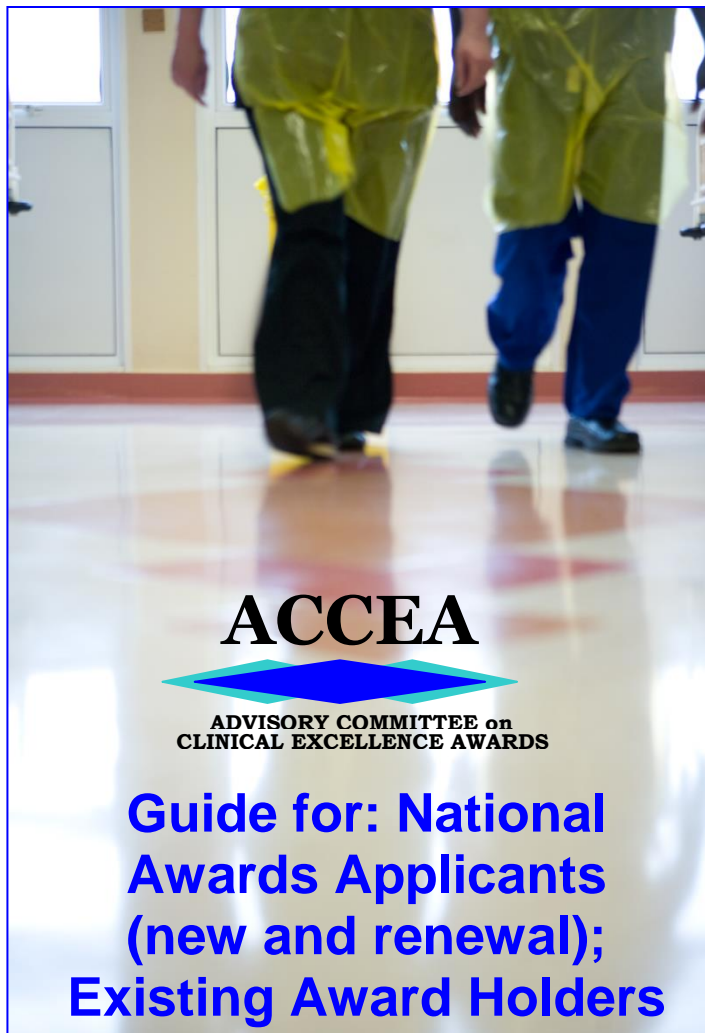


# NHS Consultants' Clinical Excellence Awards Scheme



This Guide is available online at the ACCEA website  
[www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards](http://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](http://www.nhsaccea.dh.gov.uk)

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Please note: All applications for national awards must be submitted by 17:00 on Tuesday 25 April 2017

## Preface: What does this Guide cover?

All applicants (new or renewal) and current awards holders 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 for Health. The recommendations in the report are subject to on-going consideration.

**The advice and information contained within this Guide relates to the 2017 Round only.** It does not pre-empt decisions on any new Scheme.

This Guide is for NHS consultants and academic GPs applying for a new Clinical Excellence Award and/or for renewal of their current clinical excellence or distinction award. In the case of public health, medical and dental consultants Public Health England are authorised to accept newly appointed consultants into the scheme provided the requirements of their role meet the requirements for NHS consultants. It covers national awards in England and Wales.

It explains how the Scheme works, who is eligible and how to apply. It also explains how your application will be considered, and what to do if you want to appeal against the decision.

Please use it as background information and as a reference guide while completing your application. **You may not be able to complete your application without this Guide so it is essential that you read it.**

You can find a set of frequently asked questions about the Scheme, along with annual reports of previous award rounds, at [www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards](http://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards).

You can also find a Code of Practice at [www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards](http://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards).

Screenshots of the application form will be placed on the ACCEA website. This does not replace this Guide but may assist further when completing your application.

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

**1.1.4** If you already hold a Distinction Award or Discretionary Points, which preceded clinical excellence awards, you can still apply for a Clinical Excellence Award – see section 2.2 for more details.

### **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. 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 your national application will be withdrawn if you are successful in your Level 9 application prior to the outcome of the national awards round. There is no difference to the applicant, financially, between the two awards.

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

**1.2.3** 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.

**1.2.4** 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 which 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 of 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 will your application be 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 Part 5, and there is guidance for assessors on how to judge applications against these criteria, which you can view at [www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards](http://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards).

**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** For the purposes of renewal, distinction awards are scored against their Clinical Excellence Awards equivalents:

<b>Distinction Award</b>	<b>CEA Award</b>
B	Bronze
A	Gold
A+	Platinum

**1.5.5** The sub-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

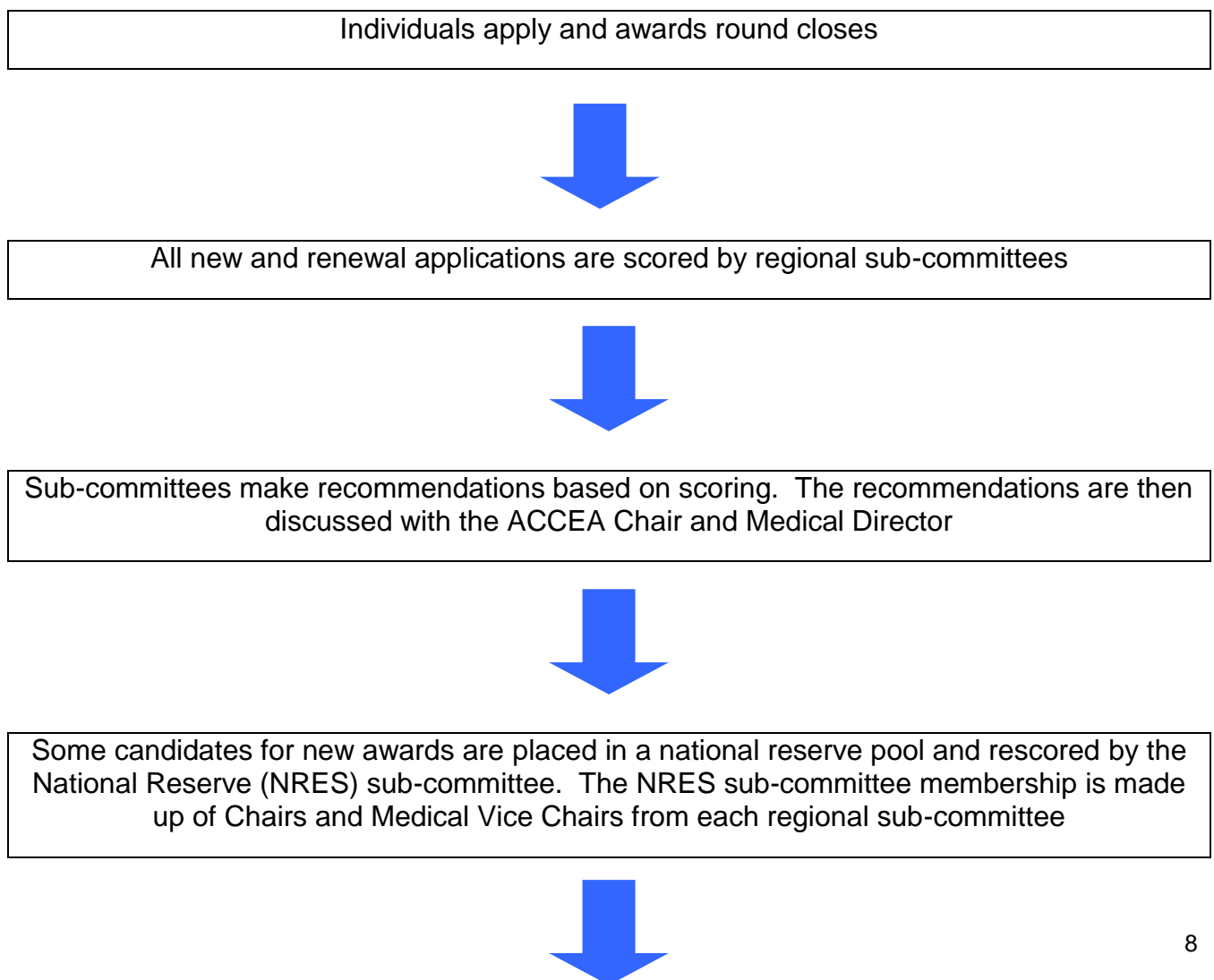
**1.5.6** All new and renewal applications are scored in their region. Each of the subcommittee members score independently of each other and the scores are then aggregated. Each sub-committee is divided into two groups: Group 1 scores B and bronze renewals and new bronze applications and group 2 scores A renewals and new and renewal

silver and gold applications. Applications are scored consistently within each group against the published guidance. Therefore a consultant who applies for a new award and submits a renewal application will receive two scores, which are not comparable or interchangeable. From these scores the sub-committees make a list of recommendations for awards based on the indicative number of awards for that region. A national committee made up of lay chairs and medical vice chairs of regional sub-committees scores applications for platinum awards. The platinum committee of the main ACCEA considers these scores alongside the recommendations of the Academy of Medical Royal Colleges and Universities UK. The process for assessing bronze applicants in Wales is different; contact the Wales Secretariat for further details.

**1.5.7** ACCEA receives additional advice for applications for new awards 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.

**1.5.8** 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.

**1.5.9** The assessment process is summarised in the following diagram:





ACCEA's Chair and Medical Director make recommendations for new awards and renewals, based on the sub-committee and national reserve scores, to the National ACCEA Committee



ACCEA England recommendations are sent to DH Ministers for agreement. Welsh 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 of 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 applicant's work, when these are 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 which applicants 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. These 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
- Personal statements of consultants receiving new awards and (from 2013) renewals. These statements summarise the evidence which individuals have set out in their application
- 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.

## PART 2: ELIGIBILITY

### 2.1 Who can apply for an award?

**2.1.1** You can apply for a Clinical Excellence Award if you are in one of the following 6 categories:

a) **A fully registered medical or dental practitioner**, who is included on the specialist register of the GMC with a licence to practise or specialist list of the GDC, who has been substantively appointed as an NHS consultant for one year (excluding any period as a locum although reference to achievements as a locum in the same role can be drawn on as evidence) on 1 April in the award year. Consultants returning to work after retirement are also eligible (see 2.1.6 – 2.1.8). Eligible consultants will be employed by organisations such as:

- NHS England
- Clinical Commissioning Groups
- Special Health Authorities
- NHS Trusts
- NHS Foundation Trusts
- The Department of Health (where you retain NHS terms and conditions of service)
- Public Health England
- Health Education England
- Local Authorities (In respect of public health consultants approved by Public Health England)
- Welsh Government
- Public Health Wales
- Health Boards in Wales
- NHS Trusts in Wales
- Social Enterprise organisations
- National Institute for Health and Care Excellence
- NHS Blood and Transplant
- Universities
- Medical and Dental Schools
- The Medical Research Council
- Other bodies occasionally approved by ACCEA as proper employers of consultants for NHS purposes

b) An **academic general practitioner (GP)** with a licence to practise, holding a substantive contract of employment as a clinical academic at the equivalent of senior lecturer level or above, with a higher education institute and/or the Medical Research Council.

You will only be eligible if your employer considers that your duties and responsibilities equal those of consultant clinical academic staff.

You can apply for awards, provided you:

- Work at least half your hours as an academic GP
- Are a practising clinician providing some direct NHS services
- Undertake at least five programmed activities or equivalent sessions that benefits the NHS, including teaching and clinical research

c) A consultant who is a registered medical practitioner with a licence to practise or a dental practitioner and holds an **honorary NHS contract**. Eligibility for awards is defined in the contribution made to the NHS, using wider terms than direct patient care. Whole-time academic consultants who undertake at least five programmed clinical activities or equivalent sessional time of benefit to the NHS, including teaching and clinical research qualify for a whole CEA.

Whole-time academic consultants with fewer than five programmed activities (or equivalent), considered beneficial to the NHS, may be eligible for a proportion of the award.

d) **A fully registered public health consultant** who is included on the specialist register of the GMC with a licence to practise or specialist list of the GDC approved by Public Health England as eligible for an award. There may be circumstances where the possession of a licence to practise may not be necessary.

e) **A postgraduate dean** registered with the GMC or GDC appointed in competition from both general practitioners (GPs) and consultants and with responsibilities for postgraduate trainees across all specialties. Postgraduate deans registered with the GMC will often also have a licence to practise although there may be circumstances where this is not appropriate.

f) **A consultant or academic GP subsequently employed as a dean/head of school in medicine or dentistry**, registered with the GMC or GDC, based on your work in this post. Deans/Heads of School registered with the GMC will often also have a licence to practise although there may be circumstances where this is not appropriate.

g) **A consultant working as an NHS trust clinical or medical director or equivalent medical manager post**. Awards committees will assess your contribution over and above expected duties.

If you are a consultant almost exclusively in medical management, you remain eligible for awards provided you have an active consultant contract and ensure you continue to be eligible for appropriate revalidation by the General Medical Council with a licence to practise.

Consultants who move out of medical management into general management without a specific clinical leadership role are not eligible for clinical excellence awards.

**Note:** There may be exceptional circumstances, which do not require a consultant, including a Public Health consultant, or an academic GP or a postgraduate dean to hold a licence to practise and these will be considered by ACCEA on an individual basis.

### *Terms and conditions*

**2.1.2** As an NHS consultant, you can apply for a Bronze, Silver, Gold or Platinum Award, whether you are subject to nationally determined terms and conditions of service or have agreed terms with an individual trust.

### *Military service*

**2.1.3** ACCEA is pleased to recognise contributions, over and above the contractual expectations, by NHS consultants and academic GPs to military medical and dental services. Applicants who are members of the Reserve Forces are encouraged to seek a citation from the Ministry of Defence via their Commanding Officer. Applicants who are Civilian Advisors to the Ministry of Defence are encouraged to seek a citation from the Surgeon General of the Ministry of Defence.

### *Consultants working part time*

**2.1.4** Consultants and academic GPs who are working part-time are eligible for Clinical Excellence Awards and will be paid on a pro rata basis.

### *Consultants and academic GPs nearing retirement*

**2.1.5** Where an applicant retires during an award round and before the announcement of the outcome, their application will be deemed to have been withdrawn. If a consultant plans to retire on or before 30 September 2018, ACCEA may extend the award up to the retirement date. To be eligible for an extension you should:

- notify ACCEA of the actual date of retirement before the end of their renewal year, ie for 2017 awards round before 31 March 2018. (An extension is for a maximum of six months after the end of the awards round (ie for 2017 up to 30 September 2018).
- Should your plans to retire change after notification to ACCEA, you have a duty to tell ACCEA at the earliest opportunity. Any changes to previously disclosed retirement plans may lead to awards being reviewed and awards could be withdrawn.
- For renewals, see 4.7.

### *Clinical Excellence Awards Post Retirement*

**2.1.6 Clinical Excellence Awards** cease on retirement and are consolidated into your NHS or USS pension. If you are re-employed, you will not continue to receive any award payment. If you are re-employed on a permanent contract, you have the right to re-apply to the Scheme.

**2.1.7** New awards following retirement and return to work are made on the basis of work undertaken since the new contract began and applications will need to demonstrate impact and sustainability. Evidence that has already gained recognition in your previous award will not be considered for your new award. The dates when the work described in the application form was undertaken must be clearly stated and if this is continuation of work prior to retirement this must be specified. Any evidence offered for which the dates are unclear will be disregarded by the assessors. If evidence relates to continuation of work prior to retirement, then it should be made clear what has been achieved since the new contract commenced. If a national award is not held at the time of retirement then an

application can be made at bronze level. For applicants who held a national award or L9 at the time of retirement, applications can be made for national awards in line with the table below. This can be at or below the level of any national award held at the time of retirement. If a national application is unsuccessful, it will not be considered at another level. In these circumstances, the applicant would be eligible to apply for employer based awards. Applicants must state the dates of their retirement and the commencement of their new contracts in their application. Applications will be assessed in competition with other applicants in the usual way.

At time of retirement:	You can apply for:
No national award was held	Bronze Award through the national process <b>and/or</b> Level 9 from your employer if you work in England
National award or local award L9 was held	A national award at or below the level of any national award held at the time of retirement

*Distinction Award holders returning to work*

**2.1.8** Following consultation with stakeholders the Department of Health asked ACCEA to change the business rules relating to the reinstatement of Distinction Awards following a return to NHS work after retirement. From 1 January 2014 consultants with Distinction Awards were no longer able to apply for reinstatement of their award after retirement. In addition, any consultants who, in January 2014, held a reinstated Distinction award following retirement ceased to receive this award from 31 March 2015. Consultants in this situation or consultants retiring and then returning to work after 1 January 2014 will be able to apply to re-enter the CEA Scheme or its successor, as Clinical Excellence Award holders are currently able to (see 2.1.6 and 2.1.7).

**2.1.9** Any consultants who previously held a reinstated distinction award will have renewed their award on an annual basis until the 2013 awards round, when the award was extended to 31 March 2015. Evidence submitted in the 2013 application will already have gained recognition in the reinstated award. Evidence that has already gained recognition cannot be considered for a new award; consequently, applications for a new award should include evidence of work after the 2013 application. The assessors will disregard any evidence where the dates are unclear and for on-going work it should be clear what has been achieved since 2014.

**2.2 Eligibility for progression**

2.2.1 If you already hold Discretionary Points, a Distinction Award or Commitment Awards and apply successfully for a Clinical Excellence Award, you will no longer receive payment from your previous Points or Award.

2.2.2 The guidelines for applying for a higher level award (subject to paragraph 2.1.7 for those who have returned to work after retirement) are as follows:

You already hold:	You can apply for:
Discretionary Points <b>or</b> Level 1-8 Award <b>or</b> Commitment Awards in Wales <b>or</b> no award	Bronze Award through the national process <b>and/or</b> Level 9 from your employer if you work in England
Bronze Award or Level 9 Award or B Distinction Award	Silver Award or lower
Silver Award	Gold Award or lower
Gold Award or an A Distinction Award	Platinum Award or lower

## 2.3 Issues affecting your eligibility for awards?

### 2.3.1 You are not eligible for an award if you are -

- A locum consultant, although if you subsequently hold a substantive consultant post it will be acceptable for your application to draw on evidence from your time as a locum consultant
- A consultant working exclusively in a general management position (such as chief executive or general manager) without a specific clinical role

#### *Investigations or disciplinary procedures*

**2.3.2** The Framework Agreement establishing the Clinical Excellence Awards Scheme states that consultants are eligible for awards providing there are no adverse outcomes for the consultant following disciplinary action by the employer or the General Medical Council or the General Dental Council. ACCEA have discretion in determining the impact of such disciplinary outcomes on individual applications and awards. For live investigations, including interim orders, you must inform ACCEA if you are the subject of any investigations, disciplinary procedures or successful litigation, related to your clinical practice, with an admission of liability or liability proven in a court. ACCEA will decide if such investigations render the consultant ineligible to apply for or retain an award.

#### *GMC/GDC*

**2.3.3** Adverse outcomes include disciplinary sanctions, all findings by the GMC or GDC of impaired fitness to practise due to 'misconduct', 'deficient professional performance' or criminal conviction or caution and formal GMC/GDC warnings. Eligibility relates to continuing to hold an award as well as applying for a new award.



**2.3.4 A consultant or academic GP will not be eligible to apply for an award, to continue to hold an award or to renew an award, if they have disciplinary sanctions including formal GMC/GDC findings of impaired fitness to practise or warnings outstanding against them.**

*Employer*

**2.3.5** The implications of disciplinary sanctions by employers' disciplinary proceedings, including the issuing of a formal warning, will be considered by the main ACCEA. ACCEA will decide if those sanctions render the consultant ineligible, with an opportunity for the consultant and the employer, where appropriate, to make representations on the issue.

## **PART 3: THE APPLICATION PROCESS**

### **3.1 Making your application**

**3.1.1** You must complete your own application form – nobody can submit one on your behalf.

**3.1.2** If you are applying for a **new national award** (Bronze, Silver, Gold or Platinum) and/or **renewal of a national clinical excellence or distinction award**, you will need to complete your application online at the ACCEA website at [www.nhsaccea.dh.gov.uk](http://www.nhsaccea.dh.gov.uk)

**3.1.3** You can download copies of the forms, to refine your responses, before completing the actual forms online. To do this, go to [www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards](http://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards).

**3.1.4** When applying for an award, you need to specify in which trust/organisation you are based, to ensure your application is considered by the correct sub-committee. If you list the wrong trust/organisation, your application will be sent to the wrong sub-committee and you may not be considered for an award. In the case of applications being considered through Public Health England please specify the relevant PHE regional employer

### **3.2 Support for your application**

**3.2.1** We cannot accept applications for awards without a supporting employer's statement (citation) from the chief executive or nominated deputy. You should explain this to your employer if, for any reason, they have not completed Part 2 of the application on your behalf.

**3.2.2** If you are employed by a university, the employer's statement should be completed by the chief executive or nominated deputy of the trust where you hold your honorary contract or Public Health England for public health consultants applying through PHE. You may wish to ask your university to complete a citation so it can comment on the significance of your contribution.

**3.2.3** Any individual, university or professional body may also support applications. To do so, they must write and submit a citation. The individual, university or professional body online must do this on the ACCEA website. A citation will add more value if it describes the impact or context of your contributions. Citations that duplicate information in your application or multiple identical citations are unhelpful.

### **3.3 How do appraisals fit into the process?**

**3.3.1** To be eligible for an award you must take part in an annual appraisal exercise. It is your employer's responsibility to confirm whether you have done this in the 12 months before your application, and if an annual appraisal exercise has not taken place then to confirm that you have made reasonable efforts to participate in an appraisal.

**3.3.2** ACCEA does not need information about the appraisal itself. But you will not be eligible for an award unless your employer confirms that you have participated satisfactorily in the appraisal process, have fully participated in job planning, met contractual obligations and complied with the Private Practice Code of Conduct. An applicant may have met the required standard of job planning without necessarily having an agreed job plan in place, for example where mediation is taking place. It is important that you explain this to your employer, if they are delaying for any reason.

### **3.4 What does ACCEA need to know about investigations or disciplinary actions?**

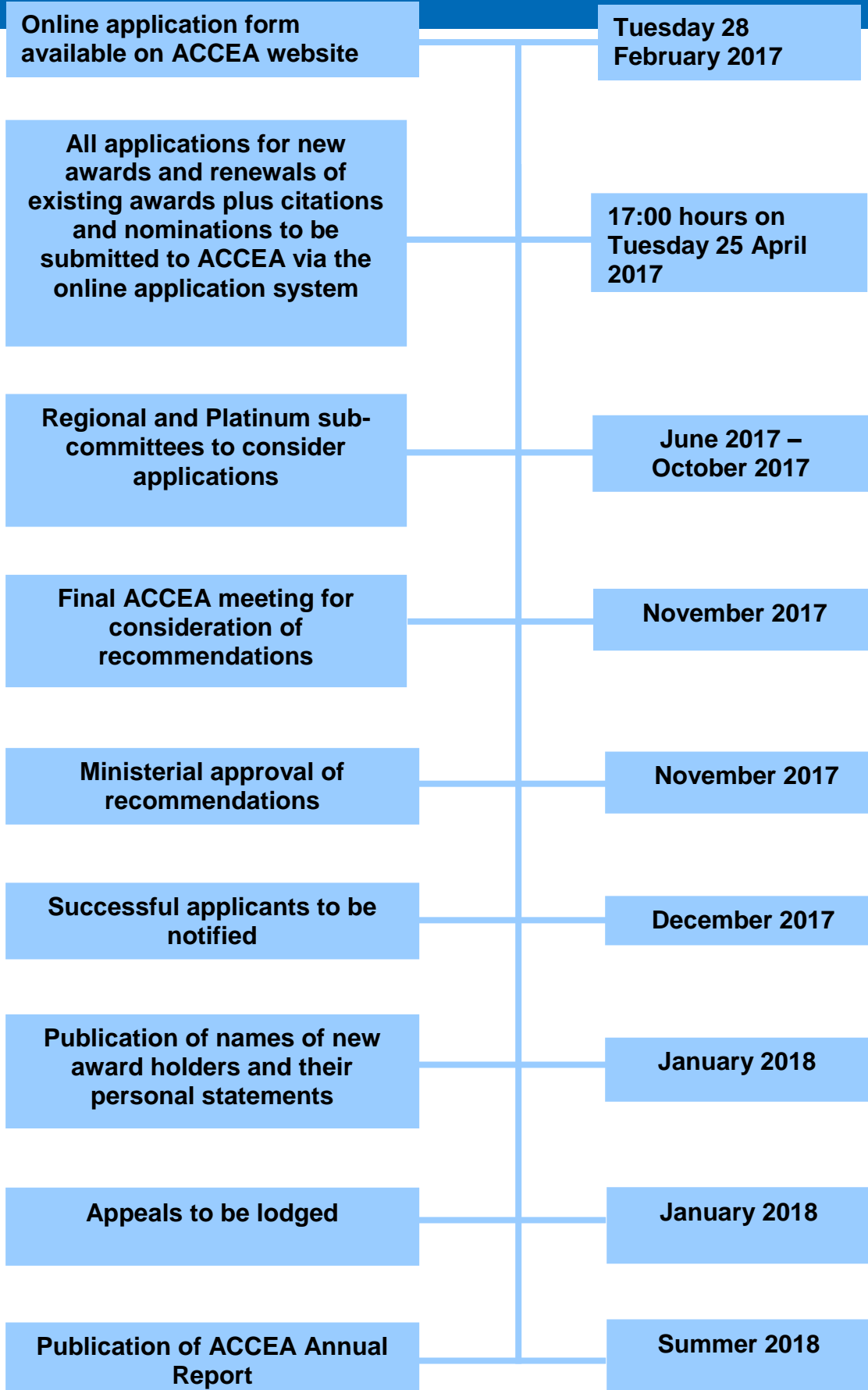
**3.4.1** You must inform ACCEA on your application form if you are currently, or have been in the last five years the subject of any investigations, disciplinary procedures or successful litigation, related to your clinical practice, with an admission of liability or liability proven in a court. This would include any investigations by external bodies such as the GMC, GDC, NCAS etc. It would also include any restrictions on your practice, complaints against your performance or conduct that your employer is formally investigating. Any declarations are recorded in a 'hidden' field within the application form and are not available to assessors during their scoring process; it will not have a negative impact on the scoring of your application.

- If the investigation has been concluded, you must provide information on the outcome.
- For live investigations, ACCEA maintains a policy of 'innocent unless proven otherwise'. It may suspend consideration of an award until the investigations are concluded. If an award is made in such circumstances, it will be backdated to the same date as if it had been made without suspension
- If you are subject to a new investigation or disciplinary procedure following the submission of your application, and before the new awards are announced, you must inform ACCEA immediately.

**3.4.2** Please note that ACCEA receives regular updates on investigations or disciplinary procedures. **Failure to declare any issues will call into question the probity of your application and this could lead to the application being void and, ultimately, the withdrawal of your award.**

### **3.5 National Awards timetable**

**3.5.1** The timetable for the national awards round is set out in the following diagram. All applications and supporting documents for national awards must be submitted by **17:00 on Tuesday 25 April 2017**. This is an automated system and **it will not be possible to submit an application after this time under any circumstances.**



### **3.6 Applying for a new national award (Bronze, Silver, Gold or Platinum) and/or renewal of a national clinical excellence or distinction award.**

**3.6.1** The online application form for the 2017 Awards Round is available on the ACCEA website. Please follow the steps at the end of this chapter when applying. You will need to complete each section and cannot submit your application to your employer without doing so, but you can move between sections and amend them up until you submit to your employer.

**3.6.2** We recommend that you save your work at least every 10 minutes, in order to avoid being 'timed out' and losing any unsaved work.

### **3.7 Things to remember when applying**

**3.7.1** When making your application, please bear in mind the following:

- It is advisable to start work early on your application as you will need to allow enough time to secure support from your employer
- If your application is for the renewal of a current award give as much attention to detail as you would in an application for a new award – all renewal applications will be scored alongside applications for new awards (see Part 4)
- **When filling in the form it is very important to:**
  - Follow the steps given in this guide
  - **You must give dates for activities.** Award holders applying for higher level awards or a renewal must specify which achievements have been made after the date of their last award or renewal particularly concentrating on current activities and activities in the last 4 or 5 years
  - You should be aware that ACCEA will, on occasion, compare your current application with your most recent successful application. Any duplication or repetition identified may influence your scores and clarification may be sought
  - Write names of societies, groups, etc in full; do not use acronyms - Remember that people reading the application may not know you and may not be Doctors or Dentists
  - Give quantified information such as outcome data whenever possible, quoting dates, the source and appropriate benchmarks
  - If listing roles you have fulfilled make certain you describe the impact you have had in those roles. Holding a role alone does not of itself justify an award
  - Use a new line for each entry. The use of bullet points will help clarity of presentation

- You will not be able to submit incomplete forms and your application must include an employer's statement
  - You should check with your trust administrator which email address to use when setting out your employer's details on national applications
  - Do not try to sign your application electronically, as this cannot be done, simply type your name in the box provided
  - ACCEA may seek clarification if there appears to be any conflicting information in your application.
- **You must inform ACCEA on your application form if you are currently, or have been in the last five years the subject of any investigations, disciplinary procedures or successful litigation, related to your clinical practice, with an admission of liability or liability proven in a court** (see Step 13 of Stages of Your Clinical Excellence Award Application). If you are subject to a new investigation, restrictions on your practice or disciplinary procedure following the submission of your application, and before the new awards are announced, you must inform ACCEA immediately (see Part 3.4)
  - **If there are any extenuating circumstances that might impact the renewal of your application, such as ill health please, inform the ACCEA Secretariat as soon as possible and prior to the closing deadline.** In some circumstances the review date, may be extended please also see paragraph 4.1.4

### 3.8 Stages of your Clinical Excellence Award application

- **Read the entire Guide before starting your application. In particular, applicants should read all of this section before beginning work on your application, and remember to save your work regularly.**

#### Part 1 of your application

##### Step 1: Logging on to the system (for national award applications)

Go to the online ACCEA system [www.nhsaccea.dh.gov.uk](http://www.nhsaccea.dh.gov.uk)

#### First time using the system?

Click “new account request” and complete all sections then click “submit”.

You will shortly receive an email with your username. This will include a link that you must click within 24 hours of receiving the email in order to activate your account and create a password. By clicking the link you will be taken to a security information page. On here, you would need to complete a password (note the on screen rule about this). You are also asked to complete three security questions. It is important you complete these as they assist the ACCEA Secretariat, when trying to identify a caller. If you cannot answer the questions when asked, the ACCEA Secretariat will not be able to assist you over the phone and communication would need to be carried out via email. Once you have completed all fields on this page, select “submit”. You will then be taken to the log in page of the online system.

When logging in for the first time you will be directed to the terms and conditions page, asking you to verify that this Guide has been read. Tick the box to confirm that the Guide has been read and select “accept”. You will then be directed to the consultant home page.

### **Existing account holder?**

Log in using your existing username and password.

If you forget your password at any time go to the web address above, and select “forgot password”. This will then ask you for your username and an answer to one of your security questions. Complete these and click “submit”. This will take you to a “change password” screen where you will type a new password (note the on screen rule about your password) and click “submit”. This will take you back to the login page and your new password will be ready for use.

If you forget your username at any stage, you would need to contact the ACCEA Secretariat. Please note your username, password and answers to your security questions are case sensitive.



### **Step 2: Publish Personal Statement Confirmation**

Here you will be asked to confirm that you understand that should your application be successful, your personal statement will be published. Only in exceptional circumstances will you be able to opt out of this.



### **Step 3: Location of Primary Employer**

Select whether your primary employer is in England or Wales



### **Step 4: Application Type Selection**

Here you would need to enter your details regarding your current award status, what level is being applied for and whether this is a new application, a renewal or both. This can be changed at any stage before submitting the application form to ACCEA.



### **Step 5: Application Guidance**

This page gives you a series of step by step instructions to assist you in the application process. It would be advisable to save your work here, by clicking the “save draft” button.



### **Step 6: Applicant Details**

Here you enter your address details, please note if you have entered any details in to the “my profile” section of the online system, these will automatically be copied over on to the “applicants’ details” page. This screen also confirms your personal statement information and the level of award you are applying for.



### **Step 7: Qualification Details**

This asks for details of your specialty and qualifications you have achieved.





### **Step 8: Employment Details**

You should use this page to list your employers (main employer first) and the posts you have held in your time as a consultant. The employer you select as your main employer, will be the one who verifies your application. Please note in the case of university employees, you must select your NHS employer as the main employer. In the case of applications being considered through Public Health England, please select the relevant PHE regional employer.



### **Step 9: Personal Statement**

Here you should give up to four examples that summarise your case for an award. Please note that achievements mentioned in the personal statement should also be included in the relevant domain statements. Indicate here whether you previously held a national award and when. For a new award, include any extenuating circumstances such as ill health, and indicate what the issue is when submitting your application. If there are any extenuating circumstances that might impact the renewal of an existing award, please contact the ACCEA Secretariat as soon as possible and prior to the closing deadline. In some cases, the review date may be extended.



### **Step 10: Job Plan**

Complete the Job Plan section by listing clearly and separately the number of direct clinical care, supporting and 'other' programmed activities you are remunerated for. Please state clearly which activities are remunerated by NHS, or by other e.g. University, NIHR, etc. Also, describe other roles for which you receive remuneration from other sources as well as listing activities for which you are not remunerated. Do not provide a day to day list of all your activities but do describe your working week for each post you hold, e.g. consultant surgeon, clinical director, senior lecturer, or specialist society officer (this is not a comprehensive list). You should notify the ACCEA Secretariat if there are subsequently any significant changes e.g. in your place of work, extended absences.



## Step 11: Domains

The first screen in this section is Domain 1, once this has been completed select “next” to take you to Domain 2. Repeat this for each domain until you have completed all five domains. Please see Part 4 of this Guide for what information should be detailed here.

If you would like to highlight additional work you have done in any of these areas, there is an option to select an additional form.

Instead of filling in the domain field, tick the box in the domain concerned and you will be able to add your contribution to the supplementary form of that area with a greater character count (applicable to Domains 3, 4 and 5 only).

Please be aware that **there is a maximum number of supplementary forms that can be completed at each National Level:**

Bronze and Silver applicants:	1
Gold applicants:	2
Platinum applicants:	3

These forms are optional and it is for the applicant to decide whether using them will increase chances of success.



## Step 12: Employer's Section

You cannot do anything on this screen, this is for your employer to complete. The next step is to submit this to your employer by clicking next until you come to the “verification of completion” page.



## Step 13: Verification of Completion

This page will ask you to confirm all the information you have given is correct. Before entering your details on this page you should check you have completed all sections on the form. You can navigate back through the form using the menu on the left hand side of the screen. On this page you must declare if you are currently, or have been in the last five years the subject of any investigations, disciplinary procedures or successful litigation, related to your clinical practice, with an admission of liability or liability proven in a court. This would include any investigations by external bodies such as the GMC, GDC, NCAS etc. It would also include any complaints against your performance or conduct that your employer is formally investigating and any restrictions on your practice. Once this is all complete select "[submit to employer](#)". (If any section of the form has not been completed, you will receive a warning message here and it will not allow you to proceed).



### **Part 2 of your application – Employer’s contribution**

Following this, your employer will receive an email informing them that your application is waiting for their contribution. Your employer will have their own username and password to do this. Should your employer find a mistake with your application, they can return it back to you to correct. You can make any necessary amendments and resubmit it to your employer.



### **Step 14: Reviewing**

Once your employer has completed **Part 2**, they will submit your application back to you and you will then be able to view your application in a ‘read-only’ format.



### **Step 15: Submitting to ACCEA**

If you are content with your application, you should then select "[Submit to ACCEA](#)" to complete the process. **Submission of your application to ACCEA is your responsibility – IT CANNOT BE COMPLETED BY A SECOND PARTY.**

**If you are likely to be away near to the deadline please make sure you submit your form before you go away or make alternative arrangements for submission. Your application cannot be submitted without Part 2 of your application being completed**

by your Chief Executive or their nominated deputy. It is not necessary to wait for other citations to be submitted. These can be submitted after you have submitted your application as long as it is before the deadline.

*If you want to check your application has been successfully submitted to ACCEA, the 'Step in Action' progress bar on the top half of the screen will display 'Submitted to ACCEA' in bold type when successfully submitted.*

It should be noted that the Scheme is currently under review and may therefore change. Applicants who submit a successful new application in the 2017 Round will have their award granted subject to any transitional provisions that may be issued as a result of these changes.

## **PART 4: ADDITIONAL INFORMATION ON APPLICATIONS FOR RENEWAL OF AWARDS**

### **4.1 Timing of renewals**

**4.1.1** National Clinical Excellence Awards and Distinction Awards are currently subject to application for renewal every five years. It is your responsibility to ensure that you reapply for renewal at the correct time.

**4.1.2** The ACCEA Secretariat will endeavour to notify you and your Chief Executive to remind you when your renewal is due: however, there may be occasions when we are unable to contact you. **The onus is on the Award Holder to ensure that an application for renewal is submitted at the correct time.**

**4.1.3** In 2017, ACCEA is expecting renewal applications from those whose awards were granted in the following years:

2013
2008
2003
1998

**4.1.4** In some cases, consultants will be renewing out of the usual cycle. In these cases, the individual will have received a letter from ACCEA. Awards are reviewed earlier if there is a change in job, or a significant change in job plan. More information can be found at **Part 8: Change in circumstances of current award holders.**

**4.1.5** The current process of regular renewal ensures that ACCEA only rewards consultants who continue to meet the standards required. In reaching a view on renewals, we also consider any adverse findings from complaints, disciplinary or professional proceedings or successful litigation, related to your clinical practice, with an admission of liability or liability proven in a court.

**4.1.6** Awards can be reviewed at any other time, for example in response to employment or job plan changes, disciplinary action taken by external bodies and successful litigation against the applicant. Based on the above, if your employer feels there is good reason to do so, they have a duty to inform the Chair and Medical Director of ACCEA.

### **4.2 How will the renewal application work?**

**4.2.1** As part of the current renewal process, you will need to complete an application form, setting out how you continue to meet the criteria for holding an award at your current level. When applying for renewal you should demonstrate, by reference to any achievements

since the original award or last renewal, whichever is the most recent, how you continue to meet the criteria for the Scheme.

**4.2.2 The renewals process is a competitive one, against the standard for new awards at that level and in that region. The standard has increased over the last few years and has been accompanied by the introduction of scoring of renewals. Renewals are not competitive against other renewals as there is no restriction on the number of successful renewals. All renewal applications, which meet the standard, will be agreed.**

**4.2.3** Since the 2014 National Awards round you can opt to renew your Silver, Gold or Platinum award at the same level or at a lower level; your decision should be based on what level of award you consider your supporting evidence to be appropriate for. You will only be scored at the level you have submitted your application. If you are due to renew a Bronze award and are unsure whether you will be competitive at that level, you should consider also applying for a new Employer Based Award from your Trust.

**4.2.4** You should focus on activity within the five year period leading up to the renewal application. You should only include information on earlier activity to demonstrate how your contributions have evolved and/or shown a sustained commitment to the continuous improvement of the NHS within the renewal period.

**4.2.5** You should give as much attention to completing an application for the renewal of an award as you would give to submitting an application for a new award. **The decision will be made based on the information in your application.** Applications are scored against the criteria in each domain in the same way as applications for new awards. Applications will be scored alongside applications for new awards at the equivalent level and will be considered in the light of the standard of those applications. [You should be aware that ACCEA will, on occasion, compare your current application with your most recent successful application. Any duplication or repetition identified may influence your scores and clarification may be sought](#)

**4.2.6** You will be able to ask for citations to support your renewal application. Bodies providing citations for renewals are not being asked to score or rank renewal applications. Guidance on providing citations is available in the 'Guide for Nominators'

**4.2.7** TO BE SUCCESSFUL, A RENEWAL APPLICATION **MUST** DEMONSTRATE THAT THE CONTRIBUTION IS AT LEAST AS GOOD AS THE LOWEST RANKED SUCCESSFUL APPLICANT FOR NEW AWARDS AT THAT LEVEL IN THAT REGION. APPLICATIONS THAT DO NOT 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. 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 CALCULATED AND THE LOWER OF THE TWO SCORES APPLIED. CUT-OFF SCORES

ARE NOT COMPARABLE OR INTERCHANGEABLE BETWEEN DIFFERENT REGIONS OR DIFFERENT AWARD LEVELS.

**4.2.8** WHERE A NATIONAL AWARD IS NOT RENEWED, THE AWARD AND FINANCIAL ELEMENT WILL CEASE ON 31 MARCH 2018 UNLESS SUBJECT TO THE PROVISION OUTLINED IN PARAGRAPH 4.2.9.

**4.2.9** Where an application does not score as highly as the lowest ranked successful new applicant at silver or gold award level (or equivalent), 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.

**4.2.10** If applicants who are due to submit a renewal application in the 2017 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 2018. If there are any **extenuating circumstances, eg ill health**, that you and/or your employer consider should be taken into account, indicate what the issue is when submitting your application.

**4.2.11** Any renewal applicants who were successful at renewing at a lower level can apply for a higher level award in the next awards round. Evidence can be submitted since their last successful higher award (new or renewal). For example if a consultant moved from gold to silver in 2016, and had gained gold in 2012; evidence can be submitted from 2012.

**4.2.12** It should be noted that **the Scheme is currently under review and may therefore change. Applicants who submit a successful renewal application in the 2017 Round will have their award renewed subject to any transitional provisions that may be issued as a result of these changes.**

**4.2.13** **Consultants who fail to renew an award to be considered in the 2017 Round will not be able to submit a renewal application in a subsequent round.** 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 this guide.

### **4.3 What part does your employer play in your renewal application?**

**4.3.1** The Chief Executive or nominated deputy of the organisation where you work will need to complete **Part 2** of the renewal form, and indicate whether:

- They support the continuation of the award
- You continue to work to the standards of professional and personal conduct required by the General Medical/Dental Council (GMC/GDC)
- You have had a formal appraisal, agreed a job plan, fulfilled contractual obligations and complied with the Private Practice Code of Conduct in the last 12 months
- There has been any disciplinary action by your employer or the GMC/GDC taken against you and whether they are aware of any successful litigation in respect of your practice in which an admission of liability has been made or in which liability has been proven in court

### **4.4 How do appraisals and job planning fit into the process?**

**4.4.1** To be eligible for an award, you must take part in an annual appraisal exercise. It is your employer's responsibility to confirm whether you have done this within the twelve months before your application, and if an annual appraisal exercise has not taken place then to confirm that you have made reasonable efforts to participate in the appraisal.

**4.4.2** You will not be eligible for an award unless your employer confirms that you have participated satisfactorily in the appraisal process, have fully participated in job planning, met contractual obligations and complied with the Private Practice Code of Conduct. You may have met the required standard of job planning without necessarily having an agreed job plan in place, for example where mediation is taking place.

### **4.5 What happens if your award is withdrawn?**

**4.5.1** If, following a renewal application, you have not met the score of the lowest successful new award in the relevant category in your region, ACCEA will recommend that your award is withdrawn.

### **4.6 How will the withdrawal of an award affect your salary?**

**4.6.1** INDIVIDUALS WHO LOSE THEIR AWARDS ALSO LOSE THE FINANCIAL VALUE. (THE FORMER SYSTEM OF PAY PROTECTION FOR WITHDRAWN AWARDS CEASED TO EXIST FROM 1 OCTOBER 2014.) IN THE 2017 ROUND INDIVIDUALS WHO LOSE THEIR AWARDS FROM 1 APRIL 2018 WILL ALSO LOSE ITS FINANCIAL VALUE FROM THE SAME DATE.



## 4.7 What if you are soon to retire?

**4.7.1** If your expected retirement date follows the renewal limit by only a short period (up to six months) ACCEA may under current arrangements use its discretion to renew the award until that date, without the need for submission of a renewal application, even if this results in an extension slightly beyond the limit. You should inform the Secretariat of the actual date of your retirement and seek agreement that you do not need to submit a renewal. You should do this **before** the 2017 round closes and seek confirmation that the award will be valid until date of your retirement. Should your plans to retire change after notification to ACCEA, you have a duty to tell ACCEA at the earliest opportunity. Any changes to previously disclosed retirement plans may lead to awards being reviewed and awards could be withdrawn.

## PART 5: ASSESSMENT CRITERIA

Clinical excellence is about delivering high quality services to the patient in front of you. However, it is also about ensuring that you are able to treat as many patients as possible by using resources efficiently and improving the productivity of the services that you offer. Assessors will expect to see evidence of a contribution to improving the productivity and efficiency of services of the NHS whilst simultaneously improving quality.

In order that assessors can be clear that your achievements are relevant to your current application they will need to know when they occurred; for example whether they are continuing or have been completed and are since your last award or its most recent renewal whichever is most recent or in the last five years for an application for Bronze. It is therefore essential that you make dates clear. Assessors will not be able to give credit for undated aspects of your application.

Concentrate on recent contributions (since your last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

### 5.1 Highlighting your achievements

**5.1.1** Complete the **Personal Statement** section. Give **four points** summarising your case for an award. Focus on your most significant achievements and most important examples of local, national and international work since your last award. You might like to highlight your particular working environment and the expectations relating to it. Although the personal statement is not scored it allows assessors to understand the essence of your case as you see it. In light of the fact that your personal statement is not scored, you should ensure the achievements highlighted here are included in one of the five domains. Should your application be successful, for a new award or a renewal, your personal statement will be published on the website. Only in exceptional circumstances will you be able to opt out of this.

**5.1.2** Complete the **Job Plan** section by listing clearly and separately the number of direct clinical care, supporting and 'other' programmed activities you are remunerated for. Also describe other roles for which you receive remuneration from other sources as well as listing activities for which you are not remunerated. Do not provide a day to day list of all your activities but do describe your working week for each post you hold, e.g. consultant surgeon, clinical director, senior lecturer, or specialist society officer (this is not a comprehensive list). You should notify the ACCEA Secretariat if there are subsequently any significant changes e.g. in your place of work, extended absences.

**5.1.3** An illustration of the format of a job plan is below:

#### **Obstetrician and Gynaecologist**

I have an 11 Programmed Activity (PA) contract which is split in to 8.5 Direct Clinical Care PAs and 2.5 Supporting Professional Activities. Broadly, my direct clinical care time is spent leading Antenatal clinics, Gynaecology clinics, both Obstetric and Gynaecology theatre lists and labour ward rounds. I attend or lead various meetings to support this clinical care such as case reviews, governance meetings, multi disciplinary team meetings and safety meetings. These occur throughout the week although the pattern varies from week to week. As a consultant I also take teaching and training sessions and help develop training. I am on call at the weekends once in every four weeks.

My objectives include taking a lead on reducing Hospital Acquired Infections within my department, reducing the need for Caesarean births, improving the screening process for gynae related cancers and working towards becoming an examiner for my college.

My job plan reasonably closely relates to my actual work although I frequently stay later than planned if operations or meetings take longer than expected.

**5.1.4** You will need to highlight your achievements in the **Domain** section of the online application form. Your application will be assessed based on your achievements in these key areas.

**5.1.5** As you complete this part of the application, please bear in mind the following:

- You need not demonstrate achievement over and above expected standards in all five domains to be worthy of an award. Much will depend on the type and nature of your post. It is possible to receive a national award, based on an excellent local contribution where this has had an impact on the wider NHS
- Use the domains to draw attention to the most important examples of your local, national and international work
- Make certain that you describe the impact you have had in any roles that you list and make certain that it is clear when these roles began and ended or if they are on-going

**5.1.6** You should demonstrate your achievements against the objectives originally set in your job plan or personal development plan.

- Do not include evidence submitted for an earlier award, unless it illustrates how initiatives have been further developed. Providing quantified data particularly outcome data, highlighting achievements since your last award or its most recent renewal whichever is most recent or progress made over the last 5 years if applying for a

bronze award, will help your application; quote the dates, the source and appropriate benchmarks. Where your work is subject to national audits, you should include this information.

**5.1.7** Domains are scored by committee members 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 judgement. | 0  |

## **5.2 What sort of information should you include in each domain?**

**5.2.1** There are five domains, and you should group your achievements accordingly. The following pages show some examples of the type of information you might want to include in each domain, and the criteria against which your application will be assessed.

**5.2.2** More specific guidance on scoring is provided to assessors. You can read this by downloading the Guide for Assessors from the ACCEA website at <https://www.gov.uk/government/publications/clinical-excellence-awards-2016-application-guidance>.

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

Give evidence here of your 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. (Applicants should provide evidence across all of these dimensions, although it is recognised that their exceptional contribution may just focus on one of them). Please state clearly which concern your delivery of direct NHS remunerated clinical services or relate to other aspects of your work as a consultant. Concentrate on recent contributions (since your last award or its renewal whichever is more recent, or in the past five years for Bronze applications). In your evidence, you should include quantified measures if these exist (e.g. outcome data) that reflect the whole service that you (and if relevant, your 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 you to provide performance data against indicators for your 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 you have addressed the issues of dignity, compassion and integrity with patients.

### 5.2.3 This could, for example, cover the following:

- Excellence in delivering your professional commitments: You may refer to validated performance or outcome data. Present this comparatively, and/or with external or peer review reports assessing the quality of your service if possible
- Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. For example, you should describe how you have provided dignity of care for patients and won their trust. Here you 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

**5.2.4** You should give evidence of the quality and quantity of your service arising out of audit or assessment by patients, peers, your employer or outside bodies: providing evidence will help your application. It would not be a disadvantage if evidence is less available in your specialty. You should quote the source of the information you give, and relevant dates. For example:

*“In an analysis of mixed arterial interventions (20\*\*) our vascular unit had relative risk of death 0.61 in the UK and the third largest arterial series in the country. My contribution to this outcome was.....”*

*“Data from the intensive care national audit (ICNARC) (May 20\*\*), shows our unit is one of the top ten for survival with a standardised mortality ratio SMR of 0.65 meaning 60 patients lived who were expected to die. This performance has improved steadily since 20\*\* when our SMR was 1.35. My contribution to this outcome was.....”*

*“I have set up a short stay programme which has the lowest length of stay for hip replacements in England, 2.7 days as against the England average of 6.1 days... 67% of patients are home after 2 nights... 98.5% patient satisfaction service... readmission rate of 5.1% as compared to the regional average of 7%”*

**5.2.5 You should provide benchmark comparisons wherever possible, for example standardised mortality ratios, MRSA, C difficile ratios, VTE prevention.**

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

**5.2.6** Give evidence of how you have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of your local service(s) or related clinical service widely within the NHS. In general, your evidence should be as measurable as possible. Concentrate on recent contributions (since your last award or its renewal whichever is more recent, or in the past five years for Bronze applications). It should specify your individual contribution, not just that of your department. You should give specific examples of action taken in light of audit findings including how these might have contributed to organisational change.

**5.2.7** 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 you provide evidence that you have fully participated in any relevant National and Local Clinical Audits. You 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 your 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

**5.2.8** Where possible, give audit or research evidence showing where improvements have been made, quoting sources and dates. You need not have carried out these audits or research yourself. Indicate the developments you have been responsible for, either alone or in a team, with evidence that these have been of high quality and benefit. For example:

*“The development of a Gastro Intestinal bleed service has resulted in excellent outcomes. Mortality 2% vs. 7.1% nationally. Risk Standardised Mortality Ratio of 0.58 National Audit. My contribution to this outcome was.....”*

*“I have an international reputation for complex aortic surgery and thoracic abdominal aneurysms; our unit has the largest practice in the UK. We pioneered a hybrid open and endovascular operation for aneurysms involving the thoracic and abdominal aorta; first 75 cases elective mortality of 12.5%; elective and urgent of 16%; world’s best reported results have mortality of 13%. Our thoracic aortic stent programme is largest in UK with mortality of 3.8%. My contribution to these outcomes was.....”*

*“I have developed a continuous patient pathway with GP services for all pre-admission clinics, and day case surgery patients ensuring the following; VTE risk assessment, appropriate thromboprophylaxis (including an extended duration component) with bleeding and VTE incidence, prevalence and follow up data. This is already improving our understanding and awareness of the issue but also stimulating us to work with GP colleagues to streamline the process. We estimate that, in the area piloted, ... bed days have been saved over the 6 month period of the pilot.”*

*“I used multi disciplinary team working to effect systemic change throughout our unit saving nearly 1,000 bed days. This reduced the requirement for elective beds by 25%...I developed two half session theatre days. This has greatly improved theatre efficiency...I helped set up and develop the Orthopaedic Outreach Team which greatly reduced length of stay and was highly commended in the 20\*\* HSJ Awards.”*



### Domain 3 – leadership and managing a high quality service

**5.2.9** Give evidence of how you have made a substantial personal contribution to leading and managing a local service, or national/international health policy development. Concentrate on recent contributions (since your last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

**5.2.10** If you list particular roles in your application, that you have undertaken, describe the impact that you 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 you 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. You 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 your contribution to removing barriers, 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 your role in these. ACCEA is aware that membership of some national or international boards or advisory

bodies is itself recognised as a marker of high professional status, but membership alone will not usually be accepted as evidence of an awardable contribution: we require evidence of what your membership achieved and your impact in any particular role that you list

- Excellence in team leadership for which you 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

**5.2.11** Evidence of your contribution, the source of any data, and relevant dates should all be included, for example:

**At local level**

*“As the lead obstetrician for Delivery Suite I have promoted normal labour and birth. The team’s work was recognised by winning the All Parliamentary Group for Maternity Services Award for 20\*\*. This work has been short listed for the Royal College of Midwives’ annual award.*

*I continue to lead the weekly Obstetric Risk Management meeting. The reduction in reportable incidents when this meeting was established has continued.*

*I undertook a detailed review and redesign of the Antenatal Clinic service which has improved patient waiting times.”*

**At national level**

*“In my role as chair of the regional neonatal network between 20\*\*-20\*\* I championed the rationalisation of beds and care levels across acute hospitals. As a result, transfers of neonates for clinical and non clinical reasons have reduced by 10%: see data below”*

**5.2.12** Do not include educational responsibilities, such as chair of a training committee. These should be entered in Domain 5.

## Domain 4 – research and innovation

**5.2.13** Use this section of the form to outline your contribution to research, and how you have supported innovation including developing the evidence base for the measurement of quality improvement. In the section on references you should detail papers published etc. (not give the names of referees). Concentrate on recent contributions (since your last award or its renewal whichever is more recent, or in the past five years for Bronze applications).

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

- New techniques or service models that you have developed and which have been adopted by others. In particular, how you 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 your 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 your 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
- Your contribution as a research leader and to the research and supervision of others
- Other markers of standing in your chosen research field(s) such as membership of review boards of national funding agencies, office bearer of learned societies or professorships. Provide evidence of your impact in these roles
- Grants you 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

**5.2.15** Some relevant extracts from recent applications are as follows-

*“As Director of R&D in the last 3 years I have positioned the Trust as one of the leading 5 NHS research centres in the country and developed a research service to support clinicians with robust governance processes, a clinical trials office, a research design service, and funding for research time.”*

*“My research is in stroke, which is a public health priority for prevention and improvement of care. The development of a public health model for chronic disease using stroke is relevant to assessing needs and evaluating innovative models of care. My R&D leadership role has enabled academic and clinical organisations to develop joint NIHR Centres in biomedical and health services research and training for population and patient benefit.*

*“I have developed booking systems for use in emergency and trauma theatre settings. These secure systems allow cases to be booked into emergency theatres from anywhere in the hospital, informing all emergency staff of pending cases and their preparedness. The system links with hospital investigation reporting systems allowing blood investigations for each patient to be accessed. In addition, the traumas booking system can be linked to a radiological teaching package; when a particular fracture type is booked onto the system the booking doctor is offered the opportunity to look at the system of classification for that fracture type and to review teaching radiographs of each type. The system won a 20\*\* national Theatre Innovation Award for IT.”*

## **Domain 5 – teaching and training**

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

**5.2.17** Give evidence of excellence that relates to the following (you will not be 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

**5.2.18** Some relevant extracts from successful applications are as follows-

*“My course for \*\*\*\* (20\*\*-\*\*) , innovative in its integrated health systems and active learning approaches, has sought and used intensive feedback to enable modification of the course before wider roll out. It is approved for continuing professional development by \*\*\*\*, shows significant gains in knowledge and skills and excellent participant feedback.”*

*“Principal Internal Examiner for final MB examinations at \*\*\*\*. I am responsible*

*for ensuring the written and clinical parts of the examination are constructed, blueprinted to the curriculum and then standard set. I oversee the work of the examination leads for these sections. I personally write exam questions, examine for first, and resit examinations. I am Chairman of the Final MB board which considers extenuating circumstances and receives reports from external examiners.”*

### **5.3 Additional information for Domains 3, 4 and 5**

**5.3.1** For Domains 3-5, you will have an opportunity to include additional material to support your application, if you have been particularly active in a specific area.

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

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

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

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

## **PART 6: APPEALS**

### **6.1 Appeals for national awards**

**6.1.1** Appeals against decisions about national awards (Bronze, Silver, Gold and Platinum), both new and renewals are handled by ACCEA. An appeal can only be raised for individual applications.

**6.1.2** To appeal, you should write stating why you believe the **process** followed by a committee was unfair and provide evidence to support your claims.

### **6.2 Grounds for an appeal**

**6.2.1** ACCEA considers appeals for National Awards only. ACCEA no longer deals with appeals for Employer Based Awards.

**6.2.2** Inevitably, some applicants will be disappointed with the final outcome of the awards. You cannot appeal simply because you disagree with the collective judgement of ACCEA. However, where you can demonstrate procedures have not been followed, you may appeal for a review.

**6.2.3** The following would be considered grounds for an appeal:

- The relevant committee did not consider material duly submitted to support an application (i.e. application and citations)
- Extraneous factors or material were taken into account
- Unlawful discrimination based on, for example, gender, ethnicity or age
- ACCEA established evaluation processes were not followed
- Bias or conflict of interest on the part of a committee

**6.2.4** Any appeal related to national awards must be lodged by either Friday 26 January 2018 or within four weeks of the award results being announced whichever is the latter.

### **6.3 Handling of Appeals**

**6.3.1** The ACCEA Chair and Medical Director will review evidence you have provided to establish whether there are grounds for appeal. If it is determined by them that there are grounds for an appeal and that this cannot be resolved informally then a formal appeal will be set up.

**6.3.2** A panel of people previously uninvolved in your application will consider the appeal. The panel will include a professional (medical or dental), an employer and a lay member as

chair. They will look at your complaint, the documents setting out prescribed procedures, and a written statement of the procedure actually followed by the committee in question.

**6.3.3** You will have access to all documents for consideration by the panel, and you will have the chance to make further representations in writing.

**6.3.4** Appeals panels will usually proceed on the basis of the paperwork, without hearing oral evidence or representations. However, the chair of the panel will consider any written applications for an oral hearing.

#### **6.4 Timeline for appeals**

**6.4.1** ACCEA attempts to resolve appeals within the timeline overleaf, however delays do sometimes occur. Where there are delays, you will be kept informed.

#### **6.5 What happens if your appeal is successful?**

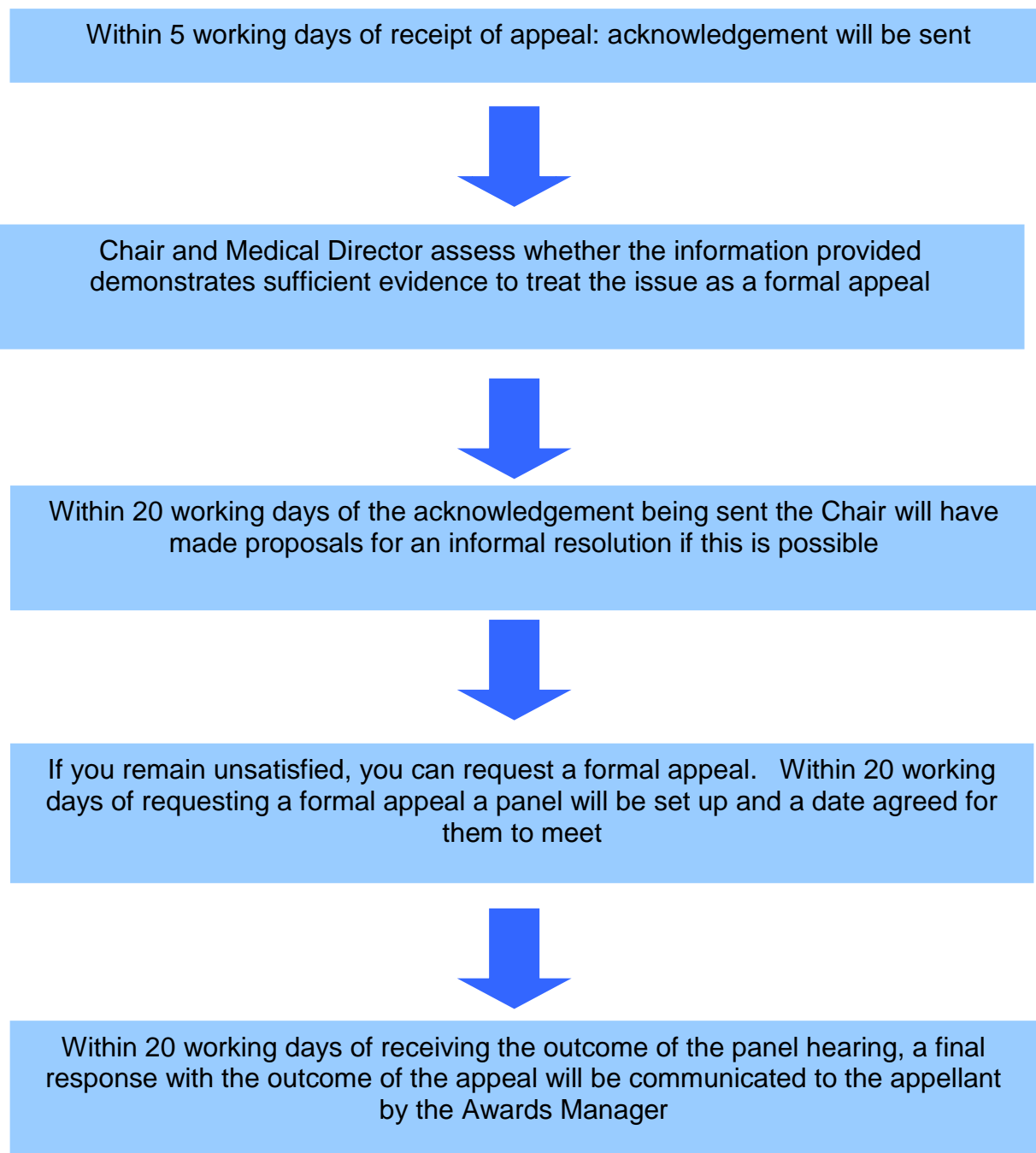
**6.5.1** The panel's role is to decide whether there is a process failure. If your appeal against process is successful, the ACCEA Chair and Medical Director will consider resolution of the case against a range of options, such as a one year extension for a renewal application or rescoring of a new award. ACCEA's decision in respect of an individual appeal will be consistent with other relevant appeals.

**6.5.2 A successful appeal does not necessarily mean that an award will be renewed or a new award made. ACCEA will provide the appellant with a written explanation of the underlying reason for the decision.**



## 6.6 National appeals process

**In all cases, the decision of the appeal panel is final**



## **PART 7: COMPLAINTS AND FREEDOM OF INFORMATION**

### **7.1 Complaints**

**7.1.1** If you wish to raise a complaint or concerns of a general nature rather than a specific individual appeal, ACCEA will endeavour to objectively assess your concern and respond as soon as possible and aim to respond within four weeks after acknowledgement of the complaint.

### **7.2 Freedom of Information Requests**

**7.2.1** Any freedom of information request for ACCEA data should be sent to the Department of Health Freedom of Information team. The following link provides details of how a freedom of information request can be raised: <https://www.gov.uk/government/organisations/department-of-health>.

## **PART 8: CHANGE IN CIRCUMSTANCES OF CURRENT AWARD HOLDERS**

You are required to notify the ACCEA Secretariat, as soon as possible, of changes to your circumstances as these may affect your entitlement to an award; the amounts paid both to you and to your employer. Below are identified some of the main changes which require notification. However, this list is not exhaustive and you should notify any other significant change in your circumstances.

### **Change in specialty, job or significant change in job plan**

**8.1** If you stop practising in the area for which your award was granted, change your job, employer or have a significant change to your job plan, including a reduction in the number of sessions, you should inform ACCEA, as soon as the change has been agreed at local level. ACCEA will consider your case. Awards are reviewed earlier if there is a change in job, or a significant change in job plan. You should particularly concentrate on evidence and activities in the last 4 or 5 years.

**8.1.2** You will be asked to submit a copy of your new job plan, signed by your Chief Executive, to be considered and approved by ACCEA. Failure to notify a change of job plan to ACCEA could put your award at risk.

#### *Part time working*

**8.1.3** If you are working part-time, your award will be paid pro-rata.

#### *Working in general management*

**8.1.4** If you stop practising in the area for which your award was granted, and move into a full or part-time general management post, you will need to speak to your employer and consult ACCEA about whether you can continue to receive the full monetary value of your award. You would not normally receive payment of your award if you cease to meet the eligibility criteria set out in Part 2 of this guide.

**8.1.5** If you return to clinical work after a period in full-time general management, your award may be reinstated after a review.

### **8.2 The effect of leave or secondments**

#### *Unpaid leave*

**8.2.1** Awards are not paid during any period of unpaid leave. If you take leave for longer than a year, the question of reinstating your award will be subject to review by the ACCEA Medical Director.

### *Secondments*

**8.2.2** If you are on full-time secondment to a post with a non-qualifying employer, your award will be suspended and you will not be subject to renewal in this period.

**8.2.3** You should speak to your employer before you begin your secondment to make arrangements for protecting the award, and continuing to collect it after your secondment has finished.

**8.2.4** If the secondment period is less than a year, you will resume receipt of your award once the secondment has ended. If you are due for a renewal during the secondment period, you will be subject to a renewal during the next applicable awards round. ACCEA may use its discretion and grant an extension to the renewal period to allow you time to gather suitable evidence of awardable work on your return to the NHS.

**8.2.5** If the secondment is longer than a year, ACCEA will consider reinstating the award subject to you returning to awardable work.

**8.2.6** If you are away for between 1 and 5 years you can apply to have your award reinstated. ACCEA will specify the renewal period of the reinstated award. Generally, consultants who are away for five years or more must reapply at Bronze level. Consultants who move to government departments or government sponsored roles may be considered to return at the original level.

**8.2.7** If you are due to begin your secondment during your renewal year an extension may be granted at the discretion of ACCEA following the same criteria for retirements. Each case will be judged on its merits.

**8.2.8** If you are on secondment to the Independent Sector Treatment programme or similar organisation, whilst retaining your contract as an NHS consultant, you are still eligible to receive the award and will be subject to renewals.

### *Prolonged absence from the NHS*

**8.2.9** Where, for any reason, you have not practised your specialty in the NHS for more than a year, ACCEA will review whether following notification upon return to work the award should be reinstated.

### *Leaving the NHS during an award round*

**8.2.10** In order to qualify for an award, you must be employed as a consultant in the NHS on 1 April in the award year.

**8.2.11** Where an applicant is made redundant or if an applicant retires during an award round and before the announcement of the outcome, their application will be deemed to have been withdrawn.

### *Sabbaticals*

You must speak to your employer and the ACCEA Secretariat **before** you begin your sabbatical to agree arrangements surrounding your award. ACCEA would expect evidence of benefits to the NHS as an outcome of the sabbatical or for arrangements put in place that continue the NHS contribution. Otherwise, ACCEA will consider suspending your award until your return.

### **8.3 Changes in your pension contributions**

**8.3.1** ACCEA considers you to have retired and returned to work if you are in receipt of all or part of your pension (NHS or USS). If you are in receipt of any part of your pension, you are no longer eligible for your existing National award. You will however be able to apply to re-enter the CEA scheme or its successor (see 2.1.6-2.1.7 for details).

### **8.4 Effect of retirement**

**8.4.1** You are obliged to notify us of your date of retirement when it is known (see 2.1.5 – 2.1.10).

**8.4.2.** If you plan to retire on or before 30 September after the end of your renewal year, ACCEA may extend your award up to the retirement date. You should inform the Secretariat of the actual date of your retirement and seek agreement that you do not need to submit a renewal. You need to do this **before** the 2017 round closes and seek confirmation that the award will be valid until date of your retirement. Should your plans to retire change after notification to ACCEA, you have a duty to tell ACCEA at the earliest opportunity. Any changes to previously disclosed retirement plans may lead to awards being reviewed and awards could be withdrawn.

### **8.5 Becoming the subject of an investigation**

**8.5.1** You must inform ACCEA, as soon as you are aware, if you become the subject of any investigations, disciplinary procedures or successful litigation, related to your personal clinical practice, with an admission of liability or liability proven in a court. See section 2.3.2-5 for details.

**8.5.2** You should keep ACCEA informed of any developments and the outcome of any investigations for our records. ACCEA maintains a policy of 'innocent unless proven otherwise'.

**8.5.3** Failure to declare any issues will call into question the validity of your award and could lead, ultimately, to the withdrawal of your award.

**8.5.4** ACCEA considers circumstances on an individual basis in accordance with the principles set out in paragraphs 2.3.2-5

## **PART 9 WHEN A FALSE STATEMENT OR POSSIBLE FRAUD IDENTIFIED**

9.1 Any evidence of a false statement or where possible fraud is identified, ACCEA will take appropriate action which might include referring the matter to the Employer, the GMC or GDC or in exceptional circumstances to the NHS Counter Fraud Service.