



Public Health  
England

Protecting and improving the nation's health

# **Analysis of the 2016 to 2017 Round of Employer Based Awards within Public Health England (PHE)**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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## Executive summary

Public Health England (PHE) administered the Employer Based Award (EBA) scheme on behalf of eligible medical and dental consultants employed by PHE, by local authorities and by universities (where an honorary contract is in place with PHE).

The EBA scheme is widely advertised across the public health system, including to local authorities and universities. All those eligible receive an invitation to apply by email from the Medical Director. Applications are then reviewed by four regional panels, the composition of which is determined by ACCEA and includes: a regional director, 4 employer members (PHE or Local Authority, University, Public Health Directors, Medical Directors or HR Directors), 4 lay members (persons with an interest but no qualifications in healthcare) and 4 professional members (medically qualified consultants and academics) including 1 nominated by the BMA/BDA.

In total, 84 applications were received for EBAs in the 2016 to 2017 round (120 and 107 for 2014 to 2015 and 2015 to 2016 respectively). Of these, 71.4% were successful which is a slight rise from the 2015 to 2016 round (68.2%) but slightly less than in 2014 to 2015 (73%).

This document aims to provide analysis on the applications and results of the round and a comparison with the 2014 to 2015 and 2015 to 2016 rounds. The tables and charts that follow show numbers of applications and success rates by region, employer, gender, ethnicity and specialty. There are also charts that look at the level of awards applied within the sections for region, employer, gender, ethnicity and speciality.

As in previous award rounds, information on the age of applicants was not requested and is not held centrally so it is not possible to provide analysis on this.

# Analysis

## Region

As in previous years, the work was divided into the four regional boundaries; London, Midlands and East, North of England and South of England. The table below shows the number of applications received per region for the 2014 to 2015, 2015 to 2016 and 2016 to 2017 rounds.

**Table 1 Number of Applications per Region for 2014-2016**

Region	Number of Applications			% of Applications		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
London	35	27	25	29.2%	25.0%	29.8%
Midlands & East	30	40	28	25.0%	37.0%	33.3%
North	30	21	17	25.0%	19.4%	20.2%
South	25	20	14	20.8%	18.5%	16.7%

Regions with the highest number of applications for the 2016 to 2017 round were Midlands and East (28) and London (25). Applications from the North and South regions were significantly lower (17 and 14 respectively).

The number of applications submitted has been steadily falling over the years. In the 2014 to 2015 round, 120 applications were received whilst in the 2015 to 2016 it was 108 and in this round only 84 were received. This may be related to perceptions around the difficulty of the application process and to sensitivities around the scheme where eligible consultants work closely with ineligible colleagues in equivalent roles.

**Table 2 Number of Applications per Eligible Consultants per Region for 2015/16 and 2016/17**

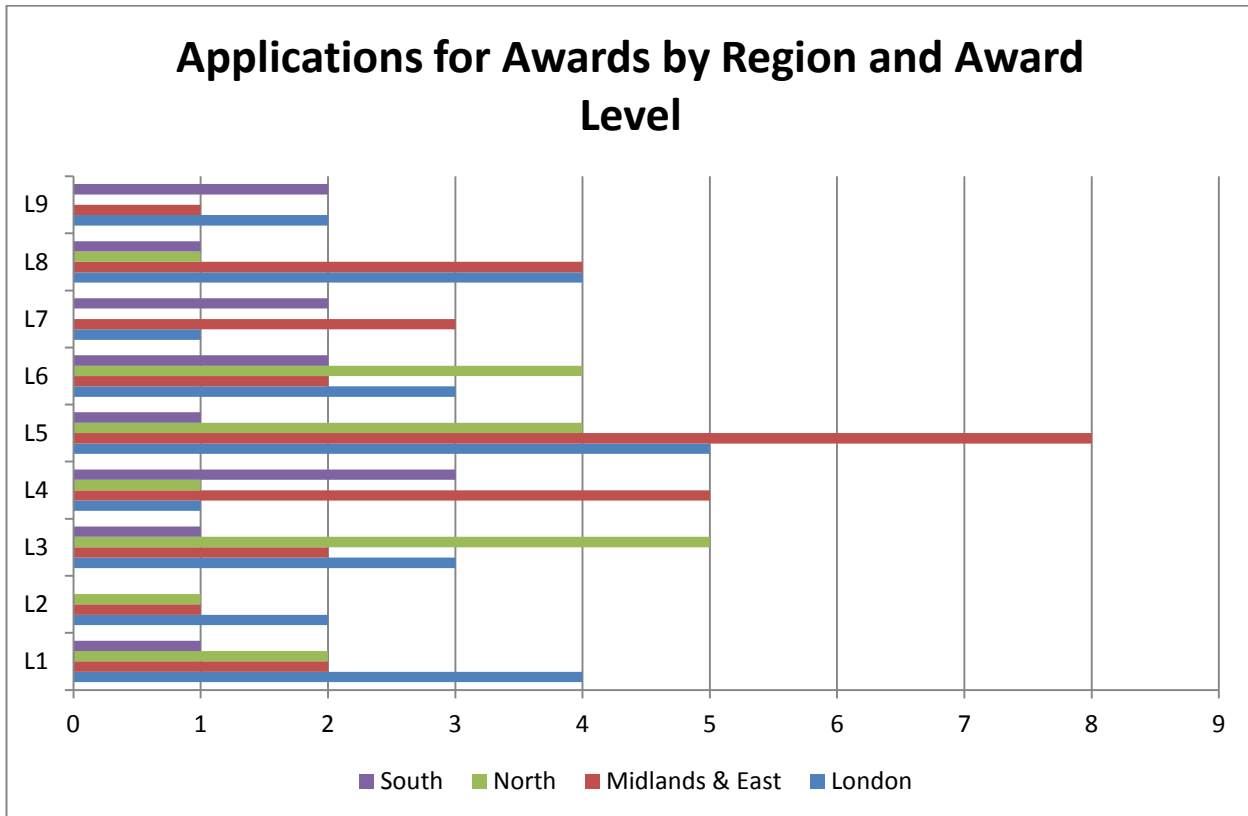
Region	Number of Eligible Consultants		% of Applications per Eligible Consultants	
	2015/16	2016/17	2015/16	2016/17
London	220	217	12.3%	11.5%
Midlands & East	155	156	25.8%	18.0%
North	124	124	16.9%	13.7%
South	110	116	18.2%	12.1%

Table 2 shows that for both the 2015 to 2016 and 2016 to 2017 rounds, the Midlands and & East region had the highest rate of applications from eligible consultants whilst the London region had the lowest for both rounds. In both North and South regions the

application rate for 2016 to 2017 is significantly lower than in 2015 to 2016. This may indicate differing perceptions of the scheme across the four regions, and merits further investigation.

The following chart shows the number of applications received for each award level by region.

**Figure 1 Applications for Awards by Region and Award Level for 2016/17**

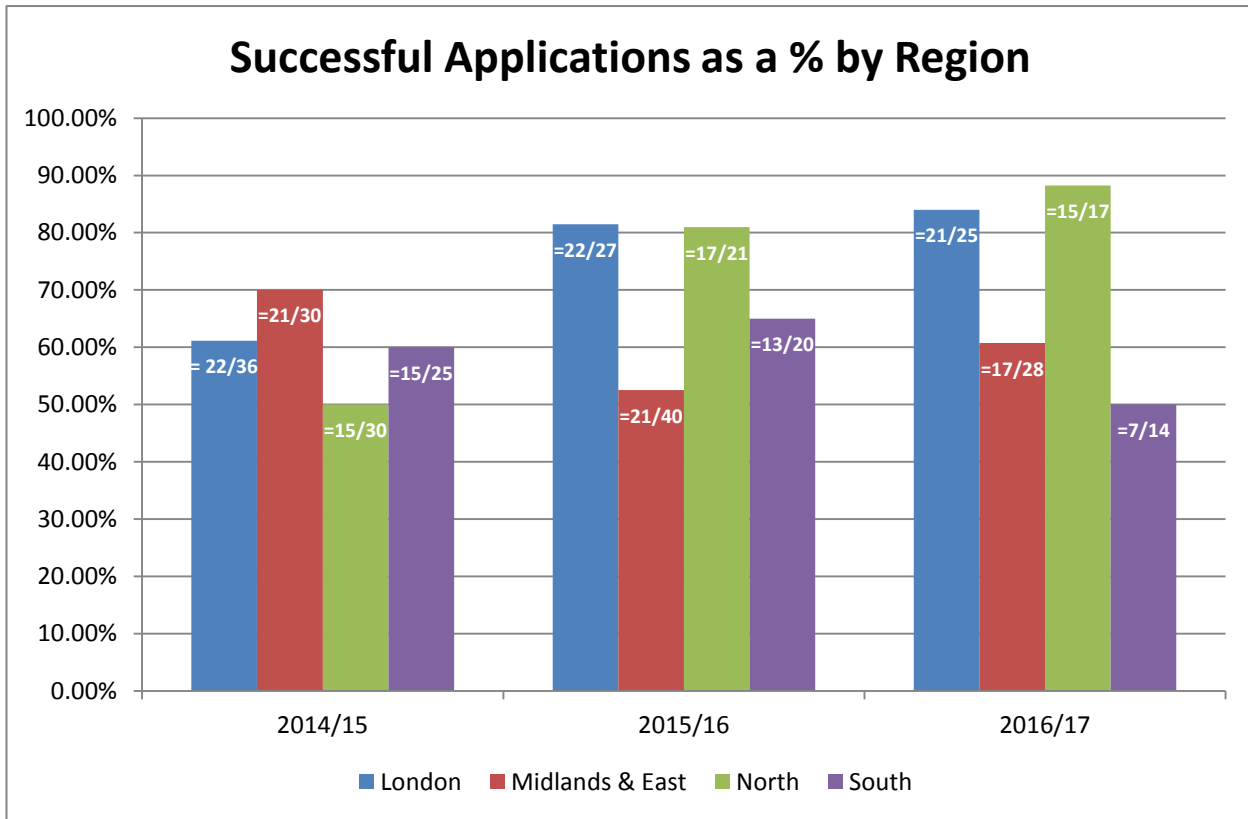


Overall the most popular level of award applied for was L5 with a total of 18 applications, followed jointly by L3 and L6 with 11 applications. The Midlands & East region submitted 8 applications for L5 awards whilst the smallest number of applications submitted for L5 was from the South region with just one. These findings may simply be explained by differences in seniority of applicants across the regions: but we do not have data on age at application to further explore this hypothesis.

The least popular level of award applied for was L2 with just 4 applications; this was followed closely by 5 applications for L9 and 6 for L7.

The chart below shows the success rate of applications submitted for each region in the 2014/15 to 2016/17 rounds.

**Figure 2 Successful Applications as a % by Region for 2014/15 to 2016/17**



In the 2016 to 17 round 84% of all applications submitted in the London region were successful in achieving an award but the highest rate of success was in the North of England region which had a 88% success rate. The Midlands and East region had a 60.7% success rate compared to the South of England region which had the lowest rate of success with only 50%.

When compared to the 2015 to 2016 figures the South experienced a considerable drop in the success rate with a fall of 23.1% whilst the North and the Midlands & East regions experienced an increased success rate of 15.8% and 15.6% respectively.

These regional differences merit further investigation, in particular the apparent drop in successful applications in 2016/17 in South region, of further note since this region also had the lowest proportion of eligible consultants who applied that year.

### Employer

PHE accepted applications from public health medical and dental consultants employed directly by PHE, local authorities and those in universities/medical schools (where an honorary contract is in place with PHE). The table below shows the number of applications received from each employer type in the 2014/15 to 2016/17 rounds.

**Table 3 Number of Applications per Employer for 2014/15 to 2016/17**

Employer	Number of Applications			% of Total Applications for		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
Universities Local	14	12	11	11.7%	11.1%	13.1%
Authorities	21	21	17	17.5%	19.4%	20.2%
PHE	85	75	56	69.2%	69.4%	66.7%

The majority of applications came from PHE employees with applications from this group accounting for 67%% of the total figure which is slightly less than for the 2014 to 15 and 2015 to 2016 rounds. Applications received from Local Authorities have been increasing over the years from 17.5% in 2014 to 2015 to 20.2% in 2016 to 2017. Over the same period applications from Universities have also increased slightly from 11.7% to 13.1%.

**Table 4 Number of Applications per Eligible Consultants per Employer for 2014/15 to 2016/17**

Employer	Number of Eligible Consultants			% of Applications per Eligible Consultants		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
Universities Local	85	88	88	16.5%	13.6%	12.5%
Authorities	213	201	210	9.9%	10.5%	8.1%
PHE	331	320	315	25.7%	23.4%	17.8%

The highest rate of applications per eligible consultants in 2016 to 2017 was from PHE with 17.8%, but this is considerably lower than in the 2015 to 16 and 2014 to 2015 rounds. The lowest rate in the 2016 to 2017 round was from consultants in local authorities with just 8.1%. In previous rounds they have also had the lowest rate with 10.5% in 2015 to 2016 and 9.9% in 2014 to 2015. Consultants employed by local authorities have largely moved to local authority terms and conditions, following the original TUPE/COSOP arrangements at transfer of public health to local authorities in 2013. The disparity between applicants from PHE employment compared with those from local authorities, in particular, suggests that more should be done to encourage applicants from this setting. The complexity of transfer arrangements may have caused confusion regarding retention and access to new EBAs. We have clarified that the following agreement was made at transition for transferring public health consultants under these new arrangements:

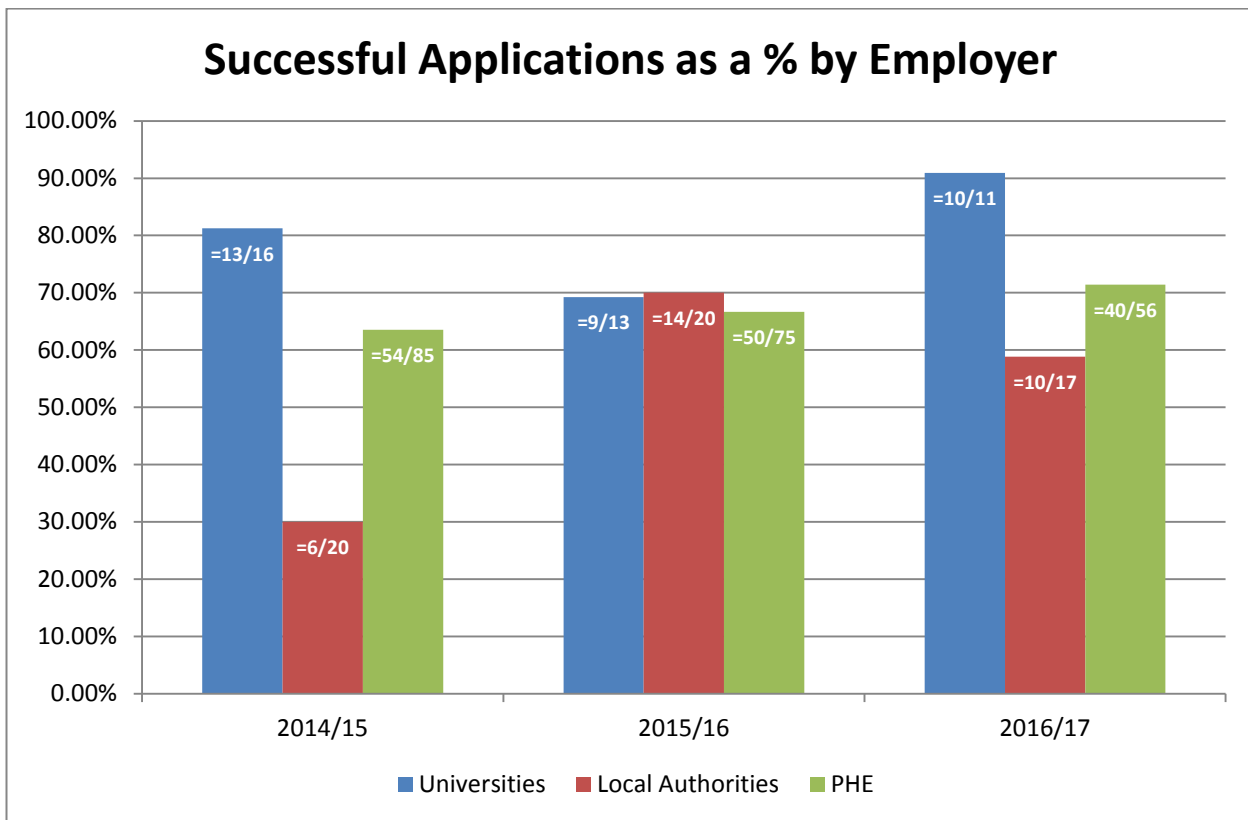
1. National CEAs: funding flows from DH to PHE as a separate allocation (irrespective of employment setting, for those eligible).



2. EBAs awarded prior to 2013: funds allocated to local authorities in April 2013 for consultants transferring from PCTs included existing EBAs. PHE is therefore not liable for this component of EBAs from these PH consultants. Technically, if the consultant moves to a different local authority at any time thereafter, the funding for the EBA component of their salary is unlikely to follow them, so may be lost. In practice this is very difficult to enact.

3. EBAs awarded from 2014 onwards: PHE will fund all new awards and this is therefore an ongoing cost pressure, for which budgetary forecasting and transparent management should be in place.

**Figure 3 Successful applications as a % by Employer for 2014/15 to 2016/17**



Academics were the most successful with 90.9% of those applying being awarded at least 1 point which is an increase of 21.2% from the success rate in the 2015 to 2016 round. But it has to be noted that they only submitted a total of 11 applications.

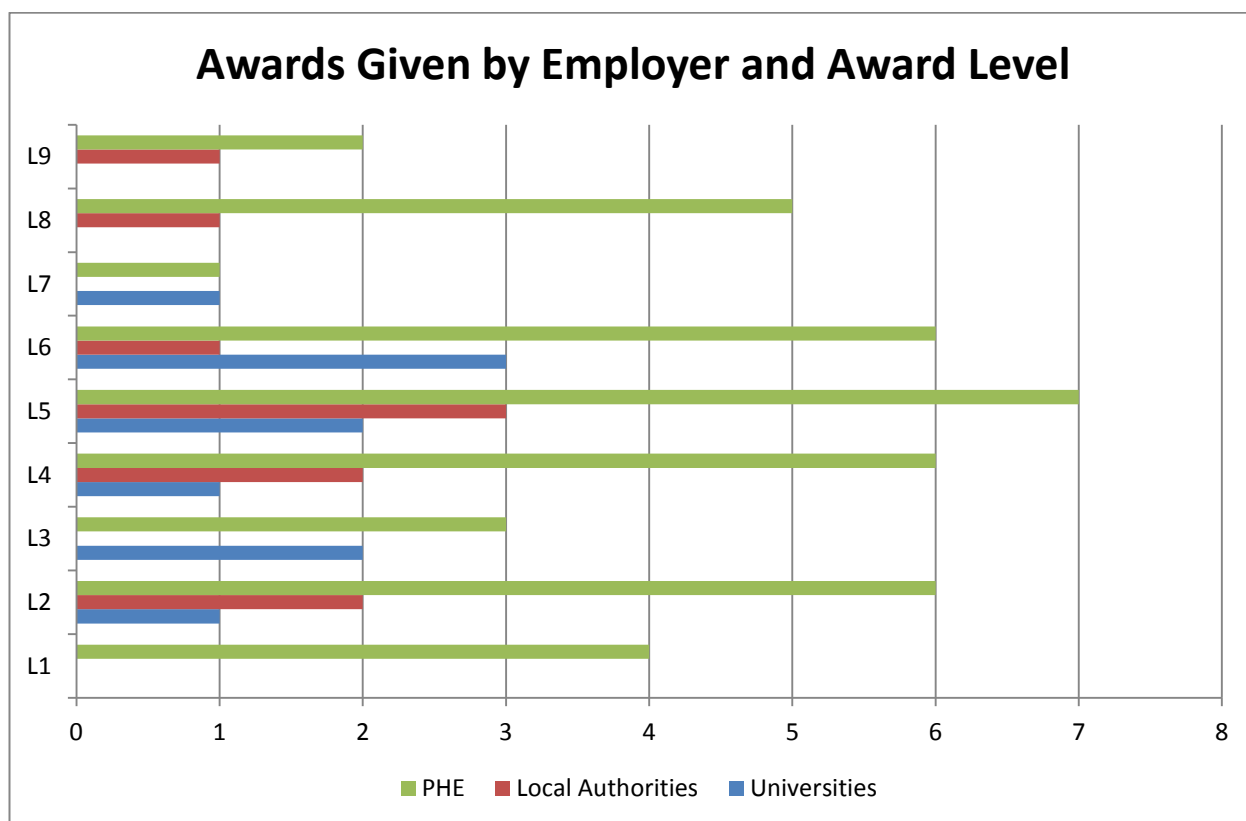
The lowest success rate came from colleagues in local authorities where only 58.8% of applicants were successful in obtaining an award. This is in comparison to the 2015/16 round where 70% of applicants were successful.

The chart shows that applications from PHE colleagues have steadily been more successful from the figure of 63.5% in 2014 to 2015 to 71.4% in 2016 to 2017 whilst those from local authorities have had a varying level of success.

The application process for clinical excellence awards is perceived to be difficult for public health consultants, as the standardised application form is better suited to demonstration of excellence in more traditional healthcare settings. Public health academics fare better, in both national and EBAs, as academic success is perhaps easier to quantify, and compare. More needs to be done to improve the equity of applicant opportunities from all public health sectors and in particular to assist those from local authority settings to improve their applications.

The chart in Figure 4 looks at the level of awards given for each employer type for the 2016 to 2017 round.

**Figure 4 Successful Applications for Awards by Employer and Award Level for 2016/17**



The most frequent level awarded to PHE employees was L5 with 9 awards whilst the least frequent level was L7.

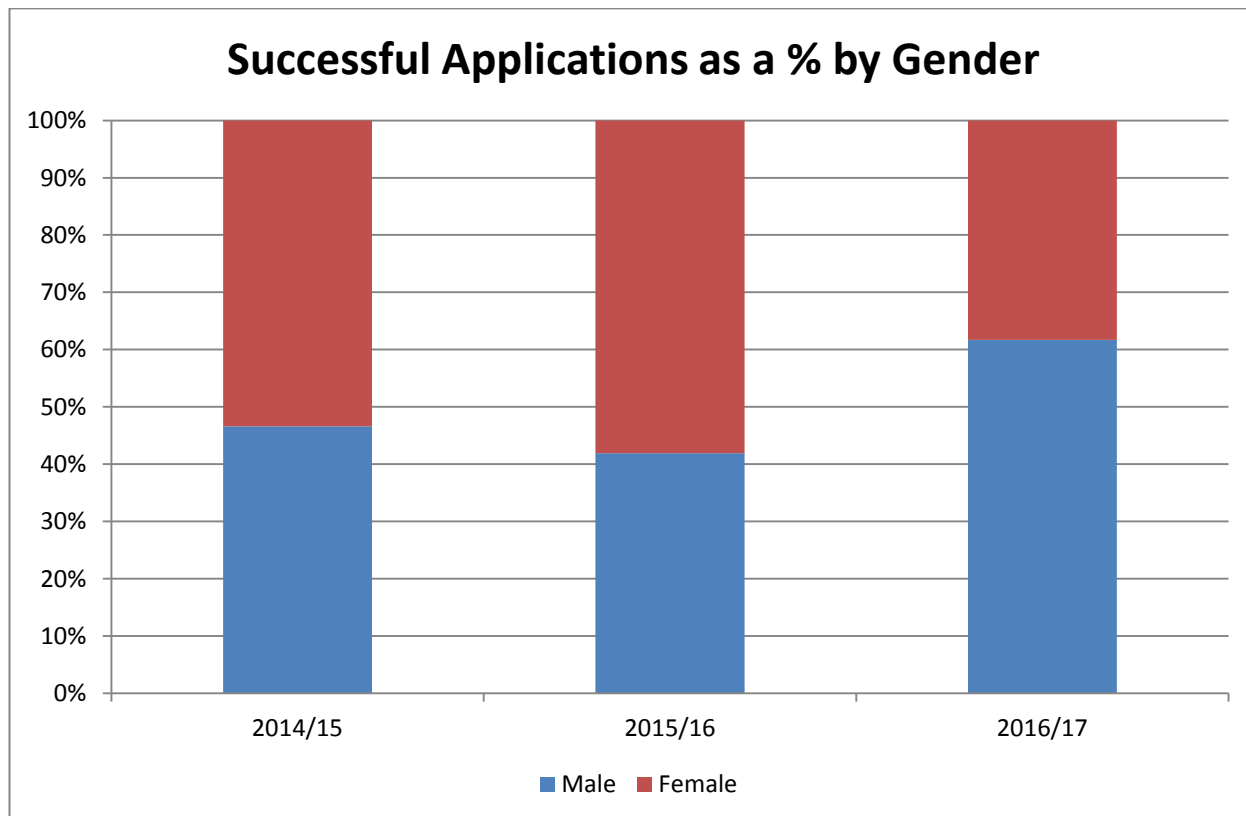
Local Authority consultants received a total of 10 awards with the most frequent level awarded being L5 with 3.

Academics received a total of 10 awards with the most frequent level awarded being L3 and L6 with 2 awards each.

## Gender

There was a fall of 21.5% in the number of applications submitted in the 2016/17 round from 2015/16. 84 applications were received with 34 from female consultants and 50 from male ones. This is a fall of 43.3% from female consultants but an increase of 4.2% from male ones. The chart below shows the rate of success by gender.

**Figure 5 Successful applications as a % by gender for 2014/15 to 2016/17**



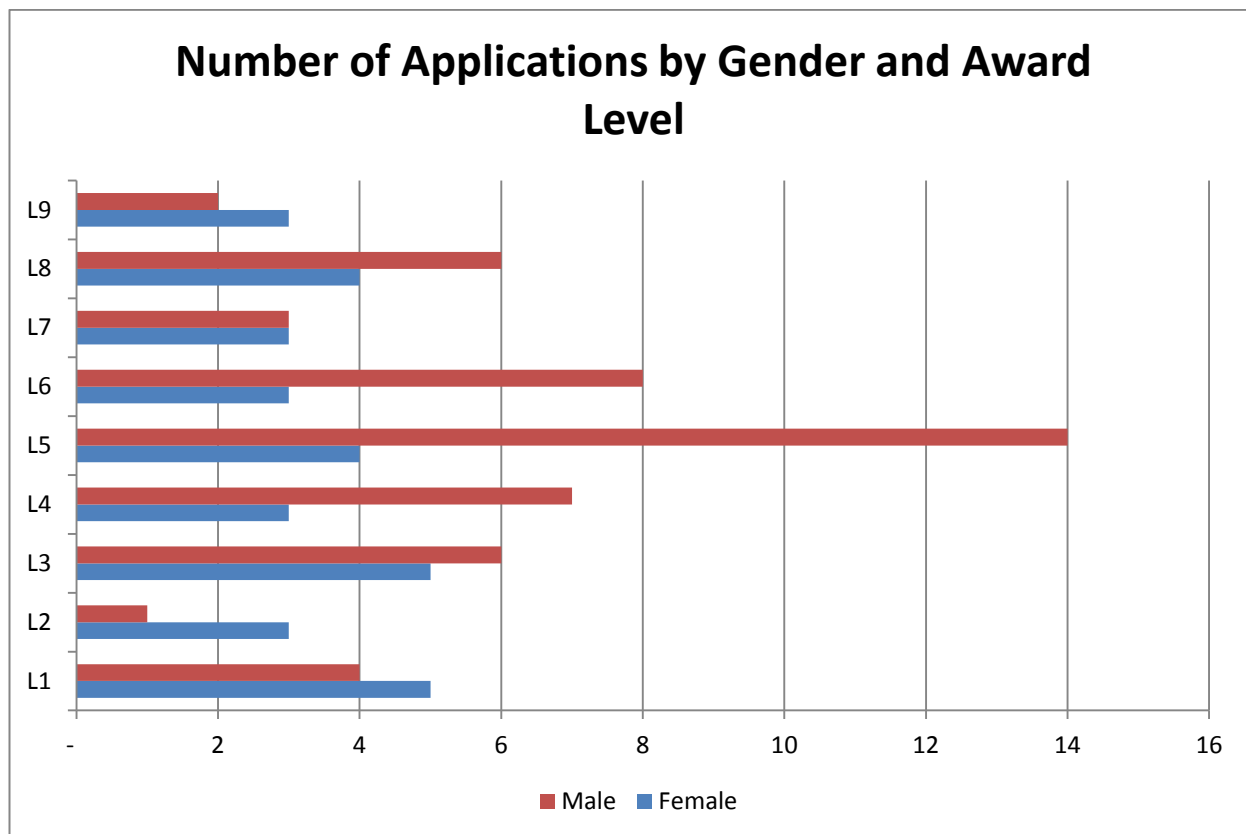
Male consultants received 61.7% of the awards given whilst females received 38.3%. This is in contrast to 41.9% and 58.1% awards given for male and female consultants respectively in the 2015/16 round. From the PHE workforce dashboard (Figure 6), 57% of eligible consultants are female, 43% are male; from revalidation data (reflecting the totality of eligible consultants) these figures are 53% and 47% respectively. In the 2016/17 EBA round, female consultant applicants, who make up over half of the eligible medical and dental workforce, accounted for only 40% of applications but received 38.3% of EBA awards made. This implies that applications from female consultants are under-represented, compared with the relevant workforce, but are not significantly less likely to be successful. It is likely that more female consultants work part-time and may find it more difficult to apply as a result. More should thus be done to understand underlying factors and to encourage applications from the female consultant workforce.

**Figure 6 Gender makeup of PHE’s Medical and Dental workforce**



The following table looks at the number of applications submitted along with the awards made at each level for each gender group.

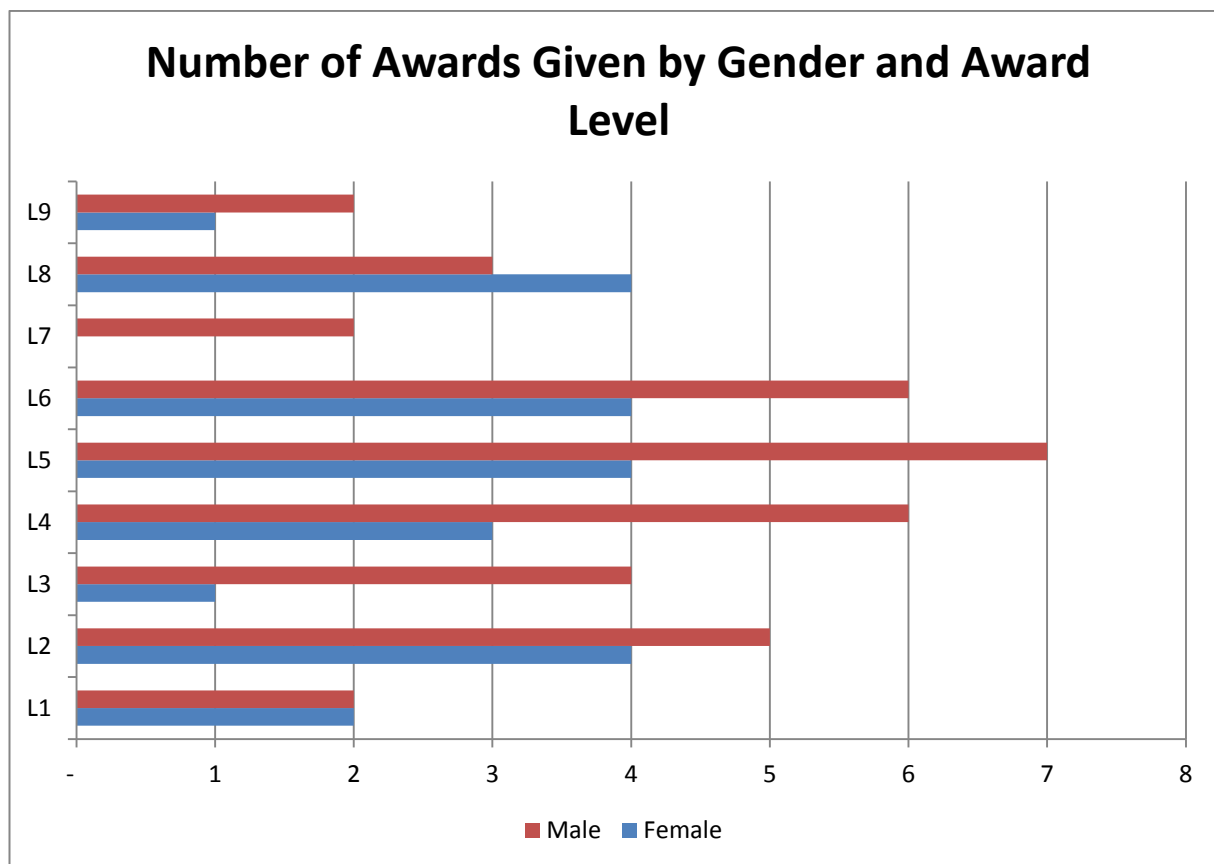
**Figure 7 Number of Applications submitted by Gender and Award Level for 2016 to 2017**



The applications by female consultants were spread quite evenly across the different award levels; L1 and L3 were the most popular applied for with 5 applications.

The most popular awards applied for by male consultants was L5 with 14 applications and L6 with 8 applications. The least popular was L2 with just the one application.

**Figure 8 Number of Awards Given by Gender and Award Level for 2016 to 17**



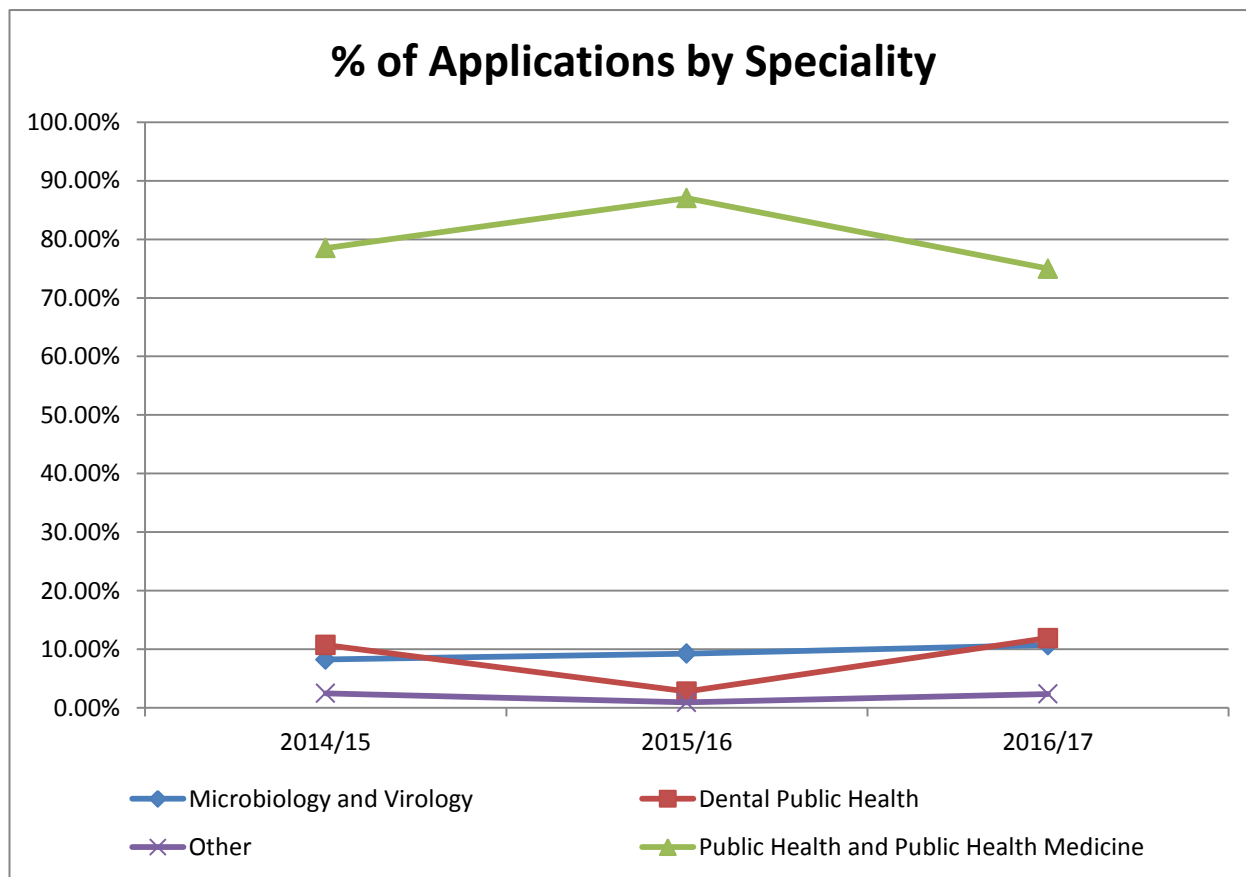
The most frequent levels awarded to female consultants were levels 2, 5, 6 and 8 (4 awards given at each level). In comparison the most frequent awarded to male consultants was L5 with 7 and levels 4 and 6 with 6 awards given. Two male consultants were the only ones to receive L9 awards in this round whilst one of the three female applicants received a L9 award.

### Specialty

In previous years, the report has provided analysis by specialty using a number of categories but in order to give a more meaningful analysis categories have been grouped together.

The chart below shows a breakdown of applications by specialty.

**Figure 9 % of Applications by Speciality for 2014/15 to 2016/17**



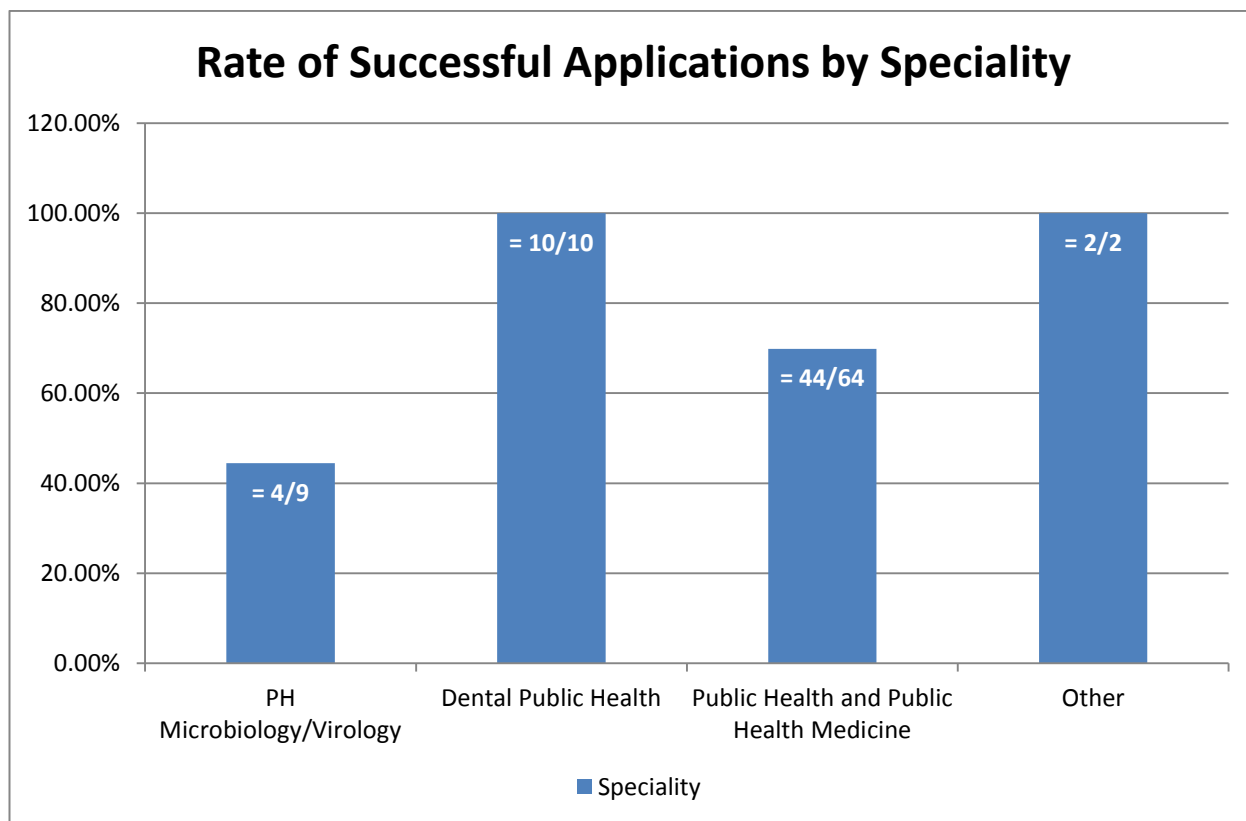
75% of applications submitted in 2016/17 were from consultants specialising in Public Health and Public Health Medicine. Consultants specialising in Dental Public Health accounted for 11.9% of applications submitted which is an increase of over 200%, although numbers are small. Consultants in other specialties accounted for only 2.4% which is an increase of over 155%, but again numbers are small. The % of applications submitted by Dental Public Health consultants rose from 2.8% in 2015 to 2016 to 11.9% in the 2016 to 2017 round which is a large increase, but numbers are again small.

Analysis of the eligible consultant (medical and dental) population shows that the proportion of those eligible to apply who were:

- GMC-registered public health consultants is 72% (of whom 53% are PHE-employed and 47% are employed by local authorities)
- Clinical public health academics is 14%
- Microbiologists is 9%, and
- Dental public health consultants is 5%.

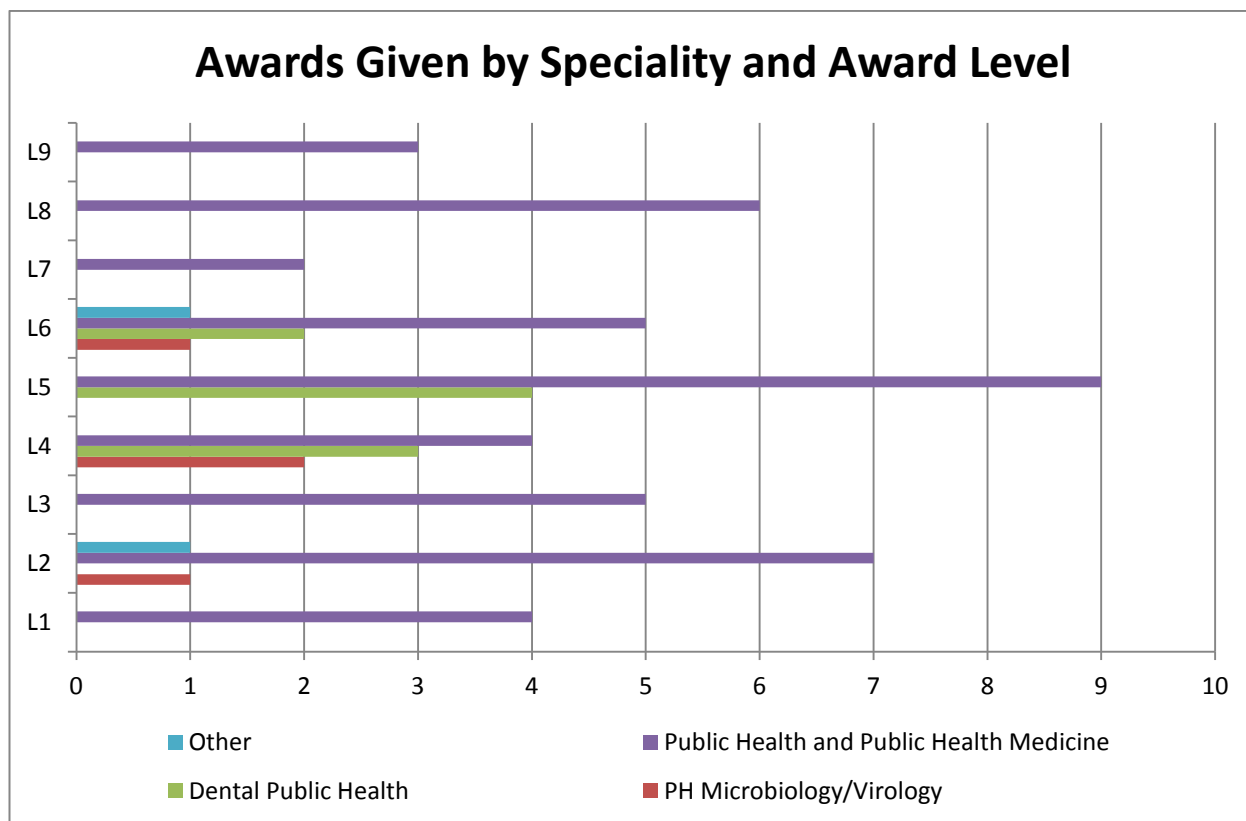
Dental public health consultants would appear to be relatively over-represented, constituting 5% of those eligible, but 12% of those applying.

**Figure 10 Rate of Successful Applications by Speciality for 2016 to 2017**



Consultants from ‘other’ speciality had a success rate of 100% but it has to be noted that only 2 applications were submitted for this classification! Dental Public Health had a success rate of 100% but there were only 10 applications in this category. Out of the 64 applications submitted by consultants in Public Health and Public Health Medicine 44 were successful which is a rate of 69.8%. Consultants with PH Microbiology/Virology speciality had the lowest rate of success with 44.4%. This disparity deserves further investigation and in future years it will be important to ensure that regional panels do indeed include microbiology representation.

**Figure 11 Successful Applications for Awards by Speciality and Award Level for 2016 to 2017**



Consultants specialising in Public Health and PH medicine were the only speciality to apply for awards at every award. The most popular level of awards applied for by this speciality were L2 (7 applications) and L5 (9 applications).

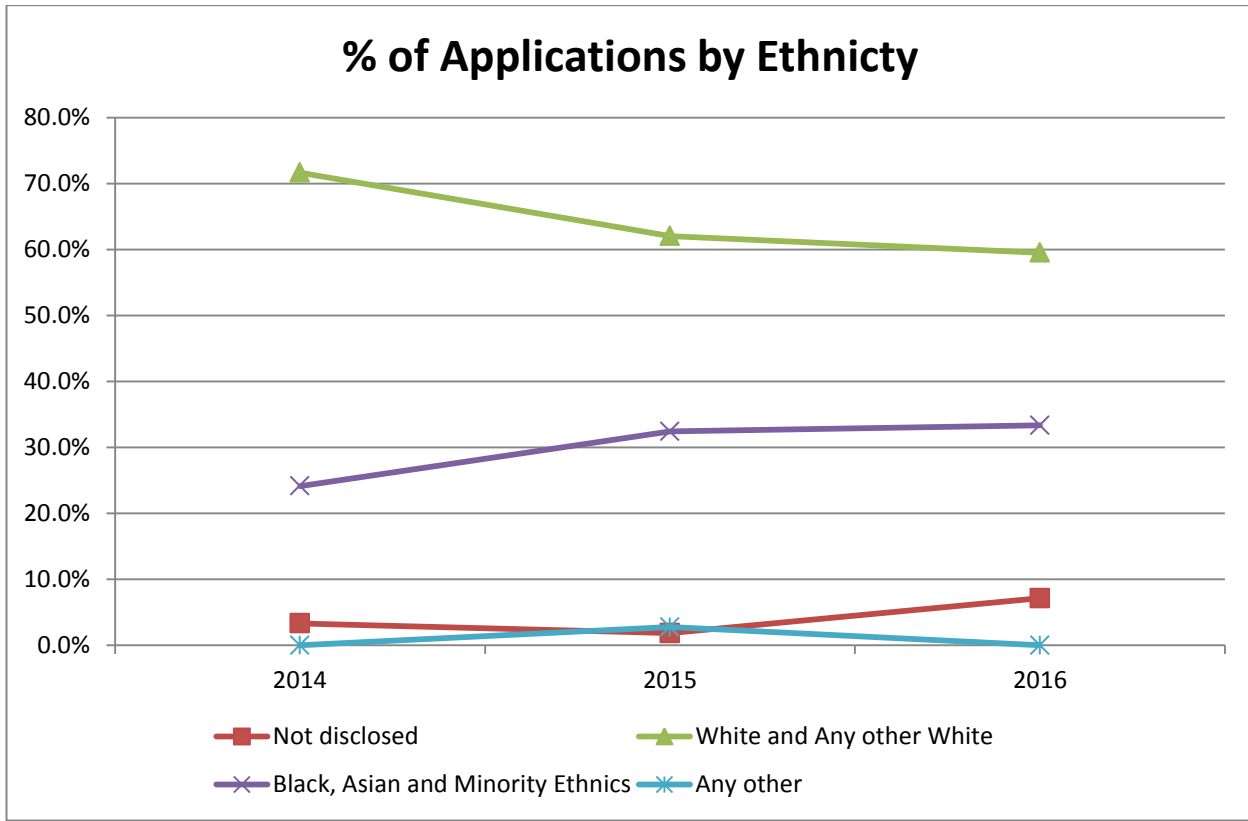
### Ethnicity

In previous years, the report has analysed ethnicity using a number of categories but it was decided to group categories together to give a more meaningful analysis.

The chart below shows the ethnic diversity of applicants in the 2014/15 to 2016/17 rounds. 7.1% of applicants did not disclose their ethnicity in the 2016 to 2017 round compared to 1.9% in 2015 to 16 and 3.3% in 2014 to 15.



**Figure 12 % of Applications by Ethnicity for 2014/15 to 2016/17**



59.5% of applications were from consultants from the ethnic group White and Any other White which is a slight fall from the previous round. 33.3% of applications were from the ethnic group Black, Asian and Minority Ethnic (BAME). As previously mentioned 7.1% of applications did not disclose their ethnicity.

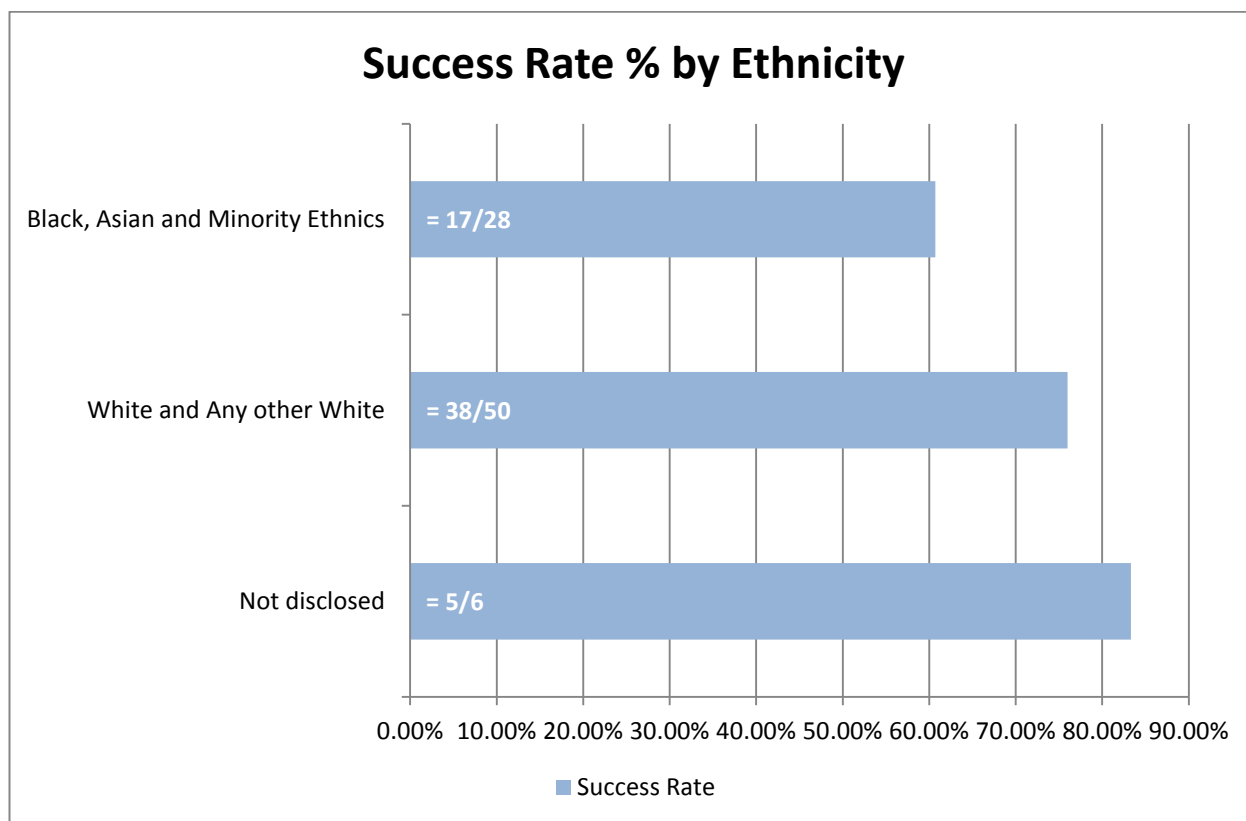
**Figure 13 Ethnic makeup of PHE’s Medical and Dental workforce**



From Figure 12, it can be seen that the rate of applications by the White and Any other White ethnic group is similar to their percentage of PHE’s workforce. The rate of applications by the BAME ethnic group is slightly higher (33%) than the percentage of the workforce they represent (27%) but comparator data are not available for the entire eligible population (ie including local authority consultants).

The chart below shows the success rates of applications by ethnicity.

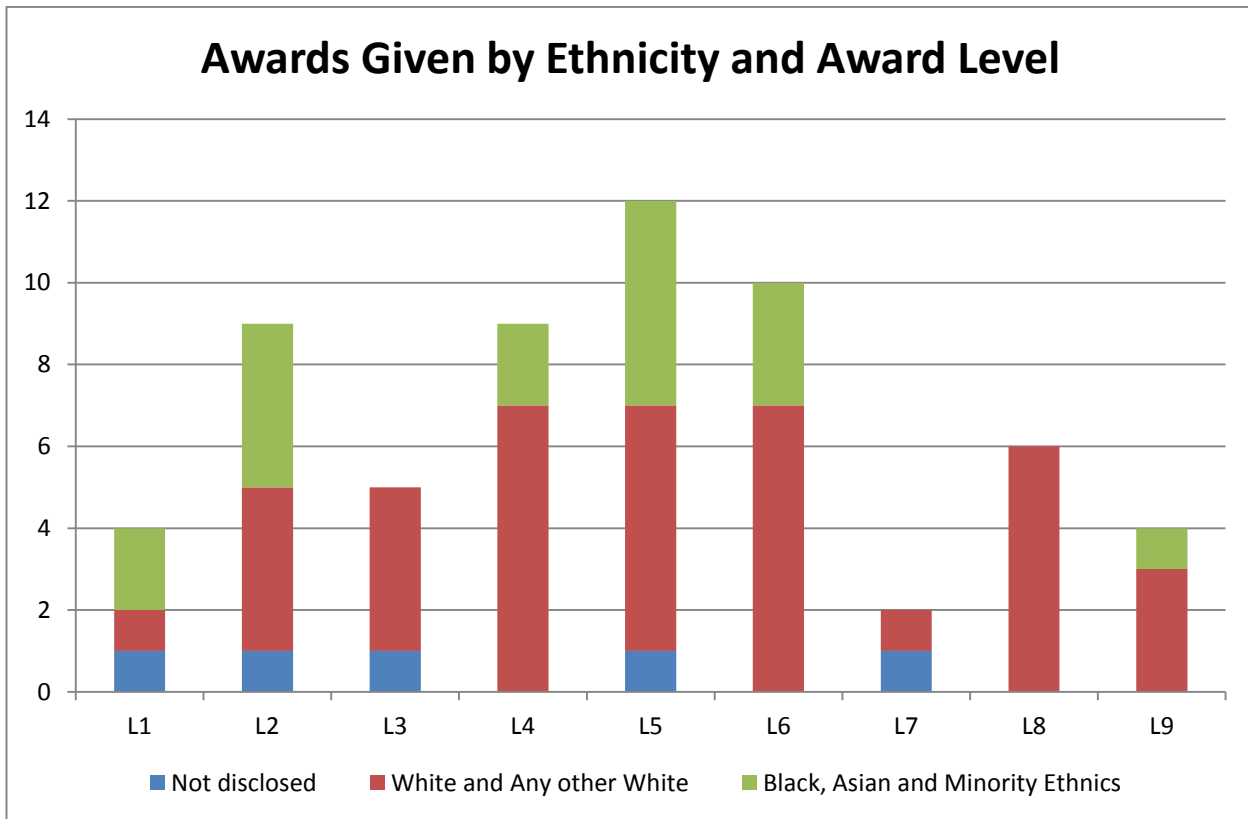
**Figure 14 Rate of Successful Applications by Ethnicity for 2016 to 2017**



All categories had a success rate of over 50% which is encouraging news. The group that had the highest rate of success is those that did not disclose their ethnicity (83.3%) although these numbers are small. The group that had the lowest rate of success is BAME (60.7%).

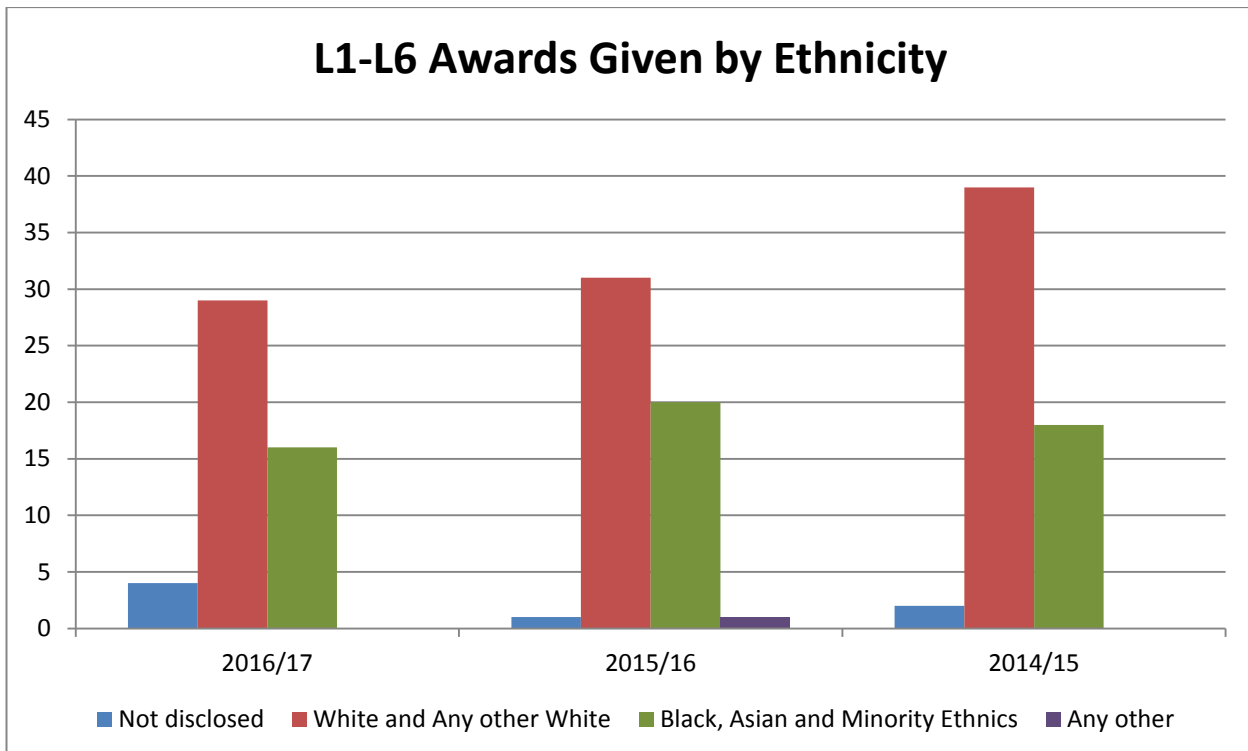
The chart below shows the number of awards given by ethnic group and award level and demonstrates a reasonably even spread for all categories analysed at L6 and below. Of the 11 awards made at L7-9, only 1 was to a BAME applicant, however, and 1 to an 'undisclosed' category of applicant. This compares with a 34% success rate for BAME applicants at L6 and below. Equivalent success rates for 'white and any other white' are 81.8% (Levels 7-9) and 62%. Numbers are small, however, and represent only one EBA round.

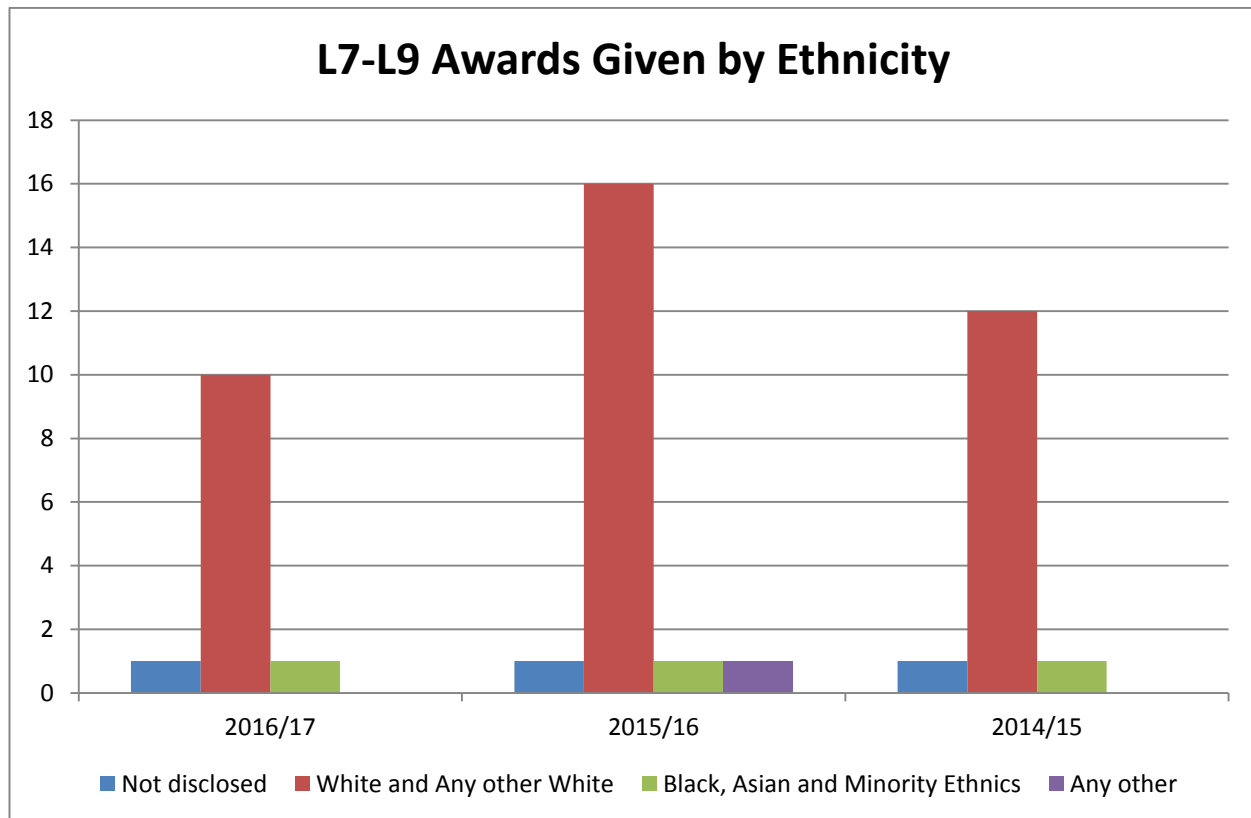
**Figure 15 Successful Applications for Awards by Ethnicity and Award Level for 2016 to 2017**



The charts below show the number of awards given by ethnic group for the last 3 rounds of awards. Levels 1-6 and 7-9 are grouped together to make comparison easier.

**Figures 16 and 17 Successful Applications for L1-L6 and L7-L9 by Ethnicity for 2014/15-2016/17**

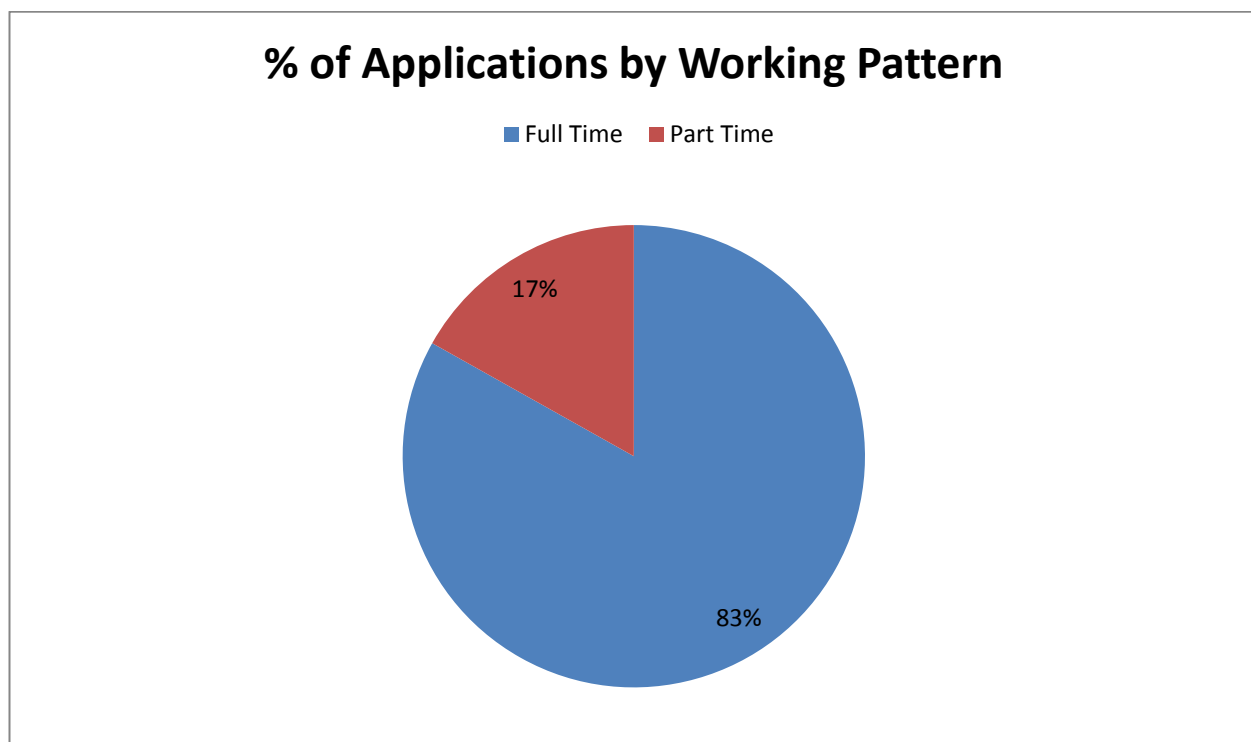




### Working pattern

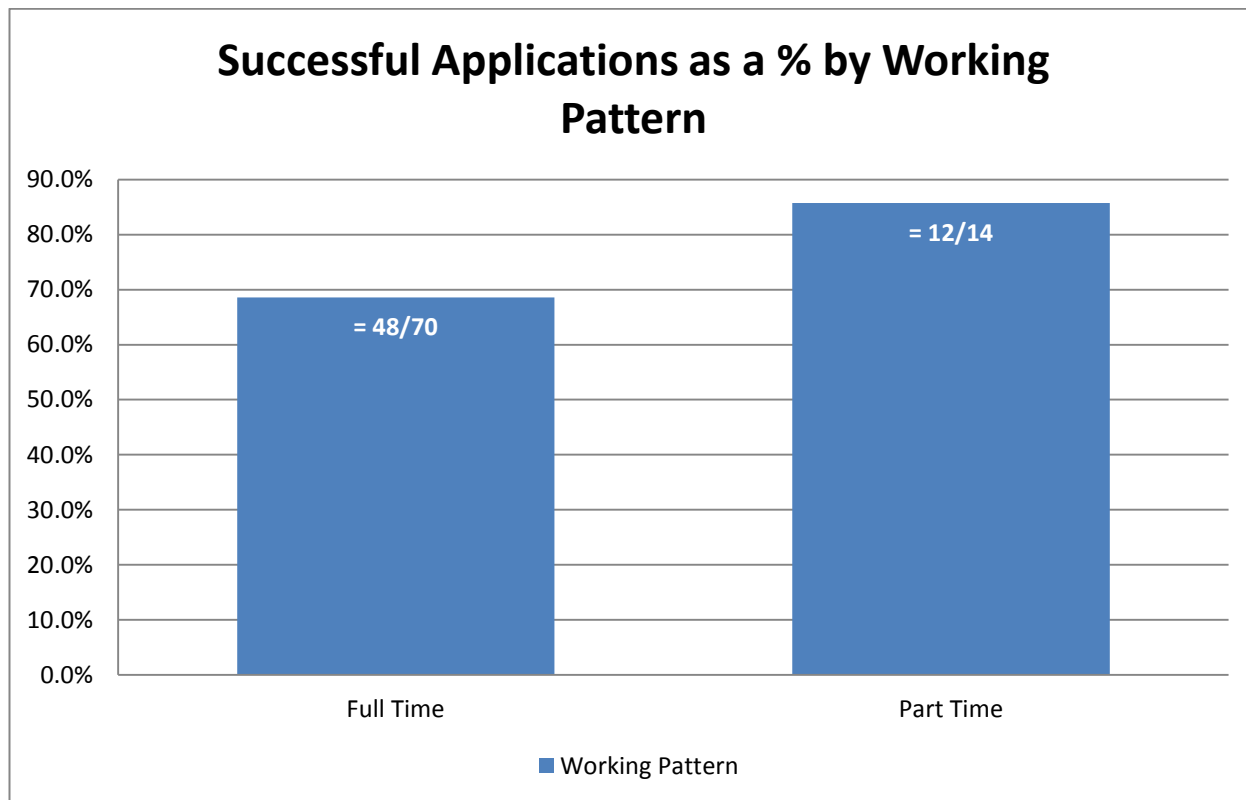
The chart below shows the percentage of applications by working pattern.

Figure 18 % of Applications by Working Pattern for 2016 to 2017



The chart clearly shows that the bulk of applications came from those working full time (10PAs or more). There is no data available to show whether this pattern reflects that of PHE's workforce.

**Figure 19 Successful Applications as a % by Working Pattern for 2016/17**

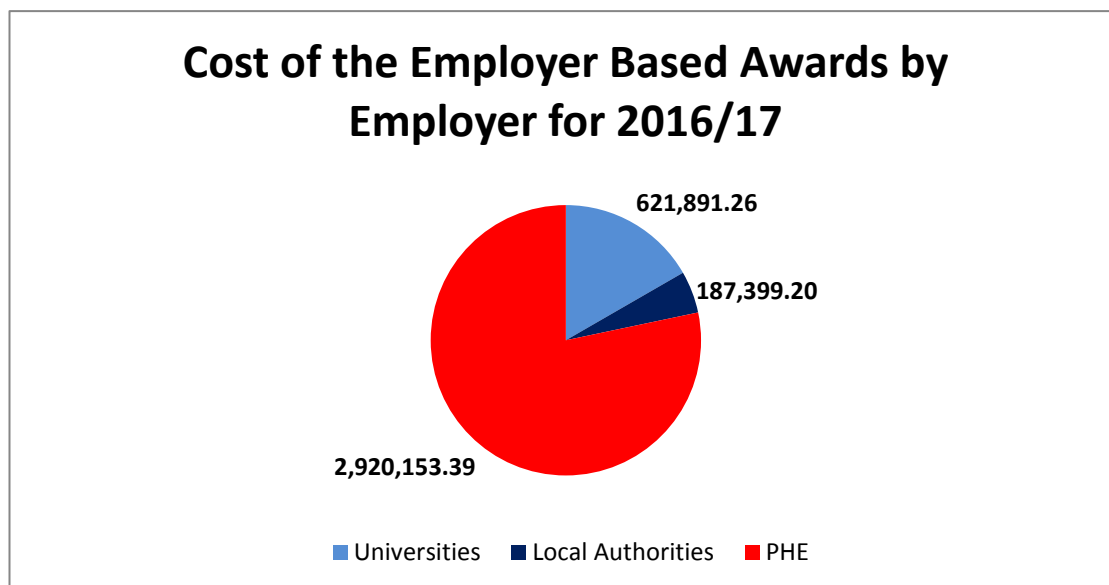


The chart above shows that those working part time (less than 10PAs) had a greater successful rate than those working full time. But, it has to be highlighted that they only submitted 14 applications where as full time consultants submitted 70 applications. Incidentally all 14 of those consultants hold at least a L1 award or higher whereas 3 of the full-time consultants do not hold any awards.

## Finance

The chart below shows the total costs of the awards by employment setting.

Figure 20 Cost of EBAs for 2016 to 2017



The total cost of the EBA scheme in 2016 to 2017 amounts to £3.7M, of which 5% is paid to consultants working in local authority settings: it is noteworthy that a proportion of this percentage cost was transferred to local authorities as part of transitional arrangements in 2013 and this percentage cost does not, therefore, represent the full cost that PHE should be incurring. PHE pays the full costs of EBAs for eligible clinical public health consultants and this accounted for 16.7% of the total cost in 2016 to 2017.

The incremental cost of EBAs each year is dependent on the numbers, and levels, of awards given. In 2016 to 2017 this amounted to £208,104. Each year, when EBA-holding consultants retire, these costs to PHE are lost so there are some savings to the system. Currently it is not possible to track these savings as the EBA system extends widely beyond PHE as an employer.

## Key findings from analysis

Out of 546 consultants eligible to apply for a total allocation of 160 award levels (incorporating unallocated awards from the previous year), only 84 applied in total.

A year-on-year drop in the number of applications is noted: from 120 (2014 to 2015) to 108 (2015 to 2016), to 84 (2016 to 2017). This represents a drop of 30% over this time period.

There are regional variations in application rates in those eligible to apply: MEE has had the highest application rates for the last 2 years, and London the lowest. A significant drop in application rates was noted for North and South regions between 2015 to 2016 and 2016 to 2017.

There are also regional variations in success rates noted, with the highest success in London and North (>80%), the lowest in South (43%) where there was a large drop from the previous year, and with MEE in the middle of the range (60%).

PHE employed (including academics holding honorary contracts) accounted for 80% of applicants but only 66% of the eligible population of consultants, whereas for consultants employed by local authorities these figures were 20% and 34% respectively.

Applications per eligible consultants: PHE consultants had the highest rate of applicants per those eligible (18%), with figures for universities and local authorities at 12.5% and 8% respectively.

Success of applications by employment setting: Over the last 3 years academics have been consistently the most successful group of consultants applying, with 91% success in 16/17. Consultants in local authorities show a variable picture over the last three years, with 30%, 70% and 59% success. PHE consultants have shown a gradual increase in success rate, at 63%, 68% and 71% over this time period.

Applications from dental public health consultants were relatively over-represented (10% of applicants compared with 5% of the eligible population) whereas microbiologists appeared to be proportionate (9% of applicants compared with 9% of the eligible population) although it should be noted that as these numbers are small, there is high year-on-year variability.

Success by specialty was highest for dental public health at 100% (but from only 10 applicants), and lowest for microbiology (44% but only 9 applicants).

10 out of 60 awards were at higher level (7-9), all but one of these were given to public health consultants (including academics). Awards to dental public health consultants were all between Levels 4 and 6, and for microbiologists between Levels 2 and 6.

53% of eligible applicants are female but the proportion of female applicants dropped significantly from 51% and 58% in 14/15 and 15/16 to 37% in 16/17. No pattern of differential award was noted, however, when comparing success at Levels 1-6 with that at Levels 7-9.

33% of applicants disclosed that they were of BAME ethnicity compared with the known BAME population of 27% (comparator data are not available for the entire eligible population): 27% of applicants were of BAME ethnicity, which is an increase from 24% in 2014 to 2015.

The success rate for BAME applicants was 61% compared with 74% for those from a 'white and any other white' background. Only 1 higher award (at Level 9) was made to an applicant of BAME ethnicity: but only 10 higher level awards were awarded in total. This pattern has, however, been similar for the last 3 years.



## Conclusion

Falling applications overall with inter-regional and inter-specialty variations that appear to be consistent and merit closer attention. Local authority consultants are relatively under-represented, both at application and in success. Academics are consistently the most successful applicants, probably reflecting the relative ease by which academics can demonstrate (and quantify) excellence compared with those from other employment settings. In 2016/17, dental public health consultants were relatively successful, whereas microbiologists were less likely to be successful. Successful female applicants were relatively under-represented at all levels of awards, and successful BAME applicants were relatively under-represented at higher award levels.

It is unclear yet what will happen with future rounds of the awards and further information should appear here <https://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards> as and when it is available.

Consideration needs to be addressed to those areas of the administration of the scheme where access and/or success would appear to be inequitable: local authority consultants, microbiologists and female applicants and, for BAME applicants the achievement of higher level awards.