

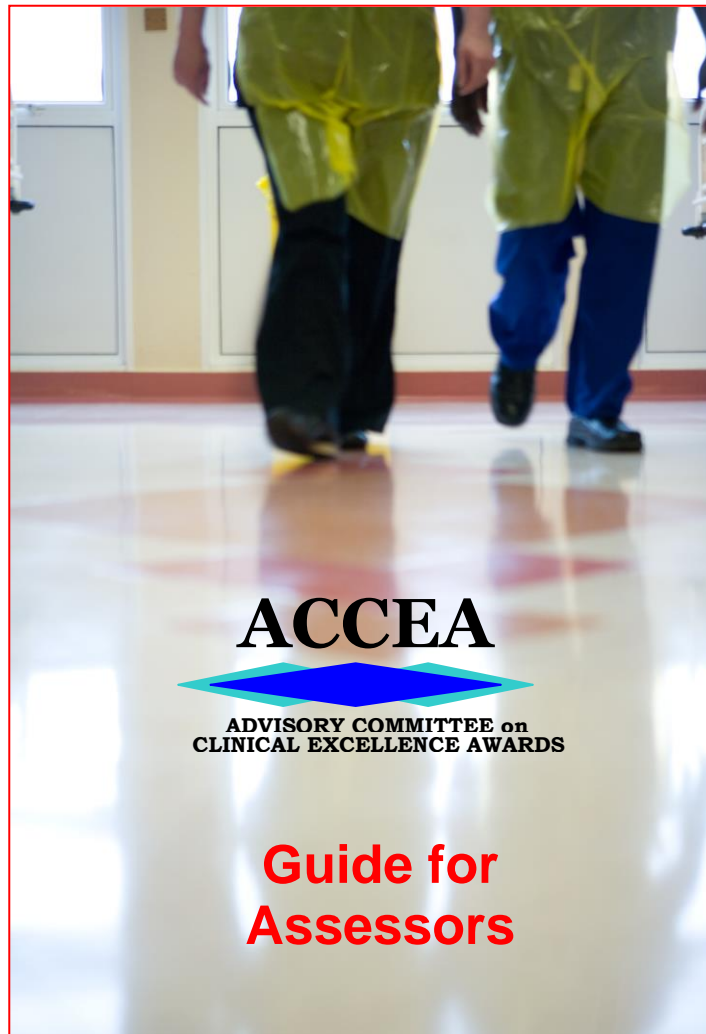
Publication withdrawn

This guidance was withdrawn in January 2025.

The Advisory Committee on Clinical Excellence Awards (ACCEA) was replaced by the [Advisory Committee on Clinical Impact Awards](#) in 2022.

NHS Consultants' Clinical Excellence Awards Scheme

2015 Awards Round



This Guide is available online at the ACCEA website
www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards

The online national awards application system is available at
www.nhsaccea.dh.gov.uk

Published 14 April 2015

Please note: All applications for national awards must be submitted by 17:00 on Wednesday 17 June 2015

Preface: What does this Guide cover?

All assessors should be aware that the Clinical Excellence Awards Scheme has been subject to a review by the Review Body on Doctors and Dentists Remuneration (DDRB), which was published on 17 December 2012 with a Written Ministerial Statement from the Secretary of State. The recommendations in the report are subject to on-going discussions.

The advice and information contained within this Guide relates to the 2015 Round only. It does not pre-empt decisions on any new Scheme.

This Guide is for anyone assessing applications for a Clinical Excellence Award. It covers National Awards, but also makes reference to Employer Based Awards on which there is separate guidance.

It explains how the Scheme works, your role in the process and what criteria you should be using to assess applications. Please use it as background information, and as a reference guide when making your assessment.

You can also find a Code of Practice at:

www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards

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Part 1: Introduction

1.1 The Clinical Excellence Awards Scheme

1.1.1 Clinical Excellence Awards recognise and reward NHS consultants and academic GPs who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions. As there are a limited number of new awards agreed by Ministers, this makes the process very competitive.

1.1.2 To be considered for an award, consultants and academic GPs will have to demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS.

1.1.3 The Scheme is administered by the Advisory Committee on Clinical Excellence Awards (ACCEA). It is managed on the Committee's behalf by a full time Secretariat in the Department of Health and Wales has a Secretariat in the Welsh Government.

1.2 How does the Scheme work?

1.2.1 There are 12 Levels of award. In England, Levels 1-8 are awarded locally (employer based awards) and Levels 10-12 (Silver, Gold and Platinum hereafter) are awarded nationally in England and Wales. Level 9 Awards in England can be awarded locally as employer based awards or nationally as Bronze. In Wales, there are no local awards instead commitment awards are made by employers.

1.2.2 Applicants in England may apply for both a national Bronze and an employer based Level 9 in the same year. Applicants in Wales can apply for a national Bronze award (L9 equivalent). If an applicant finds out that they have been successful at the employer based level 9 before the national recommendations are made they must let the Secretariat know - whichever award is granted first takes precedence, therefore a national application will be withdrawn if the consultant is successful with their Level 9 application prior to the outcome of the national awards round. There is no difference to the applicant, financially, between the two awards.

1.2.3 ACCEA makes recommendations to Ministers for Bronze, Silver, Gold and Platinum awards. Employers decide upon awards for local Levels 1-9.

1.2.4 There is a core application form for all the awards, which means everyone who applies for a particular level of award has the same opportunity to highlight their contributions.

1.2.5 Applications for National awards in both England and Wales must be completed online.

1.3 What does the Scheme reward?

1.3.1 The Scheme rewards individuals who achieve over and above the standard expected of a consultant or academic GP in their post, and who locally, nationally or internationally provide evidence of many of the following characteristics.

- Demonstrate sustained commitment to patient care and wellbeing, or improving public health
- Sustain high standards of both technical and clinical aspects of service whilst providing patient focused care
- Make an outstanding contribution to professional leadership
- In their day to day practice demonstrate a sustained commitment to the values and goals of the NHS, by participating actively in annual job planning, observing the Private Practice Code of Conduct and showing a commitment to achieving agreed service objectives
- Through active participation in clinical governance contribute to continuous improvement in service organisation and delivery
- Embrace the principles of evidence based practice
- Contribute to knowledge base through research and participate actively in research governance
- Are recognised as excellent teachers and/or trainers and/or managers
- Contribute to policy making and planning in health and healthcare

1.3.2 ACCEA invites consultants to provide evidence about their performance, including achievements in preventative medicine, in five domains enabling them to demonstrate that they:

- Deliver patient services that are safe, have measurably effective clinical outcomes and provide a good experience for patients
- Have significantly improved quality of care and the clinical effectiveness of their local service or related clinical service broadly within the NHS
- Have made an outstanding leadership contribution.
- Have made innovations or contributed to research, or the evidence/evaluative base for quality
- Have delivered high quality teaching and training, which may include the introduction of innovative ideas

1.3.3 National awards recognise not only the high quality local clinical practice, leadership, research and innovation and teaching but also the impact of that work elsewhere within the NHS.

1.4 Overseas Work

1.4.1 The Scheme recognises outstanding contributions to the NHS. Work undertaken in other countries is not directly relevant to the Scheme. However, if it can be shown to have had a direct benefit to the NHS, then that impact can be taken in to account. Evidence of the outcomes of overseas work can be used as background evidence to support an application based on a consultant's current role and position in the NHS and their contribution in that capacity. For example, it may be used to demonstrate current excellence as part of a portfolio of work, or to show that relatively short NHS contributions are likely to have a sustainable effect. Work done overseas cannot be considered in isolation.

1.5 How are applications assessed?

1.5.1 The Scheme aims to be completely open, and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive. Awards are also monitored to ensure that the Scheme is implemented fairly. The Annual Report of ACCEA records the conclusions of this monitoring.

1.5.2 Standard guidelines are used when recommending applicants for every level, and all awards are assessed against the same strict criteria. These criteria are set out in this Guide.

1.5.3 The criteria apply to all levels of award, but take account of achievements possible at different stages of a consultant or academic GP's career.

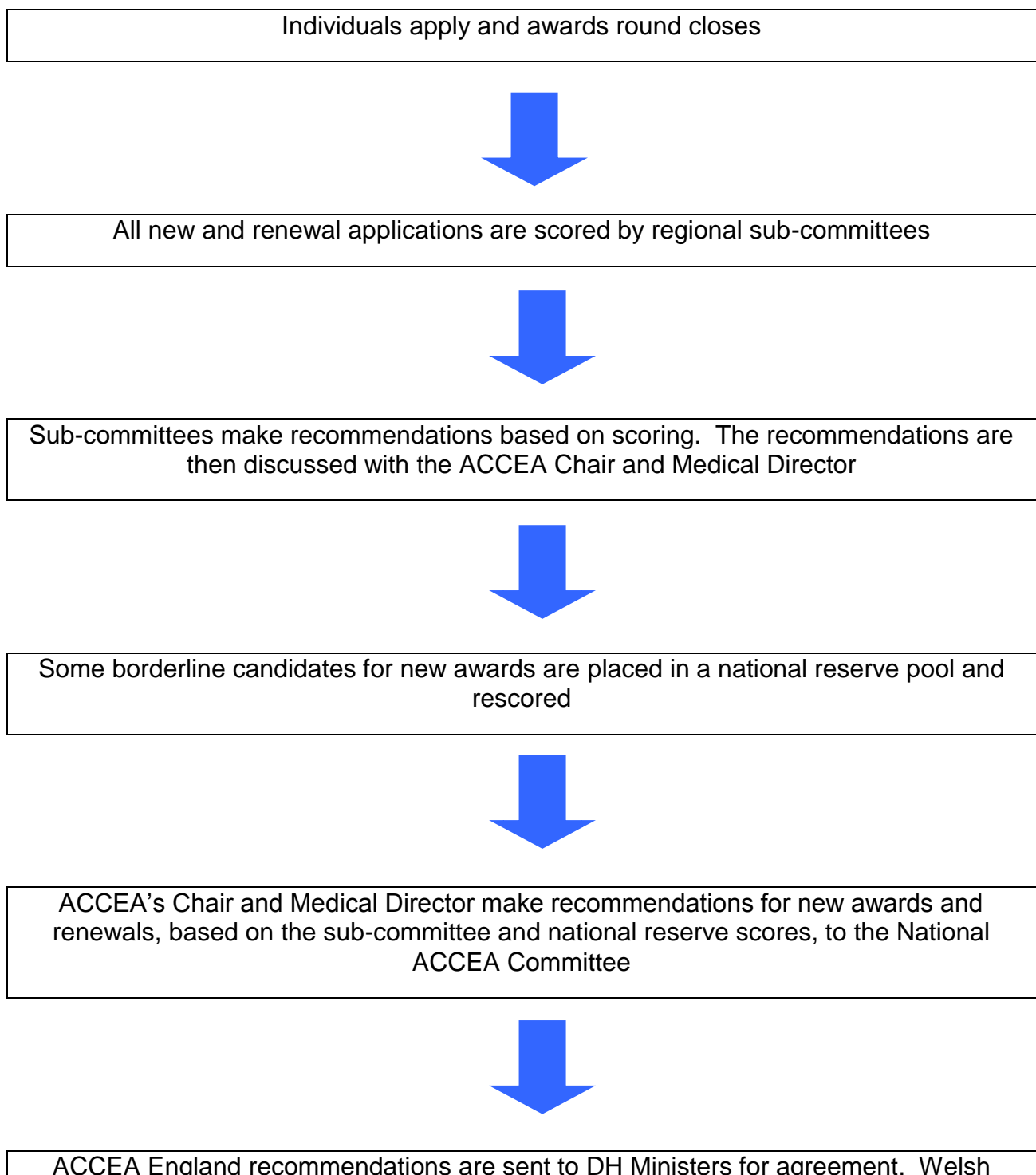
1.5.4 The sub-committees and Employer Based Awards Committees measure achievement within the parameters of an individual's employment, and recognise excellent service over and above the normal delivery of job plans including the quality of delivery of contractual duties.

1.5.5 Regional subcommittees score all new and renewal applications in their region. From these scores the sub-committees make a list of recommendations for awards based on the indicative number of awards for that region. Applications for platinum awards go through two further stages. They are scored again by a national committee made up of lay chairs and medical vice chairs of regional sub-committees. These scores along with the regional sub-committee rankings are considered alongside the recommendations of the Academy of Medical Royal Colleges and Universities UK by the platinum committee of the main ACCEA.

1.5.6 ACCEA receives additional advice from specialist societies and 'National Nominating Bodies' on the quality of applicants' work. A separate guide has been produced for these 'nominators'. They produce ranked lists indicating their views of the relative merits of applicants who have asked to be considered by them.

1.5.7 These rankings are one of the pieces of evidence used by sub-committees to help evaluate applications. The lists are also considered by the Chair and Medical Director, when preparing the recommendations to go to the main Committee.

1.5.8 The assessment process is summarised in the following diagram:



recommendations to Welsh Ministers



Notifications are sent to individual applicants and their employers

1.6 About the ACCEA and supporting committees

1.6.1 The Advisory Committee on Clinical Excellence Awards (ACCEA) is a non-departmental public body. It issues guides to the Scheme (such as this document) setting out the detailed criteria against which applicants will be assessed. The ACCEA Secretariat administers the application and assessment process for national awards.

1.6.2 The Committee advises Ministers on award nominations proposed by the Chair and Medical Director, and based on recommendations from sub-committees and national bodies.

Regional Sub-Committees

1.6.3 There are thirteen regional ACCEA sub-committees which assess applications for National Awards. They are based on the boundaries of the ten previous Strategic Health Authorities. London is split into three, while the North West is subdivided into two to make these areas manageable. There is a committee covering Wales. A separate Committee considers applicants who are seconded to the Department of Health or who work for Arm's Length Bodies or in public health outside the NHS.

1.6.4 The sub-committees consider all applications from consultants and academic GPs in their area. They also receive any associated citations and ranked lists from specialist societies and nominating bodies on the applicants' work, when this is submitted to ACCEA via its accredited process. The sub-committee produces a shortlist for the Chair and Medical Director to consider for submission to the main Committee.

1.6.5 Committee members come from a wide range of backgrounds, with experience and expertise in numerous areas. They come to a collective decision on who to shortlist for awards. Medical (professional) members make up 50%; lay members 25% and employer members 25%.

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

National Nominating Bodies

1.6.7 The Chair and Medical Director also consider the applications of all those consultants and academic GPs who have been shortlisted by accredited National Nominating Bodies, such as the Medical Royal Colleges, Universities UK, the British Medical Association, the Medical Women's Federation and the British International Doctors Association. There is a Guide for Nominators and a list of National Nominating Bodies on the ACCEA website. Those bodies are invited to submit a ranked shortlist in a similar way to that produced by the sub-committees. These lists are then considered, in consultation with the relevant sub-committee.

1.7 Employer Based Awards/Commitment Awards

1.7.1 ACCEA, at national level, does not have any role in relation to employer based awards in England or commitment awards in Wales. For further Information on employer based or commitment, awards please contact the individual employer.

1.8 Transparency

1.8.1 ACCEA operates the Scheme in a transparent manner. The ACCEA website includes the following material:

- A nominal roll showing all existing award holders
- From 2015 awards round; the full application of consultants receiving new and renewal awards will be published on the ACCEA web page
- Membership of the main Committee and the regional sub-committees
- A list of National Nominating Bodies
- An Applicants' Guide which explains how the Scheme works, who is eligible and how to apply
- An Assessors' Guide which describes how applications are assessed and scored
- A Guide for Employers which aids employers in dealing with applications from NHS consultants and Academic GPs for new national CEAs and the renewal of national CEAs and Distinction Awards
- A Guide for Nominators for any individual or professional body, including Royal Colleges, universities and other national and local bodies, who are supporting applications for new awards. It explains the nominators role in the process and how awards are assessed
- The Annual Report which reports on the operation of the Clinical Excellence Awards Scheme during a specific year

- Clinical Excellence Awards Framework Agreement 2003
- Summary versions of the minutes of the meetings of the main Committee

1.9 Disability

1.9.1 Employers have a legal duty to consider making reasonable adjustments consistent with provisions of the Equality Act for employees with disabilities to support the continuation of their employment. Any reasonable adjustments agreed by the employer in consultation with the consultant should be reflected in the consultant's individual job plan. All applications will be treated equitably by ACCEA and scored against the work achieved, which stands out over and above the standard expected of a consultant or academic GP.

1.10 Confidentiality

1.10.1 **Discussion of individual applications is confidential** to members of the sub-committee. Informal feedback to applicants can be sought through the applicant's employer, after the results are announced. Under no circumstances should members discuss the process with any of the applicants.

1.11 Conflicts of Interest

1.11.1 All members should declare any conflicts of interest to the Secretariat as soon as they are known. To ensure the probity of the awards process, members of the sub-committees should not participate in the scoring or discussion on close personal friends or family members.

1.12 Sub-committee members applying for a new award or renewal of an award should take no part in the scoring of any applications or the associated discussions at that level.

Part 2: The assessment process

2.1 Applications for New National awards

2.1.1 If you are on a sub-committee, you need to identify, consider and score possible applicants for new awards in all specialties, taking account of citations from organisations and individuals, and employer statements. (See part 3 for details on the assessment criteria for scoring). Scoring of applications is done on-line.

2.1.2 The Medical Vice Chair in each sub-committee discusses the detailed working arrangements with the ACCEA Secretariat, allocates duties to individual members and schedules the meetings to consider applications.

2.1.3 A representative from the ACCEA Secretariat will attend sub-committee meetings and note action points. The Secretariat arranges and resources venues and reasonable hospitality costs for the main meetings, but **does not resource or fund any feeder groups set up by sub-committees.**

2.1.4 Sub-committees are responsible for submitting recommendations, in a clear ranked order, for the Chair and Medical Director of ACCEA to consider.

2.1.5 The national ACCEA Chair and Medical Director will confer with sub-committees, consider their recommendations in detail, and moderate the list of applicants proposed in the light of the national situation to ensure consistency. The role of the national Chair and Medical Director is to ensure consistency between sub-committees, check that the applicants recommended represent an appropriate balance, and confirm that all successful applicants meet the Scheme's criteria.

2.2 Renewal applications

2.2.1 Awards granted nationally are normally valid for five years (please refer to paragraph 2.2.4). After the initial four years, and every subsequent five years, consultants are required to submit an application to renew their award to ensure that they continue to meet the performance standards required. However, awards can be reviewed at any other time, if there is good reason to do so e.g. returning to work after a prolonged absence or in light of a disciplinary issue.

2.2.2 Consultants are advised to give as much attention to completing an application for the renewal of an award as they would give to submitting an application for a new award. An application for renewal should be considered and scored in the light of the standard of application for new awards at the relevant level as well as previous contributions of the award holder which led to the making of the original award.

2.2.3 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. The renewals process is a competitive one, against the standard for new awards at that level

and in that region. This standard has increased over the last few years and has been accompanied by the introduction of scoring renewals. Renewals are not competitive against other renewals as there is no restriction on the number of successful renewals. 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. In order to smooth out variations from year to year and to take into account regions with small numbers of applications, a three year rolling average will be used. All renewal applications which meet the standard will be agreed.

2.2.4 It should be noted that **the Scheme is currently under review and may therefore change. Applicants who submit a successful renewal application in the 2015 Round will have their award renewed subject to any transitional provisions that may be issued as a result of these changes.**

2.2.5 If applicants who are due to submit a renewal application in the 2015 round either fail to submit an application or submit one that does not achieve the required standard for renewal, a recommendation will be made to ACCEA that the award is terminated when it expires on 31 March 2016. If there are any extenuating circumstances, eg ill health, then the consultant and/or their employer should indicate what the issue is when submitting the application. This information should then be taken into account when assessing the application.

2.2.6 **Consultants who fail to renew an award to be considered in the 2015 Round will lose the award and financial element on 31 March 2016 unless subject to the provision outlined in paragraph 2.2.7.** They will, however, be able to apply for a new award if they remain eligible for the Scheme or any successor Scheme. They can apply for a new bronze once they have satisfied the eligibility criteria outline in Part 2: Eligibility of the guide for National Awards Applicants (new and renewal) Existing Award Holders.

2.2.7 Where an application does not score as highly as the lowest ranked successful new applicant at the equivalent of silver, gold awards, these applicants will be considered by ACCEA for renewal at a lower level if the score achieved on their application is as high as the lowest ranked successful new applicant at the lower level in that region. The original sub-committee score will be used, the application will not be rescored. Platinum applicants will be scored by the Platinum sub-committee and benchmarked against the lowest successful new applicant. The original sub-committee score will be used, the application will not be rescored.

Part 3: Assessment Criteria

3.1 Highlighting achievements

3.1.1 When completing their applications, applicants must detail their achievements in five areas (or 'domains'), grouping their achievements accordingly.

➤ **Domain 1 – delivering a high quality service**

Evidence should show achievements in delivering a service which is safe, has measurably effective clinical outcomes, provides good patient experience, and where opportunities for improvement are consistently sought and implemented.

➤ **Domain 2 – developing a high quality service**

Evidence should show how applicants have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of services locally and more widely within the NHS if this is the case.

➤ **Domain 3 – leadership and managing a high quality service**

Evidence should show how applicants have made a substantial personal contribution to leading and managing a local service, or national/international service or health policy development.

➤ **Domain 4 – research and innovation**

Evidence should show how applicants have made a contribution to research or the evidence/evaluative base for quality or service innovation including the translation of evidence in to practice.

➤ **Domain 5 – teaching and training**

Evidence should show how teaching and training forms a major part of the contribution applicants make to the NHS, over and above contractual obligations.

Domain 1 – delivering a high quality service

The applicant should give evidence of achievements in delivering a service that is safe, has measurably effective clinical outcomes, provides good patient experience, and where opportunities for improvement are consistently sought and implemented. (Applicants should provide evidence across all of these dimensions, although it is recognised that their exceptional contribution may just focus on one of them). They should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications). Evidence should include quantified measures if these exist (e.g. outcome data) that reflect the whole service they (and if relevant, their team) provides: using Indicators for Quality Improvement or Quality Standards and other reference data sources in England or the Healthcare Standards for Wales where it allows them to provide performance data against indicators for their specialty. The evidence on patient safety should refer where possible to the new quality indicators and the evidence on the patient experience should indicate how they have addressed the issues of dignity, compassion and integrity with patients.

This could, for example, cover the following:

- Excellence in delivering their professional commitments. They may refer to validated performance or outcome data. This should be presented comparatively, and/or with external or peer review reports assessing the quality of their service if possible
- Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. For example they should describe how they have provided dignity of care for patients and won their trust. Here they may refer to validated patient or carer surveys, or service feedback
- Evidence of excellence in preventative medicine measures e.g. in alcohol abuse, smoking cessation and injury prevention
- Evidence of the effect on patient experience
- Good use of NHS resources

Domain 2 – developing a high quality service

Evidence should be given here of how they have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of their local service(s) or related clinical service widely within the NHS. In general, their evidence should be as measurable as possible. They should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze

applications). It should specify their individual contribution, not just that of their department. They should give specific examples of action taken in light of audit findings including how these might have contributed to organisational change.

This could, for example, cover information about the following:

- Developing and completing relevant audit cycles or applying strategies to implement evidence based practice, leading to demonstrable service improvements. It is a baseline expectation that they provide evidence that they have fully participated in any relevant National and Local Clinical Audits. They should also refer to participation in any relevant National Confidential Enquiries
- Developing and/or applying tools to determine barriers to clinical effectiveness and their resolution
- Developing diagnostic tools, intervention techniques and methodology
- Analysis and management of risk; this may include examples of specific improvements, reduced risk or enhanced safety
- Improved service delivery, with a demonstrable effect. For example, how has their service become more patient-centred and accessible?
- Evidence that changes have been informed by consultation with patients
- Innovation in service delivery, with a demonstrable effect. Is there evidence of improved outcomes or the introduction of major prevention, diagnosis, treatment innovations or care models?
- Improved productivity and efficiency due to service redesign, with no diminution in quality
- Development of new health or healthcare plans or policies
- Major reviews, inquiries or investigations
- National policies to modernise health services or professional practice

Domain 3 – leadership and managing a high quality service

Evidence should show how they have made a substantial personal contribution to leading and managing a local service, or national/international health policy development. They should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

If they list particular roles in their application, that they have undertaken, they should describe the impact that they have had in those roles. ACCEA recognises many different aspects of leadership, which could include, but are not limited to the following:

- Evidence of positive outcomes as a result of effective leadership inputs and processes, giving examples of specific achievements in terms of improved quality of care for patients
- Information about any change management programme or service innovation that they have led, with evidence that it has improved service effectiveness, productivity or efficiency, for the benefit of patients, the public and staff
- Evidence of excellence in leading the development and delivery of preventative medicine initiatives including working with other agencies such as local authorities and the voluntary sector
- Development of individuals or a team in support of improved patient care. They should give specific examples e.g. of mentoring or coaching. (Consultants working in England might refer to the Guidance on talent and leadership planning in England)
- An ambassadorial or change champion role, perhaps in public consultation or explanation of complex issues
- Developing a compelling and shared vision and purpose for change, investing in verified improvement methodologies, tackling any behavioural issues that get in the way
- Demonstrating their contribution to removing barriers and positively promoting diversity in the workplace, and achieve equality and inclusion outcomes thus enabling the career progression of clinicians and non-clinicians into senior leadership positions
- Working across organisational and professional boundaries in support of improved patient care, access or use of resources (clinically effective and efficient)
- A leadership contribution to developing patient-focused services
- Membership of a committee along with evidence of outcomes and their role in these. Membership of some national or international boards or advisory bodies is itself recognised as a marker of high professional status, but membership alone cannot usually be accepted as evidence of an awardable contribution: we require evidence of what their membership achieved and their impact in any particular role that they list
- Excellence in team leadership for which they take sole, rotational or shared responsibility

- A leadership role in relation to clinical governance including a leadership role in policy or service development
- Examples of individual leadership

They should provide evidence of their contribution, the source of any data, and relevant dates should all be included.

Domain 4 – research and innovation.

This section of the form is used to outline contributions to research, and how the applicant has supported innovation including developing the evidence base for the measurement of quality improvement. In the section on references they should detail papers published etc. (not give the names of referees). Concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

On a separate line, they should detail what they have achieved to date and what they hope to achieve, with supporting evidence, such as:

- New techniques or service models that they have developed and which have been adopted by others. In particular, how they have applied improvement methodologies in order to get the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change
- Further developed techniques for public engagement
- Encouraged the systematic uptake of innovation to improve the quality of patient services
- Actual or potential impact of their research, including that which is laboratory based, or innovative development on health service practice, health service policy or on the development of health services, including the relevance of their research to the health of patients and the public
- Major trials/evaluations (including systematic reviews) led, or co-investigated, and published over the preceding five years and referenced
- Their contribution as a research leader and to the research and supervision of others
- Other markers of standing in their chosen research field(s) such as membership of review boards of national funding agencies, office bearer of learned societies or professorships. Evidence should be provided of their impact in these roles
- Grants they hold i.e. not just those held by the department

- Peer-reviewed publications, chapters or books written/edited – please indicate editorial activity
- Significant participation in multi-centre research studies, e.g. high levels of recruitment to clinical trials
- Evidence of excellence in research leading to new solutions to preventing illness and injury

Domain 5 – teaching and training

For some applicants, teaching and training will form a major part of their contribution to the NHS, over and above contractual obligations. Applicants should concentrate on recent contributions (since their last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

Evidence should be provided of excellence that relates to the following (they are not expected to include examples in all of these categories):

- **Quality of teaching.** Any medical undergraduate teaching, evidence of student feedback and other forms of teacher quality assessment that show students' views
- **Leadership and innovation in teaching.** This might include:
 - Developing a new course
 - Innovative assessment methods
 - Introducing new learning facilities
 - Authorship of successful text books or other teaching media
 - A contribution to postgraduate education and life-long learning
 - Contributions to teaching in other UK centres or abroad
 - Developing innovative training methods
- **Scholarship, evaluation and research contributing to national or international leadership in the educational domain.** This might include:
 - Presentations
 - Invitations to lecture
 - Peer-reviewed and other publications on educational matters
 - A contribution to education of other health and social care professions
- Teaching and education of the public e.g. health promotion and disease prevention
- Institutional success in regulatory body and quality assessment audits of teaching in which you have played a key role. This could include undergraduate or postgraduate examinations or supervision of postgraduate degree students
- Evidence of personal commitment to developing teaching skills. Such as Higher Education Academy membership and courses completed

- Evidence of unusual teaching and educational commitment and workload not recognised in other ways
- Evidence of excellence and innovation in teaching related to preventing illness and injury

Additional information for Domains 3, 4 and 5

For Domains 3-5, applicants will have an opportunity to include additional material to support their application, if they have been particularly active in a specific area.

If they are applying for **Bronze or Silver**, they can include additional information for Domain 3 or Domain 4 or Domain 5.

For **Gold** applications, they can select two from Domains 3, 4 and 5. If they have been particularly active in these areas, they can choose the ones in which they have made the most significant contribution.

For **Platinum** applications, have the opportunity to select all three domains in which to include extra information.

When completing these domains online, applicants will be given the option to provide this additional information in supplementary form(s), instead of in the actual domain field. Applicants are not obliged to complete these supplementary form(s) and should only use them if they feel there is inadequate space in the domain field to provide important information to support their application

Part 4: Scoring Applications

4.1 How to score new award and renewal applications

4.1.1 You should consider how applicants have performed in the five domains, when assessing their application. You should score new and renewal applications in a similar fashion. Renewal applications for distinction awards should be compared to the standard expected of an application for a new award at equivalent level ie A plus/platinum, A/gold and B/bronze. See part 5 “How to use the scores”.

4.1.2 Applicants are not expected to perform ‘over and above’ expectations in all five domains. Much will depend on the type and nature of their post.

4.1.3 As part of the assessment process, you should score each domain using the following ratings:

- | | |
|---|----|
| ➤ Excellent | 10 |
| ➤ Over and above contractual requirements | 6 |
| ➤ Meets contractual requirements | 2 |
| ➤ Does not meet contractual requirements or when insufficient information has been produced to make a judgment. | 0 |

4.1.4 ACCEA has developed guidance for scoring national applications, which is set out below. We continue to develop this, in partnership with stakeholders, to ensure the process is fair and gives all applicants an equal opportunity to demonstrate excellence in key areas.

4.1.5 In scoring applications you should normally take the position that evidence, for all these elements, is only relevant if it refers to work the applicant has carried out since gaining any previous National Awards. For applicants for a Bronze Award, the evidence should be predominantly of achievement within the last five years. Applicants at all levels may refer to work earlier than that indicated here, but only to illustrate the basis on which their more recent achievements have been made. **It is therefore very important that applicants provide dates for roles and achievements that they are citing.** In addition they should clearly describe the impact that they have had in any particular role and where appropriate provided evidence of outcome data. You should not give credit for achievements unless you can tell from the application that they occurred at the relevant times.

DOMAIN 1 – delivering a high quality service

➤ **0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment.)**

➤ **2 (Meets contractual requirements)**

Performance in some aspects of the role could be assessed as ‘over and above’ expected standards. But generally, on the evidence provided, contractual obligations are fulfilled to competent standards and no more.

➤ **6 (Over and above contractual requirements)**

Some duties are performed in line with the criteria for ‘Excellent’, as below. However, on the evidence provided, most are delivered above contractual requirements, without being in the highest category. Outcome measures where available should be provided to demonstrate excellence in clinical practice

➤ **10 (Excellent)**

As well as demonstrating excellent outcome measures where these are available applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

➤ Contracted job is carried out to the highest standards. Evidence for this should come from benchmarking exercises or objective reviews by outside agencies. Where this is not available, there should be other evidence that the work undertaken is outstanding – in relation to service delivery and outcomes – when compared to that of peers

➤ Personal role in service delivery by a team, with evidence of outstanding contribution, such as awards, audits or publications

➤ Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers’ survey, or feedback on the service (external or peer review reports)

DOMAIN 2 – developing a high quality service

➤ **0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)**

➤ **2 (Meets contractual requirements)**

The applicant has fully achieved their service based goals and provided comprehensive services to a consistently high level. But there is no evidence of them making any major enhancements or improvements.

➤ **6 (Over and above contractual requirements)**

The applicant has made high quality service developments, improvements or innovations that have contributed to a better and more effective service delivery. This could be demonstrated by:

- Improvement in service based on evidence
- Improved outcomes (clinical effectiveness)
- Greater cost effectiveness
- Services becoming more patient centred and accessible
- Benefits in prevention, diagnosis, treatment or models of care

For this score, the activity could be at local level especially if in the face of difficult circumstances or constraints as well as at regional or national level.

➤ **10 (Excellent)**

In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this is not exhaustive):

- Service innovation – introduction of new procedures, treatments, or service delivery, based on original research or development or effectively overcoming barriers to clinical effectiveness. This should be backed up by relevant, completed audit cycles or research that has been adopted at regional, national or international level, with demonstrable change in evidence based practice
- Clinical governance – introduction or development of clinical governance approaches which have resulted in audited/published advances taken up elsewhere
- Leadership in the development of the applicant's specialty at regional, national or international level. This should include evidence of wide participation in

promoting the development of evidence based practice in the specialty, including patient and public involvement

DOMAIN 3 – leadership and managing a high quality service

This domain covers achievements in clinical or medical academic management, administrative or advisory responsibilities.

➤ **0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)**

➤ **2 (Meets contractual requirements)**

Applicants should receive this score if they provide evidence of successfully contributing to the running of a trust or unit, especially in difficult circumstances, and maintaining excellent staff relations – by encouraging colleagues in nursing and other professionals ancillary to medicine.

➤ **6 (Over and above contractual requirements)**

To score 6 points, applicants must show successful management skills, especially in innovative development and hard pressed services. They may also have been involved in recognised advisory committee work, at regional and particularly national level (especially if as secretary or chair). Other criteria that would merit this score include effective chairing of a trust or university committee as, for example, clinical director. Look also for examples of how applicants have carried out appraisals for peers/non-career grade doctors or been involved in major reviews, enquiries or investigations or as part of a College/Specialty Advisory Committee. ACCEA does not expect to reward membership of such committees in itself. You should look for evidence that the contribution made by the applicant has been over and above expectations and that they have described the impact they have had in each role.

➤ **10 (Excellent)**

In addition to some achievements acquiring a score of 6, applicants scoring 10 in this domain will have shown evidence of outstanding administrative achievement in a leadership role – as confirmed by their employer and/or other citations. Medical directors and other clinical managers should not be given this score purely because they hold the post – there must be clear evidence that they have distinguished themselves by leadership in advancement of health policy and delivery.

Other evidence that could merit this score includes (this list is not exhaustive):

- Involvement in shaping national policy, aimed at modernising health services (might include effective chairing of an area or advisory committee of national importance)
- Successful directorship of a large nationally recognised unit, institute or supra-regional services
- Planning and delivery of area or nationwide services
- Other evidence from citations of exceptional activity and achievement

DOMAIN 4 – research and innovation

Assessment of this domain will be influenced by the contract held and how time is allocated within the job plan for research and innovation. So, for an academic consultant, evidence will be measured against the output expected from the applicant's peers. In determining this, consideration will be given to any citations submitted by the University Medical Dean or, for a recognised research body, its Chief Executive. If the applicant is an NHS consultant, any citation from the relevant Director of Research should also be taken into account.

Assessors should note evidence of the impact of research on improvement in healthcare and health.

- **0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)**
- **2 (Meets contractual requirements)**

If the applicant is an academic consultant, they should be considered by their employer to be “research active” – at a level commensurate with their contract. This rating would be based on the applicant's research output and associated publications within the past five years.

If he or she is an NHS consultant, they will have undertaken clinical research, alone or in collaboration, which has resulted in publications. Or they may have collaborated actively in basic research projects established by others. They may also have actively encouraged research by junior staff and supervised their work.

➤ **6 (Over and above contractual requirements)**

There will be evidence of the applicant having made a sustained personal contribution in basic or clinical research which could be demonstrated by:

- A lead or collaborative role, holding, or having held within the past five years, peer reviewed grants
- A role as a major collaborator in clinical trials or other types of research
- A publication record in peer reviewed journals within the past five years
- Supervision now, or in the past five years, of doctorate/post-doctorate fellows
- Other markers of research standing such as lectures/invited demonstrations
- Development of a method, a tool or equipment, which contribute to the understanding of, or towards care delivery

➤ **10 (Excellent)**

In addition to some or all of the achievements listed in 6, the applicant's research work will be of considerable importance to the NHS by its influence on the understanding, management or prevention of disease. This could be demonstrated by evidence of the following (this list is not exhaustive):

- Major peer reviewed grants held currently and/or within the last five years, for which the applicant is the principal investigator or main research lead. They should have included the title, duration and value
- Contribution to research and the evidence/evaluative base for quality
- Research publications in high citation journals
- National or international presentations/lectures/demonstrations given on research.
- Supervision of successful doctorate students, some of whom might have come on national or international fellowships
- Patent of a significant innovation
- Other peer determined markers of research eminence

DOMAIN 5 – teaching and training

All consultants are expected to undertake teaching and training, and applicants must identify excellence that is over and above their contractual responsibilities beyond simply fulfilling the role.

Excellence may be demonstrated by leadership and innovation in teaching locally, nationally or internationally. This may include undergraduate and/or postgraduate examining and supervision of postgraduate degree students. A contribution to the education of other health and social care professionals is also relevant.

➤ **0 (Does not meet contractual requirements or when insufficient information has been produced to make a judgment)**

➤ **2 (Meets contractual requirements)**

Evidence of having fulfilled the teaching/training expectations identified in the job plan, in terms of quality and quantity.

➤ **6 (Over and above contractual requirements)**

Applicants could present evidence in the following areas:

- The quality of teaching and/or training through regular audit and mechanisms such as 360 degree appraisal. This should include evidence of adaptation and modification, where appropriate, of these skills as a result of this feedback
- Involvement in quality assurance of teaching and evidence of success with regulatory bodies involved with teaching and training
- High performance in formal roles such as working with under and postgraduate deans, and involvement with postgraduate educational programmes in roles such as head of training/programme director, regional adviser, clinical tutor etc

➤ **10 (Excellent)**

In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

- Leadership and innovation in teaching, including
 - new course development
 - innovative assessment method

- introduction of new learning techniques
- authorship of successful textbooks or other media on teaching/training
- National and international educational leadership, such as presentations, invitations to lecture, peer reviewed and other publications on educational matters
- Innovation and trend setting in teaching and training, including examination processes, for a college, faculty, specialist society or other national professional bodies

4.2 How to use the Scores

4.2.1 Introduction

This note reiterates the importance of effectively ranking new applications and provides instructions on how sub-committees should use the scores of reviews. Scoring of renewals has been in place since the 2011 Round to demonstrate a robust process for justifying the continuation of awards.

4.2.2 Ranking of new applications

Particular attention should be given to distinguishing between applicants whose scores cluster closely and are around the cut off point for the indicative number for that level. Sub-committees will wish to make particular efforts to be satisfied with the final ranking of applicants where their scores are closely clustered. Some sub-committees find it helpful to ask members to rescore all domains in order to distinguish between applicants whose original scores are either identical or extremely close.

In exceptional circumstances it may be appropriate to depart from the ranking which has been based solely on the scores. In the past there have been instances where such changes in ranking have been the subject of appeal. It is therefore very important that the reasons for altering the ranking are formally articulated at the meeting and the Chair and Medical Vice Chair are asked to agree a form of words to document the reasons which the sub-committee co-ordinator will formally record.

The Chair and Medical Vice Chair of each sub-committee will receive the scores in advance of meetings to allow them to notify the sub-committee of those applications which will require discussion. This will ensure that committee members are able to familiarise themselves with the application forms of those to be discussed.

4.2.3 Using the renewal scores

The sub-committee will be provided with a ranked list using the scores submitted by each assessor the same as they do for new awards.

This ranked list will be used to determine those award holders who will and will not have their awards renewed. Those on the list will fall into 2 categories, as follows:

- a. Renewed
- b. Not renewed

As already stated in paragraph 2.2.7, 2015 Awards Round applications that do not score as highly as the lowest ranked successful applicant for a new award in the relevant region will not be successful for renewal at that level. Where an application does not score as highly as the lowest ranked successful new applicant at the equivalent of silver, gold awards, these applicants will be considered by ACCEA for renewal at a lower level if the score achieved on their application is as high as the lowest ranked successful new applicant at the lower level in that region. Platinum applicants will be scored by the Platinum sub-committee and benchmarked against the lowest successful new applicant. The original sub-committee score will be used, the application will not be rescored.

4.2.4 Awards successfully renewed

Award holders will be deemed to have qualified for renewal without discussion if their application forms are scored equivalent to, or more than, the lowest ranked new applicant within the indicative number at the same or equivalent award level.

Recommendations for new awards occasionally depart from the original scoring and applicants, outside the ranking on the basis of scoring, may be moved up into the sub-committee's ranked list. Where this occurs, the score renewal applications must reach is the score of the lowest ranked new applicant in the final sub-committee recommendations. This will remove any possibility of renewal applicants who score higher than those in the list of recommendations for new awards having their awards removed. A numerical example of the above can be found below:

Your indicative number at Bronze level is 11. Following discussions no.11 (based on scoring) is removed from the list and no.15 is moved up. The score which a renewal applicant needs to achieve to be successfully renewed is more than or equivalent to the score of no.15.

4.2.5 Awards not renewed

Where a national award is not renewed, the award and the financial element will cease on 31 March 2016, unless subject to the provision outlined in paragraph 4.2.3.

4.2.6 Applicants applying to renew an existing award and also for progression to a higher level

Some applicants are applying to renew their existing award and for progression to a higher level award. These applications should be scored twice, at their existing level and separately at the higher level.

Due to the division of award levels for scoring purposes between committee members, Group 1 will score those Bronze renewals who have also applied for progression to Silver and Group 2 will additionally score these against criteria for new Silver awards. Members in Group 2 will be scoring the Silver, A and Gold renewals, along with the applications for those members applying for progression to Gold and Platinum. Members should expect the scores to be different at the two levels.

4.2.7 Conclusion

The sub-committee will be asked to make a recommendation to ACCEA on whether an award should be renewed or not. They are not being asked to recommend how long the award should be renewed for.

The Chair and Medical Director of ACCEA may then want to discuss certain cases with you as has happened in previous years.

Part 5: Composition of committees

5.1 Sub-committees

5.1.1 Sub-committees reach collective decisions. They have lay chairs and membership is drawn from consultants from a wide range of specialties, academic medicine and dentistry.

5.1.2 Members are also drawn from NHS employing organisations through a mixture of chief executives, medical directors and human resources directors, as well as lay members with a strong patient focus. These members make specific contributions and have appropriate expertise and experience.

5.1.3 Regional sub-committees normally have 24 members, comprising:

- **Professional members (50% of total)**, these will be consultants serving in the NHS or academic GPs. They are not appointed as representatives of any individual specialty or employer, but are there to advise on individuals. The medical vice-chair co-ordinates the sub-committee's work
- **Employer members (25% of total)**, these will be chief executives, medical directors or HR directors, employed in NHS organisations. They are not appointed to represent the views of any particular organisation or employer
- **Lay members (25% of total)** these members will have up to date knowledge of the NHS, and informed lay involvement in healthcare and the patient's perspective

5.1.4 Each application will be scored by a sub-group of the regional committee. Group A will score new Bronze applications and Bronze and B renewals. Group B will score new Silver and Gold applications and Silver, Gold and A renewals. These scoring groups will have the same balance of professional, employer and lay membership as the committee as a whole. The full committee will consider the implications of the scores.

5.2 Employer Based Awards Committees

5.2.1 Employer Based Awards Committees consider applications from consultants, who have applied for Levels 1-9.

5.2.2 Employer Based Awards Committees will have a minimum of 12 members, at least half of whom should be currently employed consultants.