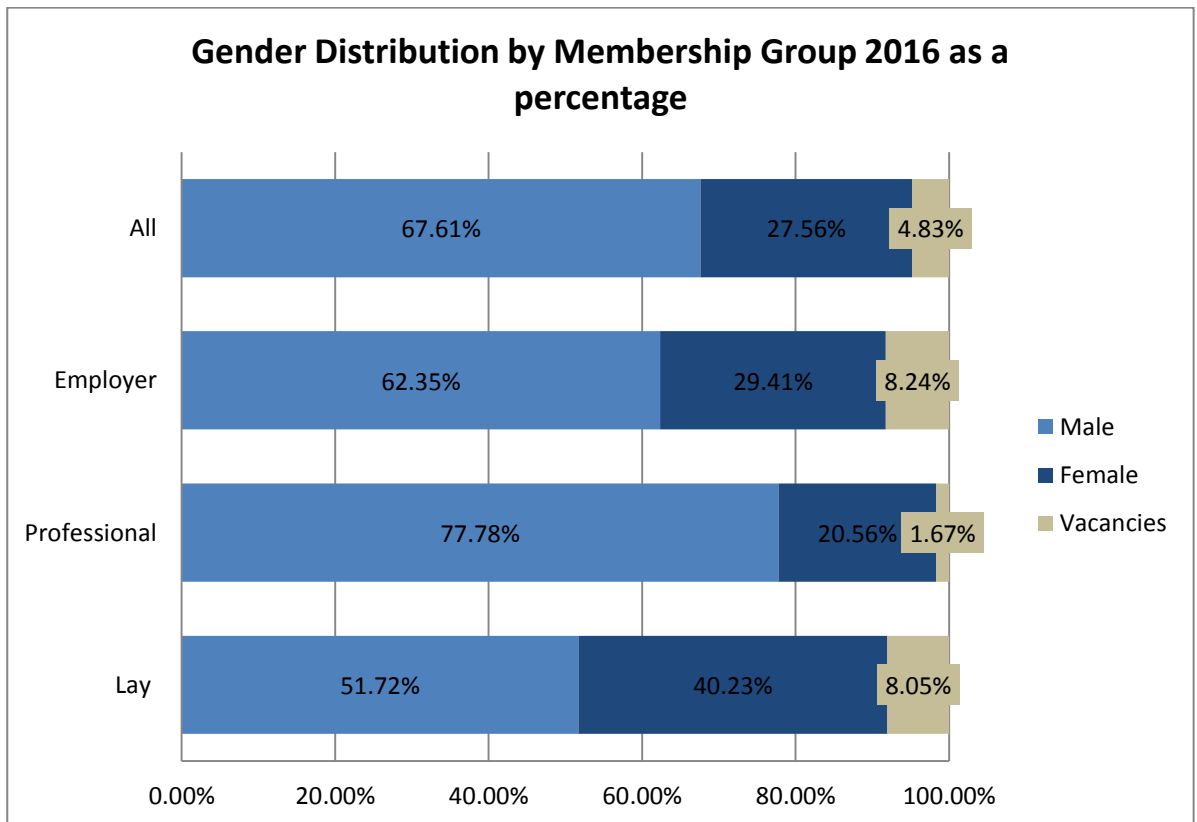
3.10 These figures show that despite improvements in the numbers of female members since 2009, further progress is required in the professional and employer categories.



**Figure 9a - Gender Distribution on Regional Sub-Committee in 2016 Awards Round**



**Figure 9b - Gender Distribution by Membership Group in 2016 Awards Round**



## **Reforming the CEA Scheme**

3.11 The Department has committed to working with the profession on the future of the CEA scheme. Until further announcements are made, ACCEA will continue to operate the CEA scheme under the current business rules and in accordance with the Guidance published for the 2017 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 Tables 21a-d set out the distribution of awards by specialty and region for Bronze, Silver, Gold and Platinum Awards.

**Table 21a - Distribution of new Bronze Awards in 2016 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	3			5
CM						2				3	1	1					7
EM		1				1	1			1		2			1	2	9
EE						3				2		1			1	3	10
LNE		2				10				2	2					2	18
LNW						2				2						4	8
LS			1			5				3		1			1	1	12
NE						1										4	5
NW		1				2						1			2	4	10
SE		1				4	1									1	7
S	1					6				2	1	2				3	15
SW	1	2		1		2			1	1						1	9
WALES				3		3				1						3	10
WM				1		3	1		1	1	2	1				2	12
YH		1	1	1	1	2				1					2	2	11
<b>Total</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>46</b>	<b>4</b>		<b>2</b>	<b>19</b>	<b>6</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>32</b>	<b>148</b>

**Table 21b - Distribution of new Silver Awards in 2016 by Specialty and Region**

REGION	Academic GP	Anaesthetics	Clinical Oncology	Dental	Emergency Medicine	Medicine	Obs & Gynae	Occupational Health	Ophthalmology	Paediatrics	Pathology	Psychiatry	PH Dentistry	PH Medicine	Radiology	Surgery	Total
DH											1			3			4
CM						1				1						2	4
EM						7										1	8
EE			1			1					2					2	6
LNE						6			1		4			1	1		13
LNW		1				5				2		1	1				10
LS			1			3			1	2		1			2		10
NE		1				1	1			1					1	2	7
NW				1	1	4						1				1	8
SE						2									1	1	4
S					1	4				1						2	8
SW		3		1		1				2		1		3		1	12
WALES				1		3						1			1		6
WM						3	1		1	1		1				2	9
YH						7	1			1	1	1			1	1	13
<b>Total</b>		<b>5</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>48</b>	<b>3</b>		<b>3</b>	<b>11</b>	<b>8</b>	<b>7</b>	<b>1</b>	<b>7</b>	<b>7</b>	<b>15</b>	<b>122</b>

**Table 21c - Distribution of new Gold Awards in 2016 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
EM						1											1
EE						2									1	1	4
LNE						2	1								1	2	6
LNW						2	1										3
LS											1					1	2
NE																3	3
NW			1			1										2	4
SE									1		1						2
S						1			1							1	3
SW	1																1
WALES						1										1	2
WM						1					1					1	3
YH						1	1							1		2	5
<b>Total</b>	<b>2</b>		<b>1</b>			<b>12</b>	<b>3</b>		<b>2</b>		<b>4</b>			<b>1</b>	<b>2</b>	<b>14</b>	<b>41</b>

**Table 21d - Distribution of new Platinum Awards in 2016 by Specialty and Region**

<b>REGION</b>	<b>Dental</b>	<b>Medicine</b>	<b>Psychiatry</b>	<b>Radiology</b>	<b>Total</b>
<b>LNE</b>		1		1	<b>2</b>
<b>LS</b>			1		<b>1</b>
<b>S</b>		2			<b>2</b>
<b>WM</b>	1	1			<b>2</b>
<b>Total</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>7</b>