ACCEA

ADVISORY COMMITTEE on
CLINICAL EXCELLENCE AWARDS

2020 ACCEA Annual Report

(covering the 2019 and 2020 awards rounds)

Published 29th April 2021

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Foreword

We are pleased to present the sixteenth Annual Report from the Advisory Committee on Clinical Excellence Awards (ACCEA). Due to pressures related to the COVID-19 pandemic the report for the 2019 round has been delayed and now incorporates our report for 2020.

For 2019, we were pleased to note that our continued focus on diversity was rewarded through improved sub-committee recruitment, with many sub-committees better reflecting the diversity of the population. We know this remains a work in progress as we continue to emphasise the importance of diversity across our governance structures to improve the confidence of national CEA applicants and awardees in our sub-committees and their Chairs and Medical Vice-Chairs. We were also happy to note that our improvements to scoring governance for 2019 worked well. Amalgamating the two regional sub-committee meetings into a single day was a more effective time-efficient operation for all concerned.

The 2019 award round was, however, marred by regrettable errors in notifying award outcomes to several applicants in January 2020. Although there were only a few occurrences, which did not affect the integrity of the scoring and decision processes, these ‘never events’ occurred as described in the body of the report. We acknowledge this as our responsibility. To fully investigate the issue and understand its scope, we conducted a manual check of all letters. We openly communicated to individuals, their employers and to our senior stakeholders, ensuring we were open about our errors, acknowledging the negative impacts. We profoundly apologise for any distress caused.

As part of the mitigating work, we delayed the opening of the 2020 award round by one month. At the time of opening on 13 March 2020, it became clear that the first wave of the COVID-19 pandemic would put a substantial stress on the NHS, with the award round likely to be an unnecessary distraction and potentially inequitable for specialties most directly affected. As such, in consultation with senior stakeholders, we agreed to suspend applications shortly after opening. As the pandemic progressed and it became clear that running the 2020 award round would not be viable, we suspended the competition and permitted a single year extension for those award holders whose awards were expiring, providing they remained eligible to hold an award, as they would otherwise be denied the opportunity to renew.

Plans to consult on reform of the scheme were also delayed to 2021. Not wishing to lose momentum, we conducted seven focus group meetings in the autumn of 2020 with key stakeholders on policy- and process- related areas. These informed refinements of our proposals.

In planning the 2021 award round, we were acutely aware of the potential impact of further pandemic waves. We developed streamlining and contingency plans in consultation with our stakeholders, ensuring they remained comfortable that conducting the 2021 award

round would not pose undue demands nor be inequitable. With the suspension of the 2020 award round expected to generate a greater number of applications in 2021, the Secretariat successfully increased sub-committee recruitment. As ever, it is these scorers who underpin the success and the validity of the scheme, providing objective scrutiny of the impact senior NHS clinicians are making. Detail on the 2021 round will be presented in a future report.

During 2020, Professor Kevin Davies joined us as our new national ACCEA Medical Director, replacing Dr Mary Armitage who had been in role for 6 years. We owe Mary a huge debt of thanks as she guided the scheme through many changes, navigating difficult situations with her trademark consistency and diplomacy, always demonstrating her ability to focus on what mattered. Her contribution should not be underestimated, and she deservedly has the respect of everyone associated with ACCEA.

Our thanks, as ever, also go to our Secretariat whose work, often behind the scenes, provides the foundation for the operational activities that are vital to how the scheme runs. Their role and the importance of recognising and retaining those senior clinicians making the biggest national impact to the NHS, acting as trainers and role models is now more important than ever. It will be those clinicians who will play a vital role as the NHS begins its recovery from the impact of the pandemic and the heavy personal toll it has taken on the individuals who ensure its delivery.

Stuart Dollow

Chair

Kevin Davies

Medical Director

1. About ACCEA

1.1 Our Role and Purpose

ACCEA is the independent advisory non-departmental public body responsible for the operation of the national Clinical Excellence Awards (CEA) scheme in England and Wales. It advises Department of Health and Social Care (DHSC) Ministers and the Welsh Government on the granting of awards.

CEAs recognise and reward consultant doctors, dentists and academic General Practitioners who provide clear evidence of clinical excellence, demonstrating achievements that are beyond their job plans and significantly over and above what they would normally be expected to deliver in their roles. These achievements are in the areas of: developing and delivering high quality services, leadership, research, innovation, teaching and training – important activities for ongoing improvement in the efficiency and effectiveness of the NHS.

We:

- Ensure that the criteria against which candidates are assessed reflect achievement over and above what would be expected within the role of a senior clinician;
- Oversee the process by which all applications are assessed and scored, ensuring consistency in approach, and training, of our regional sub-committees (for bronze, silver and gold awards) and the platinum sub-committee (for platinum awards);
- Recommend consultants for new awards (reflecting the number of new awards allocated by Ministers) and for continuation of their awards, based upon the outcome of the scoring process and taking account of advice given by the Chair, Medical Director and regional sub-committees;
- Review any changes in consultants' circumstances during the tenure of their awards that may affect their eligibility to hold an award, amending duration, pro-rata payment terms or renewal dates as appropriate;
- Oversee and monitor a system that enables appeals against the process, and any concerns and complaints to be considered; and
- Consider issues encountered and feedback received to review and adapt the administration of the scheme, making recommendations for its further development and reform.

1.2 Our governance and personnel

ACCEA is led by a Chair and a Medical Director, who are appointed by the Secretary of State for Health and Social Care. Together, they are responsible for:

- Ensuring ACCEA operates to high standards and reflects public sector values;
- Ensuring it is fair and robust in its assessment of applications;
- Ensuring it operates effectively, efficiently and transparently; and
- Advising on, and preparing for the development of, a new national CEA scheme.

Chair of ACCEA – Dr Stuart Dollow

Stuart is a General Medical Council-registered physician who trained in General Medicine and General Practice. He has held senior leadership roles at Roche, GlaxoSmithKline, Norgine, Takeda and UCB. He is currently also:

- Board trustee of the Faculty of Pharmaceutical Medicine;
- Professional member of the board of the Human Tissue Authority; and
- Founder of Vermilion Life Sciences Ltd.

As Chair of ACCEA, Stuart reports to the Director-General for NHS Policy and Performance at DHSC.

His responsibilities include providing leadership to ACCEA and ensuring the effective functioning of the national CEA scheme.

ACCEA Medical Director to March 2020 – Dr Mary Armitage CBE

Mary is a former consultant physician and endocrinologist, who was Medical Director at Royal Bournemouth Hospital. Previously, clinical vice president of the Royal College of Physicians, Mary has been a platinum award holder and Medical Vice-Chair of ACCEA's South West regional sub-committee.

ACCEA Medical Director from July 2020 – Prof Kevin Davies

Kevin was recently Foundation Chair of Medicine at Brighton and Sussex Medical School and Consultant Physician and Rheumatologist at Brighton and Sussex University Hospitals NHS Trust. He has been involved with ACCEA at a senior level for many years, most

recently as Medical Vice-Chair for the South East region and as a member of our Main Committee and previously held a gold award.

The Medical Director's responsibilities include advising on the medical and professional aspects of the scheme, ensuring it reflects and rewards current best medical practice.

ACCEA Main Committee

Our decision-making body is our Main Committee. It meets to discuss and agree changes to ACCEA policy and procedure and to agree the final recommendations to Ministers for new and renewed awards. A list of members is available GOV.UK. A review of Main Committee membership is underway at the time of writing.

ACCEA Secretariat

The Chair and Medical Director are supported by a secretariat of civil servants employed by DHSC. For most of 2019 and 2020, the Secretariat was staffed by 3.5 substantive full-time equivalents (4 staff). You can contact ACCEA by e-mailing accea@dhsc.gov.uk.

1.3 Our scoring sub-committees

The ACCEA scoring process (Assessor's Guides are available GOV.UK) relies on the involvement of fifteen sub-committees of volunteer scorers. The sub-committees are:

- Arm's Length Body*
- Cheshire and the Mersey
- East Midlands
- East of England
- London Northeast
- London Northwest
- London South
- Northeast Northwest
- Southeast
- Southwest

- South
- West Midlands
- Yorkshire and the Humber
- Wales

* This sub-committee assesses applications from consultant doctors and dentists who work for Public Health England, NHS England and Improvement, NHS Blood and Transplant and Health Education England.

We aim for each sub-committee to have at least 24 members recruited from within the region, with a target of:

- 11 Professional members, who practise in a range of clinical specialties, including public health and academic medicine.
- 6 Employer members, who are drawn from senior management in NHS Trusts and other NHS organisations.
- 5 Lay or Non-medical professional members, who come from a wide range of backgrounds such as patient representation, Human Resources, higher education, business, law and Non-Executive Directors of NHS Trusts and may be retired consultants.
- 1 Medical Vice-Chair (MVC), who is normally a former Professional member holding, or previously having held, a Gold or Platinum award.
- 1 Chair, who is usually a former Lay member.

Drawing from their professional experience and application of our training, our scorers ensure that the right judgement is brought to the assessment of CEA applications. It is their scores that determine the allocation of new awards and the success of renewal applications.

In addition, MVCs and Chairs are responsible for the good governance of their sub-committees. They also score platinum applications (which are too low volume to be assessed regionally) and National Reserve applications (applications to be re-scored where a concern has been raised by sub-committee members, the Medical Director or Chair of ACCEA following the scoring process, or where there was a tie in scores for the lowest scoring new award allocated to a sub-committee at that level).

We look to refresh our sub-committee membership yearly, focusing on improving diversity as we replace those members stepping down or who have served their terms. Our 2019 sub-committee membership list is available on GOV.UK.

2019 and 2020 recruitment

We recruited 81 new members for the 2019 round, filling existing vacancies and replacing 20 members who had stood down. This represents a quarter of our 2019 scoring cohort. Nevertheless, we carried 21 vacancies into the competition, largely in the ‘lay’ and ‘employer’ categories. To cover these vacancies and mitigate the risk of scorers dropping out last minute, we asked sub-committee Chairs and Medical Vice-Chairs to score all applications from their regions.

As is usual, we planned to continue our 2020 recruitment campaign well-into the 2020 application window. As we suspended the competition only one week into this period, our recruitment for 2020 was curtailed. By this point, 7 scorers had stood down and we had confirmed the recruitment of 22.

Scorers’ training

Each year, ACCEA runs training workshops for newly recruited sub-committee members. These sessions, led by ACCEA’s Medical Director, include a detailed review of the scheme and practice scoring exercises. For those unable to attend in person, online materials are available.

Our aim each year is to ensure that all new members can attend training before their first round of scoring. Sessions are also open to members who have previously been unable to attend or who want refresher training.

30 of our 81 recruits (and 2 existing members) attended the two 2019 training sessions. We held one of our two planned 2020 training sessions before the suspension of the 2020 competition, cancelling the second.

Sub-committee diversity

Although analysis of applicant success rates (as described in the diversity analysis section) indicate that our sub-committees are not biased, we recognise the importance of ensuring they reflect the consultant community. We, therefore, regularly examine and report back to sub-committees on the gender and ethnicity of their members.

Gender

NHS Digital equality and diversity statistics at 31 March 2019 (when our 2019 competition was open) show that 36.8% of the consultant population in England was female. Statistics at 31 March 2020 show that the percentage of female consultants had further increased to 37.5%. For each regional sub-committee to be representative, with their target membership of 24, would require 9 female members.

Table 1 shows that for the 2019 round, only three of the 15 sub-committees had fewer-than eight female members: South East, South West and Wales. This represents an improvement across five sub-committees compared to 2018, however, all three had less than 25% female representation. Overall, the proportion of female sub-committee members increased 2.3% on the previous year, meaning that with 35% female membership overall, women are only slightly under-represented on our scoring panels. We are pleased with the progress we have made in recent years and will continue to focus on improving gender balance.

Whilst only one MVC and two Chairs are women (whilst five of each would be representative), this is a modest improvement on previous years. We expect these numbers to further increase over time as our more diverse membership gain experience to broaden the pool of candidates for these posts.

Table 1 – Sub-committee membership (2019 round) by gender

Committee	Male	Female	Total	% Female
Arm's Length Body*	9	9	18	50.0
Cheshire and the Mersey	18	9	27	33.3
East Midlands	16	8	24	33.3
East of England	14	8	22	36.4
London Northeast	13	8	21	38.1
London Northwest	12	9	21	42.9
London South	10	8	18	44.4

Committee	Male	Female	Total	% Female
Northeast	14	8	22	36.4
Northwest	16	8	24	33.3
South	13	9	22	40.9
Southeast	18	5	23	21.7
Southwest	20	6	26	23.1
West Midlands	12	8	20	40.0
Yorkshire and the Humber	13	9	22	40.9
Wales	19	5	24	20.8
Total	217	117	334	35.0
Medical Vice-Chairs	13	1	14	7.1
Chairs	12	2	14	14.3

*The Arm's Length Body sub-committee does not have its own Chair or Medical Vice-Chair and is overseen by the national ACCEA Chair.

Ethnicity

According to the 2019 NHS Digital equality and diversity statistics, to mirror the overall consultant population, our sub-committees would, on average, be 57.0% white and 36.9% non-white (the ethnicity of 6.1% of the consultant population is unknown or unstated). 2020 diversity statistics show that the proportion of consultants from BAME backgrounds had increased to 37.6%, with the proportion of white consultants decreasing to 56.2%. As such, in a committee of 24, roughly 9 or 10 would be from Black, Asian or Minority Ethnic backgrounds (BAME).

As reported previously, we do not systematically collect data on the ethnicity of our sub-committee members. However, we do have some partial data from our membership survey and from diversity monitoring forms.

Table 2 shows that whilst our committees were more representative in 2019 than in 2018, with BAME representation rising from just under 20% to just over 25%, we have significantly more to do. Out of the 15 sub-committees, three have significantly less than 20% BAME membership, nine have between 20% and 30% and only three have more than 30%.

Table 2 - Sub-committee membership (2019 round) by ethnicity

Committee	White	BAME	Total	% BAME
Arm's Length Body*	13	5	18	27.8
Cheshire and the Mersey	19	8	27	29.6
East Midlands	22	2	24	8.3
East of England	16	6	22	27.3
London Northeast	15	6	21	28.6
London Northwest	20	1	21	4.8
London South	13	5	18	27.8
Northeast	15	7	22	31.8
Northwest	17	7	24	29.2
South	16	6	22	27.3
Southeast	18	5	23	21.7
Southwest	23	3	26	11.5
West Midlands	10	10	20	50.0
Yorkshire and the Humber	14	8	22	36.4
Wales	19	5	24	20.8
Total	250	84	334	25.1
Medical Vice-Chairs	12	2	14	14.3
Chairs	13	1	14	7.1

*The Arm's Length Body sub-committee does not have its own Chair or Medical Vice-Chair and is overseen by the national ACCEA Chair.

We invite and continue to work with the Medical Royal Colleges, Specialist Societies and NHS employers to help us to encourage consultants from BAME backgrounds, employer and lay members to join the sub-committees. Improving the diversity of the sub-committees should subsequently increase the diversity of their Chairs and MVCs as the pool of candidates broadens.

We will work to make our collection of members' demographics more systematic and will continue to report these diversity data to our sub-committees, setting expectations of the diversity of their membership.

1.4 Operational issues and changes

February 2019: IT issue during the 2019 application window

During the first few days of the 2019 application window, some applicants encountered a problem with our online application system. Where their profile was missing mandatory information, they were unable to save progress on their application form.

Working with our IT infrastructure providers, we provided a substantive fix for this issue two weeks into the application window, on 20 February. In the intervening time, we provided a workaround for those applicants who contacted us regarding this problem. At the point of resolution, it had affected 50 people. On 21 February, we notified them that the issue had been resolved, apologising for the inconvenience.

We are aware that at least one potential applicant was dissuaded by this incident from applying. Resolution early in the application window, however, minimised the impact on applicants. The implemented fix now means that the problem cannot reoccur.

Summer 2019: Scoring meetings

Over the summer of 2019, we ran our usual series of scoring meetings. To reduce administrative burden and improve efficiency, these were in a new format. For the first time, we held only one meeting per sub-committee, split into two sections. The first part was without the participation of the national ACCEA Chair and Medical Director to allow plenary discussion led by the sub-committee Chair and Medical Vice-Chair. The second part being Chaired by the national leadership.

This amalgamation of what had previously been two separate meetings was well-received by Chairs, Medical Vice-Chairs and sub-committee members.

November 2019: Main Committee decisions

Main Committee met on 11 November 2019 to review the outcome of the sub-committees' and National Reserve Committee's scoring and make final recommendations to Ministers. It also examined the operation and governance of the scheme.

Main Committee discussed and agreed the recommendations for:

- new awards;
- renewed awards;
- renewals at a lower level; and

- awards not renewed.

On this last point, the Committee noted that five academic GPs would lose their awards, not having access to a local CEA scheme. They would thus move from having a national award to having no award. Main Committee asked the Secretariat to raise their concerns about access to local CEAs for Academic GPs with NHS England. Main Committee separately agreed that applications from academic GPs with NHS England-held contracts should, in future, be scored by the national Arm's Length Body sub-committee' so that they could be better benchmarked against each other, in the same way as are Public Health Consultants employed by Public Health England.

Main Committee also:

- Reviewed the more rigorous appeals process introduced for the 2018 round and agreed it should continue in 2019;

- Discussed sub-committee membership, noting that gender representation had improved, but that more needed to be done, particularly on ethnic diversity;

- Noted analysis of the diversity of award holders and discussed how this might be improved;

- Heard from the Chair regarding DHSC plans to consult on a new scheme in 2020 that was (at that time) due to be introduced from April 2021; and

- Noted planned updates to the application form for 2020.

Autumn 2019 – spring 2020: ACCEA Medical Director Recruitment

With Dr Mary Armitage approaching the end of her term of appointment, over the autumn of 2019 DHSC ran a recruitment exercise, details of which can be found on GOV.UK, to find a replacement. Following an extended application window (due to the December UK General Election), sift and interview processes, Professor Kevin Davies' appointment was announced on 1 June 2020.

Winter 2019/20: IT Discovery exercise

In autumn 2019, we ran a tender to contract an organisation to provide a 'discovery exercise' to identify user needs that are not met by our current (and aged) application portal and awards database. This is the first step in securing a replacement system that can support a reformed national CEA scheme.

Lagom Strategy won the tender and reported in January 2020. Their report included a comprehensive list of unmet user needs, with a headline recommendation to proceed to an alpha development phase.

January 2020: 2019 Awards Round outcomes communications errors

In January 2020, a combination of human error, ad-hoc changes to process and issues with automated letter templates and database records management led to problems notifying applicants and their employers of the outcome of the 2019 competition. Despite intensive manual checking, ACCEA issued several letters with incorrect information. This included four instances of what we consider to be a 'never event': applicants being told that they were successful when this was not the case.

Overall:

- We sent 21 employers incorrect and/or incomplete notifications of outcomes;
- 17 applicants whose awards were renewed at a lower level and those whose applications were not straightforward pass/fails experienced delays in receiving notification of the outcome of their applications; and, most seriously
- We informed three applicants in writing that they had been successful when this was not the case and one by telephone when they contacted us to enquire the outcome of their application, having not received a letter.

This falls well below the standards we expect to meet. An internal review identified that miscommunication, staffing issues, ad-hoc changes to established process without validation, delays caused by pre-General Election restrictions and difficulties with our IT all contributed to these mistakes. We have taken steps to address these problems to ensure this does not happen again.

As these issues came to light, we rigorously checked and double-checked all letters that had been issued in a 100% audit, sending out any communications that we had missed. We are satisfied that all applicants and employers did, finally, receive the correct information. Our Chair wrote to apologise to – and subsequently spoke personally with – the four applicants misinformed of their results.

We would like to stress that the assessment process was robust. We retain full confidence in the system – the problems described here relate only to the notifications of outcomes.

January 2020: updates to the application form

Before the 2020 competition, to improve clarity, and in response to stakeholder feedback, we introduced the following changes to the CEA application form:

A new section on ‘ratings and inspections’

In response to previous Main Committee discussions and with agreement of the Care Quality Commission (CQC), we added a new section to the application form, asking applicants to confirm their employer’s most recent CQC inspection rating or Healthcare Inspectorate Wales inspection outcome and their role in relation to it. This new section means that applicants can state their contribution and employers can confirm, through application sign-off, the contribution of their consultants and academic GPs to service improvements; even where recent inspections and ratings have been poor.

Changes to the job plan section

With agreement that applicants should not be paid twice for the same activity, updates to the job plan section of the application form mean that applicants are now required to state explicitly whether any evidence they submit has been remunerated elsewhere. We do not expect the amount of remuneration to be stated.

March 2020: Suspension of the 2020 Awards Round due to Coronavirus

We launched our 2020 competition on Friday 13 March 2020 before the extent of the impending Coronavirus pandemic was clear. The following week, we began receiving feedback from applicants and stakeholders about the impact of the outbreak. In view of this the competition was suspended on 20 March.

By this stage, 325 consultants and academic GPs had begun an application. We communicated this decision widely, targeting messages at those who had begun their applications, employers of consultants who had submitted their applications and our scoring sub-committees.

Those award holders whose awards were subject to renewal in 2020 were invited to request a one-year extension and re-apply fully in 2021.

Spring 2020: E-mail correspondence

Over the spring of 2020, our service level for responding to e-mails fell below our advertised response time of 10 working days and a small backlog of cases developed, with some isolated cases having been unanswered for some months. We apologise again to those customers affected.

In response to this issue, we dedicated team resource to clear the backlog and implemented new working practices to ensure we address enquiries within our two-week target. To provide sufficient rigour, we have put in place regular monitoring. Our Chair now receives a weekly report on outstanding e-mail cases. For eight months, we have met or bettered our target response time in all but a small number of cases.

Summer 2020: One-year extension of awards due to be renewed in 2020

451 national CEAs were due to be renewed in the 2020 competition. We invited these award holders to complete a light-touch due diligence form between 10 June and 31 July. This exercise was well-received, and we extended 354 awards by one year (to 31 March 2022), notifying applicants of the outcome by 30 September.

These award holders are due to apply to renew their awards in the 2021 competition. If successful, having already received one additional year of award payment, these awards will be eligible for renewal for four years instead of the usual five.

1.5 Organisational finances

Chair, Medical Director and staff

During 2019/20, ACCEA employed staff at rates within the following ranges. Please note that not all DHSC staff are full time. Where applicable, Civil Service grades are included in brackets:

- Chair of ACCEA £52,540 for 2 days a week
- Medical Director £52,540 for 2 days a week
- 1x Team Leader (Grade 7, DHSC), to July £48,086 to £58,476
- 1x Team Leader (Grade 6, DHSC), July to March £60,586 to £71,535
- 1x Service Manager (SEO, DHSC) £35,747 to £42,269
- 2x Service Officer (EO, DHSC) £22,757 to £26,775
- 1x Temporary Admin Officer, from November Rate not disclosed

During 2020/21, ACCEA has been staffed as follows:

- Chair of ACCEA £52,540 for 2 days a week
- Medical Director, from July £52,540 for 2 days a week
- 1x Team Leader (Grade 7, DHSC), from August£49,529 to £58,768
- 1x Service Manager (SEO, DHSC) £36,819 to £42,480
- 2x Service Officer (EO, DHSC) £23,440 to £26,909
- 1x Temporary Admin Officer, to May and from December Rate not disclosed

These figures exclude pension costs, National Insurance contributions and performance-related pay.

The Chair and Medical Director are entitled to claim for travel and expenses. In 2019/20147, this totalled £147.85.

It is not possible to split out the Secretariat's travel, expenses, office accommodation or corporate IT costs, which are incorporated into DHSC's annual report and accounts.

Sub-committees

Our lay members are eligible to claim an allowance for their scoring and for travel and expenses. Over 2019/20, 83 members were eligible, and they claimed a total of £2,596.84.

IT infrastructure and support

In May 2018, Navisite was awarded a G-Cloud contract to provide infrastructure services to ACCEA worth £230,068 over two years. They were further contracted from 1 January 2019 to provide application support and 251 hours of software support. The contract for these services ended 9 April 2020.

In spring 2020, DHSC awarded Navisite a new two-year contract (to 9 April 2022) worth £421,650, rolling forward the existing services.

IT Discovery exercise

Over the autumn of 2019, we ran a Discovery and Outcome Specialist ('DOS') framework tender for a contractor to undertake a 'discovery' exercise. Following rigorous competition, Lagom Strategy won the contract, which had a value of £40,900.

The report recommended procurement of a new system to provide a better applicant experience, enhance data collection & report and improve efficiency across the award scheme. Work is currently underway to identify the most appropriate & cost-effective solution, with a view to procurement and implementation before the 2022 award round.

2. The 2019 Awards Round

2.1 Finances of national CEAs

Funding flows

ACCEA holds the budget for awards paid to consultants who work for NHS Blood and Transplant. Awards money for National Institute for Health and Care Excellence, Public Health England, and Health Education England consultants are included in those organisations' budgets.

Most English awards – those for consultants who work for NHS England & Improvement (NHSEI) and NHS Trusts – are funded from NHSEI's budget. Universities employing academic consultants with CEAs recover costs for funding those CEAs from the Trusts holding the academic consultants' honorary contracts.

Welsh awards are funded by the Welsh Government. Universities in Wales employing academic consultants recover costs for funding those CEAs from the relevant NHS organisation holding the academic consultants' honorary contract.

Award values 2019/20 and 2020/21

Awards payment amounts depend on the number of programmed activities (PAs) an award holder undertakes. For most consultants on the modern contract, we consider ten or more PAs to be full time. For academic clinicians, five or more PAs of direct benefit to the NHS in addition to their academic duties, as part of a full-time role, attract the full award value. Awards are paid annually for five years.

During 2019, the Government rejected the DDRB recommendation to uplift the consultant pay bill, including CEAs. In 2020, the DDRB declined to recommend an uplift to CEA values – citing concerns about pay gap inequity and making the case for scheme reform. Consequently, our award values remain at their 2017/18 rates.

As national awards are pensionable, we also ensure employer on-costs are reimbursed. We again agreed with NHSEI to increase on-cost remuneration rates to reflect changes in National Insurance and pension scheme contribution rates. For non-academics, these increased from 28.18% to 34.48%, however NHS England has absorbed this uplift centrally in both 2019/20 and 2020/21 and so it is excluded from our calculations. For academics, on-costs have increased from 31.8% to 34.9%. The values of full awards and on-costs for clinical consultants and academic consultants on the current consultant contract are shown in Tables 3 and 4 respectively.

Table 3 – CEA values in 2019/20 with clinical consultant on-costs

Full time consultants (10+PAs)	Award value	On-costs at 28.18%	Total
Bronze	£36,192	£10,199	£46,391
Silver	£47,582	£13,409	£60,991
Gold	£59,477	£16,761	£76,238
Platinum	£77,320	£21,789	£99,109

Table 4 – CEA values in 2019/20 with academic consultant on-costs

Full time academic consultants (5+PAs)	Award value	On-costs at 28.18%	Total
Bronze	£36,192	£12,631	£48,823
Silver	£47,582	£16,606	£64,188
Gold	£59,477	£20,757	£80,234
Platinum	£77,320	£26,985	£104,305

Table 5 details the total value of national CEAs in 2019/20 and Table 6 shows their value in 2020/21. The total value of CEAs in England and Wales was £131.5m in 2019/20. This fell to £113m in 20/21. However, there were no new awards granted, which we would expect to have cost £10m-11m. The cost of the one-year extensions will not be incurred until 2021/22.

Table 7 breaks down the National ('nominal') Roll of CEA holders as of April 2020 and represents the position at the end of the 2019 award round. As of April 2020, there were 2,239 Consultants in receipt of CEAs, most at bronze or silver level. This includes the 315 new awards granted in the 2019 competition, payment of which was backdated to April 2019.

Table 8 shows the number of award holders as of March 2021. This indicates that 193 award holders retired or became ineligible to hold an award over the intervening 11 months.

Table 5 – Total value of CEAs in 2019/20

Awards Round	Financial year	Wales	England	Total
2019	2019/20	£5,718,668	£125,801,942	£131,520,610

Table 6 – Total value of CEAs in 2020/21

Awards Round	Financial year	Wales	England	Total
2020	2020/21	£4,836,423	£108,196,639	£113,033,062

As the competition was suspended, no new awards were granted, reducing overall value

Table 7 – Awards in payment (England and Wales) April 2020

Award Level	Number
Bronze	1,171
Silver	729
Gold	240
Platinum	99
Total	2,239

Table 8 – Awards in payment (England and Wales) March 2021

Award Level	Number
Bronze	1,077
Silver	662
Gold	221
Platinum	86
Total	2,046

2.2 2019 renewal applications

During the 2019 awards round, we received 291 applications for the renewal of national CEAs. Table 9 shows the outcome of those applications. 175 (60%) of applicants succeeded in renewing their awards, 153 (52%) of whom renewed at the same level and 22 (8%) at a lower level; not scoring enough to renew at their existing level, but at a sufficient standard to maintain a national award. 68 (23%) secured a higher award so are included in the 315 new awards granted from the 2019 awards round. 48 applicants (16%) were unsuccessful in renewing their national award, most at bronze. With the exception of 5 Academic GPs, they reverted to level 7 or 8 local awards under the mechanism announced during the 2018 award round.

Table 9 – Renewal outcomes 2019

Renewal type	No.	% Total
Successful renewals	175	60
of which renewed at a lower level	22	8
Applicants renewing & successful at higher level	68	23
Unsuccessful renewals	48	16
Total Renewal Applications	291	100

Table 10 shows that of the 22 applicants who renewed at a lower level, all but 4 dropped one level.

Table 10 – Renewals at lower levels 2019

Moved from/to	No.
Moved from Silver to Bronze	9
Moved from Gold/A to Silver	8
Moved from Gold/A to Bronze	3
Moved from Platinum/A+ to Gold	1
Moved from Platinum/A+ to Silver	1
Moved from Platinum/A+ to Bronze	0
Total	22

Table 11 – Unsuccessful renewals by level 2019

Award Level	Unsuccessful renewals	Renewal applications	% Unsuccessful
Platinum/A+	0	10	0.0
Gold/A	2	22	9.1
Silver	16	106	15.1
Bronze/B	30	153	19.6
Total/Overall	48	291	16.5

Table 11 shows the breakdown of the unsuccessful national renewals. As there are progressively fewer awards in payment at the higher award levels, which can also be renewed at a lower level, a greater number of unsuccessful bronze renewal applicants is to be expected. They were proportionately less likely to secure renewal, with 20% unsuccessful compared to those renewing silver (15%), gold (9%) or platinum (0%).

The success of applications to renew awards is dependent on the scores of applications for new awards at the same level scored by the same sub-committee. As such, the quality and volume of applications for those new awards in the current and previous two years, (as we also apply a three-year rolling average score to smooth out year-on-year variation), are important factors in assuring the quality of successful renewal applications is maintained. This is unrelated to the volume of applications for renewed awards in each region as successful renewals are not limited in number. We compare across regions in Table 10, although direct comparisons are not possible as each sub-committee scores independently. Applications for platinum renewal are scored by our platinum sub-committee and so are cited separately.

Table 12 shows that just 16.5% of our 291 renewal applications in 2019 were unsuccessful. Our ALB and Northwest committees had no unsuccessful renewal applications. Neither did our Platinum Committee, which is no surprise as renewal applicants have three lower levels of award against which their application can be assessed if they fail to attain platinum. The Southeast sub-committee, on the other hand, saw just 3 successful renewal applications out of 8.

Table 12 – Unsuccessful renewals by sub-committee

Region	Unsuccessful renewals	Renewal applications	% Unsuccessful
Arm's Length Body	0	8	0.0
Cheshire and the Mersey	1	7	14.3
East Midlands	3	22	13.6
East of England	4	22	18.2
London Northeast	7	28	25.0
London Northwest	3	18	16.7
London South	7	26	26.9
Northeast	4	18	22.2
Northwest	0	20	0.0
South	2	26	7.7
Southeast	5	8	62.5
Southwest	1	22	4.5
West Midlands	4	18	22.2
Yorkshire and the Humber	4	25	16.0
Wales	3	11	27.3
Platinum	0	12	0.0
Total	48	291	16.5

2.3 Analysis of 2019 new awards

We received 1,021 applications for new awards in the 2019 award round, which includes those applying for a new bronze (or silver if they held a local level 9) as well as those applying for the next tier up. 953 of these were from England and 68 were from Wales.

In England, the number of new awards granted each year is 300. In Wales, new award numbers depend on the number and tier of new and renewal applications and an overall budget. In 2019, 15 new awards were granted in Wales.

Table 13 shows that across England the average success rate was 31.5%, with the highest success rate at platinum level and the lowest at gold.

Table 13 – Applications and awards by level in England

Level	Applications	Awards	Success rate
Bronze	554	177	31.9%
Silver	254	80	31.5%
Gold	115	32	27.8%
Platinum	30	11	36.7%
Total	953	300	31.5%

Table 14 shows that the success rate in Wales was 22.1%. It also tells us that the silver and gold success rates are twice that of the bronze success rate, although it is difficult to draw meaningful conclusions at such low application volumes. It should be noted that in Wales there is a different process to that in England, with a 'sift' of applications prior to the Wales subcommittee commencing scoring.

Table 14 – Applications and awards by level in Wales

Level	Applications	Awards	Success rate
Bronze	52	9	17.3%
Silver	9	4	44.4%
Gold	5	2	40.0%
Platinum	2	0	0.0%
Total	68	15	22.1%

To enable benchmarking, Platinum applications from Wales are scored alongside those from England.

Application numbers over time

Numbers of applications for new awards have fallen across all award levels since 2012. However, total new application numbers may be stabilising, with applications in 2018 representing 95% of those in 2017 and applications in 2019 99% of those in 2018.

The decision in 2010 to halve the number of new awards from 600 to 300 means that the pool of award-holders who can apply for a new higher-level award is shrinking. So, while the number of bronze applicants has risen, the number of silver, gold and platinum applicants has fallen.

Chart 1 – New applications by level and year from 2012 to 2019

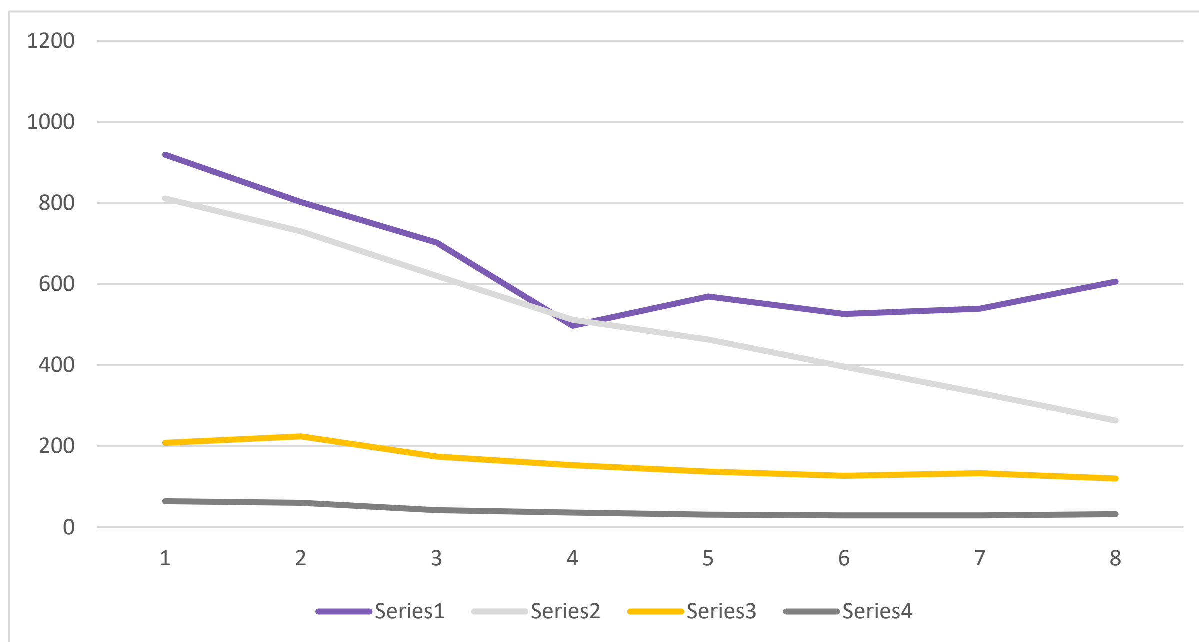

Table 15 – New applications by level and year from 2012 to 2019

Level	2012	2013	2014	2015	2016	2017	2018	2019
Bronze	919	802	702	497	569	526	539	606
Silver	811	730	620	512	463	396	331	263
Gold	208	224	174	153	137	127	133	120
Platinum	64	60	42	36	31	29	29	32

Diversity

At ACCEA, we continue to take steps to ensure equality and diversity across our activities, having regard to the need to: eliminate discrimination; advance equality; and foster good relations between groups. To ensure our process remains fair and unbiased, we look at statistics, including application and success rates for different groups and report back with recommendations for further action.

Figures are based on data extracted from the ACCEA database which, uses information provided by applicants. That information is not centrally validated. There may, therefore, be minor discrepancies between tables based on data issues (such as erroneous dates of birth) or some applications being withdrawn at different stages of the application process.

Age

Newly appointed consultants need time to build up the evidence required to achieve a bronze award. Applicants for higher awards may not re-use evidence from previous successful applications. In addition, the structure of CEAs is such that consultants must progress from a bronze award (or local level 9) through silver, gold to a platinum award.

This means that we would expect the average age of award holders to increase with the award level as indicated in Table 16.

Table 16 – Average age of successful 2019 applicants for a new award at August 2020 by award level

Level	Mean age (years)
Bronze	50.6
Silver	53.6
Gold	54.8
Platinum	60.2

Table 17 – 2019 applications and success rate for new awards by age group at August 2020

Age group	Details	Bronze	Silver	Gold	Platinum	Total
< 35	Applications	5	1	1	1	8
< 35	Awards	0	0	0	0	0
< 35	Success rate	0%	0%	0%	0%	0%
36-40	Applications	18	-	-	-	18
36-40	Awards	4	-	-	-	4
36-40	Success rate	22%	-	-	-	22%
41-45	Applications	95	6	-	-	101
41-45	Awards	26	3	-	-	29
41-45	Success rate	27%	50%	-	-	29%
46-50	Applications	187	32	6	-	225
46-50	Awards	70	18	2	-	90

Age group	Details	Bronze	Silver	Gold	Platinum	Total
46-50	Success rate	37%	56%	33%	-	40%
51-55	Applications	169	99	45	1	314
51-55	Awards	53	33	20	1	107
51-55	Success rate	31%	33%	44%	100%	34%
56-60	Applications	104	96	46	11	257
56-60	Awards	27	25	10	4	66
56-60	Success rate	26%	26%	22%	36%	26%
61-65	Applications	24	25	20	14	83
61-65	Awards	5	5	2	5	17
61-65	Success rate	21%	21%	10%	36%	20%
> 66	Applications	4	5	2	5	16
> 66	Awards	2	0	0	1	3
> 66	Success rate	50%	0%	0%	20%	19%

N.B. For applications from those under 35 years of age, given the length of the training pathway for Consultants, and the time taken to apply for different award levels, there may well be data errors where individuals have not recorded an accurate date of birth.

Table 17 shows there is an expected pattern when it comes to age and applicant success with the highest success rates for applicants of bronze and silver awards between the ages of 46 and 50, rising to 51 and 55 for Gold awards, and 56 and 65 for platinum.

Gender

Examining the numbers of new awards made to both genders in 2019, there is a difference: with 229 awards granted to men and 85 to women.

When female consultants do apply, their percentage success rate is generally comparable to their male colleagues. Table 18 shows that in 2019, 30.5 % of male applicants received new awards, compared to 31.6% of female applicants: this was the highest success rate for female applicants since at least 2013.

Table 18 - 2019 applications and success rate by gender

Gender	Applicants n	Applicants %	Awards n	Awards %	Success rate
Female	269	26.3	85	26.8	31.6%

Gender	Applicants n	Applicants %	Awards n	Awards %	Success rate
Male	752	73.7	229	73.2	30.5%
Total	1021	100.0	314	100.0	30.8%

The closeness of the success rates of male and female applicants over the last six years (as shown in Table 19), reassures us that our scoring mechanism and the sub-committees carrying out the scoring are not biased towards either gender.

Female consultants are under-represented as a proportion of applicants. In 2019, only 26.3% of applicants were female, while 36.8% of the consultant workforce is female (NHS Digital equality and diversity statistics, March 2019). As Table 20 shows, this gap was even bigger for higher award levels. This is because award holders must progress from bronze (or local level 9) to silver to gold to platinum and women have been chronically under-represented as a proportion of applicants. We see some encouraging improvements in application at bronze and silver award levels over those seen in 2018 (see prior Annual Report) and commensurate success rates. Where application numbers are low at the higher levels however, percentage success rates cannot be easily interpreted.

Table 19 - Success rates by gender 2014 to 2019

Gender	2014	2015	2016	2017	2018	2019
Female	16.5%	26.4%	25.6%	26.7%	30.2%	31.6%
Male	21.7%	26.5%	26.8%	30.2%	31.3%	30.5%
Overall	20.7%	26.5%	26.5%	29.5%	31.0%	30.8%
Gap	-5.2%	-0.1%	-1.2%	-3.5%	-1.1%	1.1%

Table 20 - 2019 success rates by gender and award level

Level	Gender	Applications	% Apps at Level	Awards	Success rate
Bronze	Female	183	30.2	54	26.5%
Bronze	Male	423	69.8	131	31.0%
Silver	Female	63	24.0	24	38.1%
Silver	Male	200	76.0	60	30.0%
Gold	Female	18	15.0	6	33.3%

Level	Gender	Applications	% Apps at Level	Awards	Success rate
Gold	Male	102	85.0	28	27.5%
Platinum	Female	5	15.6	1	20.0%
Platinum	Male	27	84.4	10	37.0%
All Levels	Female	269	26.3	85	31.6%
All Levels	Male	752	73.7	229	30.5%

In the past year, there has continued to be a focus the difference in average earnings of male and female employees. Professor Dame Jane Dacre and Professor Carol Woodhams led a review into the difference in pay between male and female doctors in England. The Independent review into gender pay gaps in medicine in England examined why the gaps exist and identifies obstacles that may prevent female doctors from progressing in their careers. We remained in communication with the review team, providing data and commentary upon it as appropriate, during its conduct.

The review noted our observation that female and male success rates for CEA applications are similar. It also points out that:

'No gender-based differences are observed regarding mean CEA values.'

But, on the under-representation of women also notes:

'CEAs explain only a small part of the gender pay gap in total pay, because women Consultants are less likely to receive CEA payments.'

'it is well known that one of the issues that reinforces the gender pay gap is the differential evaluation of types of advanced job skill and performance that are worthy of bonuses. [..] social and nurturant skills have negative rates of income return; devalued because of their traditional association with women. The ACCEA analysis also does not reveal if the pool of applications is reflective of those that are eligible to apply. Monitoring this would assist in understanding if the criteria for a CEA or application of those criteria, is disproportionately excluding applications from women and therefore at the heart of the unequal success rates.'

The Review recommends that:

- [ACCEA and others] Monitor applications and encourage equal numbers of eligible men and women to apply for local and national awards, and to facilitate applications from specialties in receipt of fewer awards.

- Numbers of men and women eligible for awards, as defined by the Advisory Committee on Clinical Excellence Awards (ACCEA), and in receipt of awards should be reported at medical school, trust board and national level.

The findings of the report inform our approach to national CEA reform, set out in our consultation published on 24 March 2021.

Ethnicity

For diversity and fairness monitoring purposes, applicants for national CEAs are asked to declare their ethnicity, however, our scorers do not have access to this data.

Looking at statistics on ethnicity from the 2019 round (Table 21), we can see that consultants from BAME backgrounds received 28% of the awards and made up 26% of applications. Although there is some variation by different award level, overall success rates are mostly lower for applicants from minority backgrounds. Actual numbers could differ, as 7% of applicants, and 23% of new award holders, did not declare their ethnicity. There does appear to be some positive progress from 2018 numbers by award level, although again we recognise that further work is needed.

Table 21 - 2019 applications and success rate by ethnicity and award level

Level & Ethnicity	Applications	% Apps at Level	Awards	Success rate
Bronze - White	391	64.5	131	33.5%
Bronze - BAME	162	26.7	41	25.3%
Bronze - Not stated	53	8.7	14	26.4%
Silver - White	177	67.3	63	35.6%
Silver - BAME	71	27.0	20	28.2%
Silver - Not stated	15	5.7	2	13.3%
Gold - White	92	76.7	26	28.3%
Gold - BAME	25	20.8	8	32.0%
Gold - Not stated	3	2.5	0	0.0%
Platinum - White	28	87.5	7	25.0%
Platinum - BAME	3	9.4	3	100.0%
Platinum - Not stated	1	3.1	1	100.0%
All Levels - White	688	67.4	227	33.0%

Level & Ethnicity	Applications	% Apps at Level	Awards	Success rate
All Levels - BAME	261	25.6	72	27.6%
All Levels - Not stated	72	7.1	17	23.6%

Table 22 compares the success rates for different ethnic groups since 2014. Whilst we are pleased that the ethnicity success gap narrowed in 2019, it was the fourth consecutive year where BAME applicants saw a lower success rate than White applicants. We will continue carefully to analyse and review BAME clinicians' success rates.

Table 22 - BAME Applications and Success Rates (2014 - 2019)

Details	2015	2015	2016	2017	2018	2019
Applications	280	221	234	237	223	261
Awards	39	66	61	61	52	72
BAME success rate	13.9%	29.9%	26.1%	25.7%	23.3%	27.6%
White success rate	21.6%	25.9%	26.8%	30.2%	31.8%	33.0%
Gap	-7.7%	4.0%	0.8%	-4.4%	-8.5%	-5.4%

As with women consultants, BAME consultants are under-represented as a proportion of applicants when compared with the wider consultant population. NHS Digital equality and diversity statistics (31 March 2019) tell us that 36.9% of consultants were from minority backgrounds (6.1% of consultants' ethnicity is unknown) whereas, as already stated, only 26% of applicants for new CEAs in 2019 were consultants from BAME backgrounds, although 72 applicants (7%) did not state their ethnicity.

We will continue to encourage applications from all sectors of the consultant community and seek the help of the sub-committees, the Royal Colleges and Specialist Societies, as well as special interest groups such as the British Association of Physicians of Indian Origin in promoting CEAs, particularly (as discussed above) reinforcing in particular, ethnic diversity in our sub-committees.

Sexual orientation, gender reassignment, religion, marital status, pregnancy and disability

ACCEA does not collect data on these protected characteristics. We will, however, continue to take proportionate measures to ensure that our processes and technologies do not disadvantage consultants based on any of these characteristics.

Moving towards a new and fairer national Clinical Excellence Awards scheme

Over the past year, DHSC and ACCEA have been developing proposals for a new national Clinical Excellence Awards scheme.

A consultation proposing reforms to the current scheme was launched on 24 March 2021 and will close on 16 June 2021. We would welcome your views.

Distribution by region and specialty

ACCEA ensures awards are fairly distributed across the English regions and Wales. We like to see a wide range of medical specialties, dentistry and public health represented amongst awardees.

Regional distribution

An underlying principle of the national CEA scheme is that there should be equity of opportunity of success across the regions and at each award level (including the small number of platinum applications, which are scored nationally).

In England, ACCEA allocates the 300 potential new awards authorised by Ministers so that there are comparable success rates across the regions and the award levels based upon application numbers. In Wales, there is a maximum budget allocated for new awards, so actual award numbers vary depending on success at higher award levels.

Table 23 shows that across England the outcome is, as expected, broadly equitable, with each region achieving the planned success rate close to the overall rate of 31.5%, acknowledging that in small regions or at the higher levels where there are fewer applications, the success rates can vary more widely. Additionally, the rescoring of a small number of applications in the National Reserve quality assurance and tie-break process may result in some regions gaining or losing a number of awards (as is the case for gold awards in the ALB committee and Southwest).

Distribution across specialties

ACCEA monitors the distribution of new awards and application numbers across the specialties. Should specialties be under-represented in terms of number of applications or success rates, in proportion to their NHS consultant numbers, we seek the help of the relevant professional body or Royal College to explore this and encourage more applications. Following each application round, we hold a detailed feedback meeting with the National Nominating Bodies, to discuss ways in which we can collectively help those specialties that are less successful.

Table 24 shows that, out of the specialties, dentistry did particularly well in 2019, with a 58% success rate (n=7/12). Radiology and obstetrics & gynaecology were relatively unsuccessful, with only 20% (n=8/41) and 22% success respectively (n=12/55). Total numbers are in some cases small, so percentage data need to be interpreted with caution. Chart 2 shows that, as expected, the larger specialties tend to have a higher number of applicants. For example, General Medicine and Surgery have the largest number of applicants and the largest workforce. On the other hand, Anaesthetics is under-represented.

Table 23 - 2019 application success rate by ACCEA sub-committee

Region	Bronze	Silver	Gold	Platinum	All
Arm's Length Body	33%	30%	0%	-	30%
Platinum Committee	-	-	-	37%	37%
Cheshire & Mersey	33%	29%	25%	-	31%
East Midlands	32%	25%	25%	-	29%
East of England	31%	39%	33%	-	33%
London Northeast	33%	32%	32%	-	32%
London Northwest	35%	33%	33%	-	34%
London South	31%	29%	31%	-	30%
Northeast	33%	29%	20%	-	31%
Northwest	30%	29%	23%	-	29%
Southeast	33%	25%	33%	-	32%
South	32%	36%	36%	-	34%
Southwest	32%	30%	14%	-	29%
West Midlands	31%	37%	20%	-	32%
Yorkshire & Humber	32%	32%	29%	-	31%
Wales	17%	44%	40%	-	22%
Total England	32%	31%	28%	-	31%
Total England & Wales	31%	32%	28%	-	31%

Table 24 - 2019 application success rate by speciality

Speciality	Bronze	Silver	Gold	Platinum	All
Academic GP	38%	33%	33%	0%	33%
Anaesthetics	28%	25%	33%	50%	29%
Clinical Oncology	17%	40%	33%	-	29%
Dental	50%	67%	100%	-	58%
Emergency Medicine	22%	100%	0%	-	25%
Medicine	36%	25%	26%	30%	34%
Obstetrics and Gynaecology	21%	-	25%	0%	22%
Occupational Medicine	100%	33%	-	-	100%
Ophthalmology	18%	31%	33%	0%	24%
Paediatrics	24%	31%	33%	0%	26%
Pathology	27%	47%	29%	67%	33%
Psychiatry	29%	25%	40%	50%	30%
Public Health Dentistry	0%	-	-	-	0%
Public Health Medicine	36%	30%	0%	50%	32%
Radiology	21%	21%	0%	0	20%
Surgery	34%	26%	30%	33%	32%
Total	31%	32%	28%	34%	31%

Chart 2 - Proportion, by specialty, of applications for new awards versus England and Wales population 2019

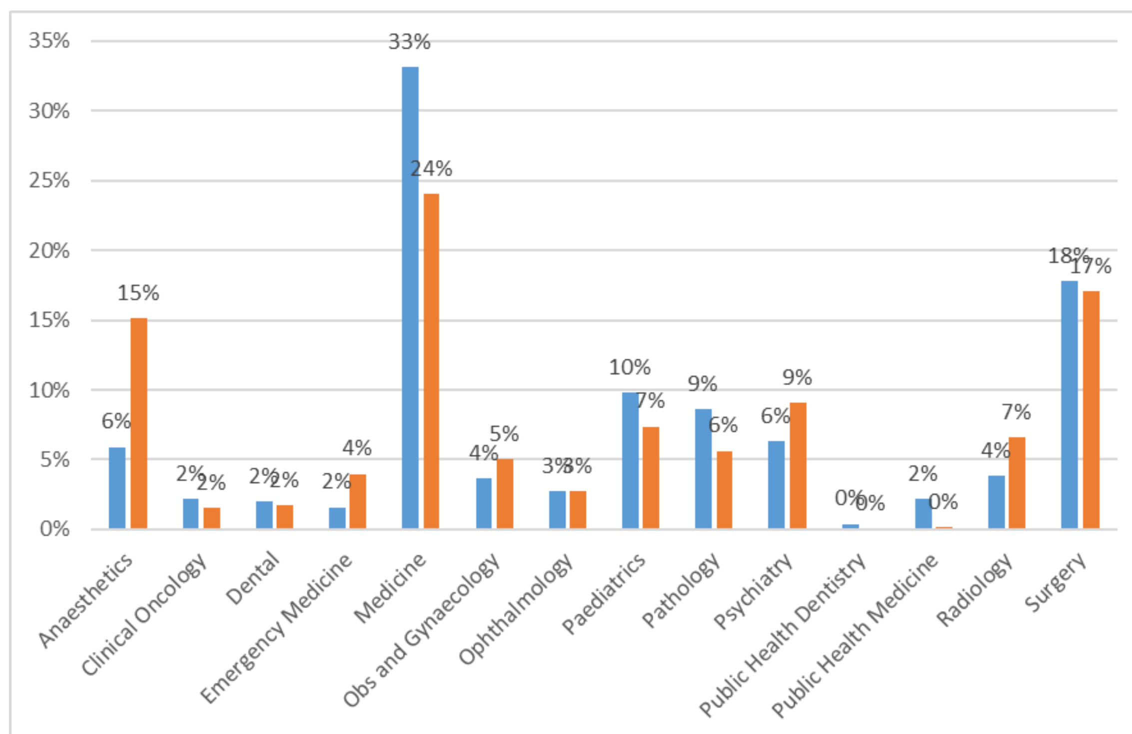

Chart 2 shows the proportion, by specialty, of the number of new applications received in 2019 and provides an indication of where some specialities are under-represented in England and Wales. Medicine and Surgery continue to receive the highest numbers of new applications across both England and Wales with Clinical Oncology and Dental receiving the lowest level of applications. It should be noted that the proportion of consultants in each specialty does not directly represent the proportion of eligible consultants. Consultants are only eligible after a minimum of one year of employment in role. We do not hold data at this level of detail so the graph should be read as being indicative. Nevertheless, we continue to seek the views of the Academy of Medical Royal Colleges on these results with a view to increasing applications from under-represented specialties and improving proportionate success rates.

2.4 Appeals and concerns

Once each round is concluded, applicants can request an appeal. In 2019, applicants had until either 24 January 2019 or within four weeks of the award results being announced to make their request, whichever was later.

As described in the Guide for Applicants, consultants cannot challenge their score or the outcome of the application process. However, if they can show that ACCEA has not

followed its own procedures or that the process has been biased, they may be granted an appeal. If the grounds for appeal are upheld, ACCEA convenes a panel to review the processes and concerns.

Following the 2019 competition, received 12 appeal requests. Grounds claimed included:

Process issues:

- ACCEA not scaling less- than full time applicant scores to compare them to full time applicants;
- ACCEA not considering evidence older than the previous five years or last successful application;
- ACCEA not providing discretion when an application fails marginally;
- The new and renewal bars for success being different;
- Some scorers giving lower scores than others, with outliers not being questioned;
- The applicant not being granted due dispensation for their illness.

Alleged sub-committee failures:

- The sub-committee failed to take information into account from prior employment in a different region;
- The sub-committee failed to make reasonable adjustments to take account of the applicant's disability;
- The sub-committee not making proper allowances for part-time working and so discriminating against less-than full time workers;
- The sub-committee having been influenced by the applicant's employer scores or the employer not providing full support for the application;
- ACCEA procedural and sub-committee bias against specialties with a high clinical workload;
- Failure to take due account of the evidence presented against a specified domain;
- Failure to take due account of management/leadership contribution;
- The sub-committee not appreciating the significance of the achievements presented;

- The sub-committee and ACCEA domains being biased against a specified smaller speciality.

In each case above, these were investigated through assessment of the content of the application form, with the relevant evidence being presented in the application. It was thus clear that scorers had the opportunity to assess the evidence and determine its impact.

Other issues:

- The applicant being previously and incorrectly told they had been successful (see above);

- Failure in employer sign-off procedure disadvantaging the applicant.

All requests to appeal were considered by the Chair, Medical Director and Secretariat. None was considered to have sufficient grounds for appeal.

As with 2018 appeals, we forwarded the appeal correspondence and our proposed responses to panels of one Chair and one MVC from different regions from the appellant to seek their views. The panels agreed with our conclusions and no appeals progressed.

2.5 Outcome and assessment

2019

Our 2019 application window was open from 7 February to 4 April 2019, during which time the Secretariat answered over 748 telephone calls and received and responded to hundreds of e-mails. By the application window closed, we had received 1,021 applications for new awards and 291 applications for renewals.

Following 6 weeks of scoring, 16 sub-committee meetings across England and Wales, involving over 330 scorers, and the National Reserve re-scoring exercise, 315 new awards, and 175 successful renewals (including 22 renewals at lower levels) were recommended. The ACCEA Main Committee met in November to agree the final list of awards, before the English and Welsh names were submitted to the respective Ministers.

Following delays caused by the UK General Election, in mid-January 2020, DHSC's Minister of State for Health, Edward Argar MP, agreed the recommended English awards. In Wales, the Minister for Health and Social Services, Vaughan Gething AM, agreed the Welsh awards.

Through late January and early February 2020, ACCEA contacted consultants and then their employers to make them aware of the outcome of their applications. As mentioned

above, it was at this stage that we encountered regrettable problems issuing notifications of outcomes. We are confident that the 2021 outcomes notifications process will be smoother. We will continue to monitor and quality check during all stages.

2020

In March 2020, the COVID-19 pandemic meant that we had to abandon our competition after one week as described above.

Over the summer of 2020 we ran a light-touch due diligence application process for a one-year extension. This process ran smoothly and was well-received.