

Publication withdrawn

This guidance is out of date.

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



ACCEA

**ADVISORY COMMITTEE on
CLINICAL EXCELLENCE AWARDS**

**INFORMATION FOR MEMBERS OF THE
NATIONAL COMMITTEE AND REGIONAL
SUB-COMMITTEES**



Introduction

The Advisory Committee on Clinical Excellence Awards (ACCEA) is an independent advisory NDPB that succeeded the Advisory Committee on Distinction Awards (ACDA). In February 2001, the Department of Health published a consultation document, which set out proposals for a new consultant reward scheme to replace the current discretionary points and distinction awards with a single, more graduated, scheme comprising both local and national elements. This was introduced as the Clinical Excellence Awards Scheme in 2003. The whole scheme is governed by common criteria and there is a common application form for all levels of award.

Clinical Excellence Awards continue to pick up on the good practice developments introduced under the previous distinction awards / discretionary points arrangements, which date from the inception of the National Health Service in 1948. The awards are given to recognise and reward contributions to the NHS, which are “over and above” that normally expected. In particular, the objective is to reward individuals who:

- 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

It is not expected that individuals will meet all of these objectives to become eligible for an award, and much will depend on the nature of each post.

The NHS Clinical Excellence Award Scheme is a seamless scheme comprising both local and national elements, all overseen by the ACCEA. The lower value awards (levels 1-8) are made by individual employer based committees, reporting to the ACCEA sub-committees. The higher value awards (levels 10-12) are made by ACCEA and its sub-committees. Level 9 awards will be considered by employer-based advisory committees if they are for local contribution and by the regional sub-committees if they are for national contribution.

In contrast to the old discretionary points and distinction awards schemes, all awards under the Clinical Excellence Award Scheme are determined according to a common rationale and objectives. The eligibility and assessment criteria for all awards are set nationally and there is a standard nomination form for all levels of award. ACCEA develops guidance on the minimum standards to be applied by all employer-based committees.

In December 2012 the Doctors and Dentists Remuneration Board (DDRB) *Review of compensation levels, incentives and Clinical Excellence and Distinction Awards schemes for NHS Consultants* report was published. It sets out the case for change and the DH has accepted most of the key principles underlying the report.

The report is currently the subject of discussions between the BMA and NHS Employers. In the meantime ACCEA is for planning purposes making the assumption that there will be a 2013 Clinical Excellence Award round although the formal go-ahead for this had not been given at the time of writing

DH has stated that it is committed to working with the profession on the Report's recommendations and the aim is to reach Heads of Terms agreement with doctors' representatives on how the recommendations should be implemented by Spring 2013.

Role of the Secretariat

ACCEA has a full time executive secretariat which is sponsored by the Department of Health. The principal functions of the executive secretariat are to:

- ❖ provide day to day support for the Chairman and Medical Director;
- ❖ support the Chairmen & Medical Vice-Chairmen of the sub-committees around the country.
- ❖ process approximately 3,000 applications for new and renewal awards each year;
- ❖ lead in the Department of Health on development of operational policy for ACCEA;
- ❖ undertake the executive duties arising from the process of making annual awards, including the writing of the Annual Report;
- ❖ manage the Clinical Excellence Awards budget, ensuring appropriate allocation of funds;
- ❖ manage the ACCEA database, an information system holding personal data and awards related information on some 36,000 NHS consultants;
- ❖ manage the collection and processing of data, including the statistical analyses required for publication;
- ❖ provide advice, in writing and on the telephone, on Clinical Excellence Awards to all interested parties;
- ❖ liaise with the awards committees secretariats in Wales and Scotland as well as the MOD;
- ❖ provide advice/replies to Ministerial correspondence, briefings and submissions to Ministers on ACCEA business as required;
- ❖ provide advice and information to the parties discussing the DDRB recommendations and implement a new awards scheme.

Form of the Committees

ACCEA is formed of a main committee and 13 regional ACCEA Sub-Committees. The regional committees are based on previous Strategic Health Authorities boundaries and will remain in this format for the 2013 Awards round. There is also a committee covering Wales and a DH Committee considering those who are seconded to the Department of Health or who work for Arms Length Bodies. There are also employer-based awards committees, which will decide on levels 1-8 and level 9 awards given for local contributions.

The Main Committee

ACCEA comprises a main committee having a lay chair and a medical director. The membership of the central committee includes members of the profession, the Department of Health, NHS employers, the Academy of Medical Royal Colleges, Universities UK and lay people.

ACCEA's function is to establish the criteria against which candidates will be assessed and to set up and administer the process by which nominations will be judged. ACCEA advises on which NHS consultants and academic GPs will receive awards & quality controls the process.

The Committee provides advice on the nominations for awards that are proposed by the Chairman and Medical Director. Nominations are based on recommendations made by the sub-committees taking into account nominations from 'National Nominating Bodies'. The main committee also determines the final recommendations for Platinum (Level 12) awards.

Sub-Committees

Sub-committees, like ACCEA itself, have lay chairs and medical vice-chairmen. The medical vice-chairman will be responsible for co-ordinating the work of the sub-committee. The sub-committees are responsible for assessing applications from consultants and academic GPs for new national awards and applications for renewal of existing national awards. They take account of recommendations from employers, National Nominating Bodies and Specialist Societies and submit their recommendations in priority order for consideration to the Chairman and Medical Director of ACCEA. National awards are bronze (level 9), Silver (level 10), Gold (Level 11) and Platinum (Level 12).

The membership comprises:

12 Professional members (50% of total membership including the medical vice chairman)

6 Employer members (25% of total membership) act as a channel for the views of employers generally within the sub-committee areas

6 Lay members (25% of total membership) who are knowledgeable about the working of the NHS, as currently constituted, and will have informed lay involvement in health care and the patient's perspective

On average, each sub-committee receives up to 300 applications. This number then has to be reduced to approximately 45 for submission to the Chairman and Medical

Director. In addition, each sub-committee will receive up to 50 applications for renewal of awards.

The sub-committees have a role in monitoring the Employer-Based Awards Committees to ensure that processes are carried out fairly and in accordance with guidance issued by ACCEA.

Roles and Responsibilities of Sub-committee members

- ❖ Members are appointed not as representatives of any organisation or group but as individuals who will use their background knowledge and experience to assess applications in a fair, transparent and equitable manner according to ACCEA guidance and adhere to the Nolan Principles (see appendix 1);
- ❖ Members must treat all information relating to the assessment process of applications in complete confidence;
- ❖ Members should have undergone equality and diversity training;
- ❖ By agreeing to be a member you are committing to fulfilling the requirements of the role. In the case of sub-committee members this includes scoring, on-line, all the applications allocated to you within a specific time period. The number varies in different regions of the country but in 2011 each sub-committee member was required to score an average of about 100 applications. In addition sub-committee members are required to attend two meetings of their committee;
- ❖ Any perceived or real conflict of interest should be discussed with the Chair of the committee and if appropriate formally declared. Sub-committee members should not score or participate in any discussion about applications from family members, partners or close personal friends. If they are an applicant themselves they should not score any of the applications at that level;
- ❖ Members are required to conform to the same requirements as applicants and award holders regarding investigations and disciplinary issues. Therefore you should inform ACCEA, as soon as you are aware, if you become the subject of any investigations or disciplinary procedures. This would include any restrictions by external bodies such as the GMC, GDC, NCAS etc. It would also include any restrictions on your practice and complaints against your performance or conduct that your employer is formally investigating. ACCEA needs to maintain the reputation of its evaluation processes, ensure that they are perceived as fair and that dissatisfied applicants cannot impugn the integrity of committee members. There may, therefore, be circumstances where members who are subject to disciplinary procedures, or who might be perceived to have a conflict of interest, are asked to suspend their involvement with the evaluation of applications to avoid their objectivity being called into question.

Employer Based Awards Committees

Each employer of consultants and/or academic GPs providing services to the NHS sets up a committee, or, may link with a neighbouring employer to constitute a viable committee, to consider nominations for Levels 1-8 and Level 9 that are for local contribution. Each employer-based committee will produce an annual report. This is included in the ACCEA Annual Report and used to demonstrate that the process was completed fairly and in accordance with guidelines issued by ACCEA.

THE SEVEN PRINCIPLES OF PUBLIC LIFE

SELFLESSNESS

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

OBJECTIVITY

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

HONESTY

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP

Holders of public office should promote and support these principles by leadership and example.

These principles apply to all aspects of public life. The Committee has set them out here for the benefit of all who serve the public in any way.