Guidance on application for Clinical Excellence Awards to the Advisory Committee on Clinical Excellence Awards (ACCEA).

Background

There are two levels to CEA – Employer based (local) clinical excellence awards (points 1-9) and National level clinical excellence awards (points 9-12; bronze, silver, gold, and platinum). It is important to realise that it is the minority of consultants who achieve National CEA awards.

Full guidance can be found on the Department of Health web-site at: http://www.advisorybodies.doh.gov.uk/accea

Eligibility

You may apply for local awards during the annual awards round (usually autumn) after one year of being a consultant. You must have completed a job plan, appraisal and comply with the private practice code (if applicable).

Normally you are expected to have achieved a number of local points in England, typically four or more, before applying for National awards (this differs in the devolved countries) and usually you should have been a consultant for possibly as long as 10 years before applying for a National Award.

NB The system differs in the devolved nations. In Wales progression through the local awards is ‘automatic’ but staff apply for UK National awards through the usual NHS Trust and regional led process.

Application process

It is extremely important to read, understand and comply with the guidance notes in the application forms.

The application process is self nomination via the ACCEA website (www.advisorybodies.doh.gov.uk/accea/) using the on-line forms (there are different sites for the devolved countries). Check with the Local Awards Committee or your directorate in case there are any other local variations in procedures.

Local awards

Your clinical director is normally asked to score and rank consultants and there may also be some form of consultant scoring and ranking by selected consultants to verify the clinical director ranking. Academic (or Honorary) Consultants may also be scored by their academic line manager.

The local awards committee (Trust based) considers all the applications and scores and ranks the consultants in that Trust. There may be an opportunity for
the Clinical Director to present verbal evidence and take questions in respect of the proposed ranking orders.

Typically, you need to score well in some domains and very well in others to get in the top rankings in your Trust.

National awards

The NHS Trust considers all applications by means of a standardised system. Locally, the process is typically led by the Medical Director, who normally completes the bottom of Form A (Employers section) followed by a process for scoring and ranking applications. Subsequent to scoring, a Trust committee, usually chaired by the CEO, considers the recommended ranked list, amends as necessary and forwards to the Regional ACCEA Committee.

The Regional Committee, which includes lay representation, considers all the national award applications from its area, and again there is a further scoring and ranking process followed by a meeting to identify a limited number of names to go forward to be considered at the central national awards committee – the Central ACCEA Committee. There is usually guidance to indicate to the Regional Committee the number of recommendations to be forwarded although there may be some limited flexibility with regard to the indicative numbers in the respective ranked list.

At the end of the regional process nominations are reviewed in a meeting between the Regional ACCEA and the Chair and Medical Director of the Central Committee.

In choosing the level of award to apply for this usually follows a stepwise process with 4-5 years between each step where appropriate progression should be demonstrated. For those with a B award under the old system the progression is normally to Silver. It is very exceptional to move to Gold direct from a B. It is important to realise that the applicant can only usually be considered for the award at the level for which they apply.

There is a standard form consisting of:

- Personal statement
- Job plan summary
- And five domains
  - Delivering a high quality service
  - Developing a high quality service
  - Managing a high quality service
  - Research
  - Teaching and training.

Completion of the CVQ

It is important to check the basics – e.g. spelling, correct number of characters etc. Use Word to check and count characters before cutting and pasting into the relevant boxes. Where possible use all the available text to make your case in respect of each of the five domains.

Be honest in your application (ACCEA members will often know where there is an exaggeration) but avoid being modest, state clearly and explicitly what you have done. If possible give the time commitment to each of the responsibilities you cite. Only the period since your last award should be considered. It is important to realise that you need to show ‘excellence’ that goes beyond what would normally be expected in your contracted job, i.e. performance over and above that expected of a consultant in their post:

- Sustained commitment to patient care, public health
- High standards
- Commitment to values and goals of the NHS
- Wherever possible quote evidence to support statements in each domain
- Look to demonstrate Regional, National & International Excellence commensurate with the award level being sought.
- Remember national awards will be reviewed after five years, if you have not applied for a new award, and may be renewed or discontinued.
When completing the form:
• Adhere to the guidance
• Do not use abbreviations
• Do not exceed box limits
• Be succinct
• Use new line for each entry and indicate dates of responsibility
• Complete every box (1350 character limit).

Personal statement (This box is not scored, so it is important to repeat items in your personal statement in other domains otherwise they will not be scored)
• Why you should be considered for the award
• Four bullet points maximum
• Cover the key areas and provide a guide to the strong domains.

Job Plan:
• Use template provided (or similar)
• Indicate what activities you are paid for
• This area will be reviewed and confirmed by the Clinical Director usually.

For Example:

List agreed programmed or other activities relevant to the NHS. Please indicate whether these are paid for or not (box limited to 1350 characters)

<table>
<thead>
<tr>
<th>Contract</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PAs</td>
<td>12</td>
</tr>
<tr>
<td>Direct clinical care</td>
<td>7</td>
</tr>
<tr>
<td>SPAs</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extra paid sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
</tr>
<tr>
<td>Clinical tutor</td>
</tr>
<tr>
<td>On call</td>
</tr>
</tbody>
</table>

External activities are also considered, usually unpaid but might be paid

**Extra unpaid activities**
Etc.

**Working week narrative**
Etc.

**Domain 1 - Delivering a high quality service**

Present evidence of your achievements in delivering a service which is safe, quality assured and where opportunities for quality improvement and consistency are constantly sought and implemented.

- Validated performance or outcome data
- Validated patient or carer surveys
- Team leadership
- Leadership in clinical governance

'I am a busy consultant' does not count for much.

But
'In 2006 I exceed local and national targets by more than 50%, as evidenced by departmental audit’ gives a strong sense of workload. Measuring against validated local, national and international benchmarks is helpful.

**Domain 2 - Developing a high quality service**
You should present evidence on ways you have introduced developments to enhance quality and safety of your service.

Indicate the developments you have undertaken and show they have been of high quality and benefit;

E.g. Audit, Risk analysis, Improvements or innovation in service delivery

E.g. ‘Since 2001, I have developed a new endodontic service, reducing patient waiting times for treatment and I now provide 85% of all endodontic procedures compared with 20% 3 years ago’. Introduced a new practice across the dept/speciality following outcome of audit leading to improved service and/or saving reinvestment of NHS resource etc.

**Domain 3 - Managing a high quality service**
Present evidence of any substantial contribution in the management of service

• Change management
• Development of new policies
• Major reviews
• Management posts held
• Inevitably leadership and management with significance to the NHS and patient care are important here.
• However, the management of clinical care provided by students also counts.

E.g. ‘In 2006 – I took over as clinical director and turned around a £120K deficit to a £20K surplus’

**Domain 4 - Contributing to the NHS through research**
For some research forms a major part of your work:

• Research aims and activity
• Research achievements
  Grants held (increasingly important for academics esp. Research Council)
• Supervision of others research
• Learned society contributions
• Publications (use separate subsection)
• Research Outcomes and impact on Service Delivery
• Involvement in larger local or nationally or internationally led clinical trials etc.

**Domain 5 - Contributing to the NHS through teaching and training**
For some teaching forms the major part of your work:

Undergraduate teaching
Postgraduate teaching
Examining (National & International)
Feedback evidence
Course development
Invitations to lecture (Keynotes, National & International)
Educational Research
Evidence of National Recognition of Teaching expertise e.g. Fellowship of Higher Education Academy or International Recognition e.g. ADEE Excellence Award

When you have completed your draft – ask others to read and comment, especially those colleagues who have been successful in obtaining awards. The Royal Colleges have local advisors who can assist.
Supplement forms on Teaching, Research, and Administration when applying for National Awards.

These forms are competed instead of the individual domains on research, teaching. They allow the applicant to give greater detail on their achievements in that field. One from three forms can be completed for awards 1-10 (Local, Bronze and Silver), two of three forms can be completed for level 11 (Gold) and all three forms for level 12 (Platinum);

Supporting citations
In making application for a National Award it is helpful to seek supporting citations from professional bodies registered with ACCEA. The bodies include the BDA, the Dental Faculties of the Royal Surgical Colleges, certain specialist societies and other bodies such as the British Society for Dental Research. Bodies recognised for the provision of supporting citations normally contact eligible members, either directly or through a committee or panel established to deal with ACCEA matters, to seek expressions of interest in National Awards. Normally, the committees or panels tasked with ACCEA matters score and rank the applications and, where appropriate, prepare and submit citations in support of applications. Applicants should seek supporting citations from all the eligible bodies in which they are involved, in particular, bodies they contribute to as an officer or committee member. Such support is not available to Platinum applications but personal citations from senior officers in such organisations can still be helpful.

There is another route to nomination. Larger Specialist societies may make recommendations following their own marking & ranking to Regional Committees and to the RCS. In addition, the RCS has a process, usually based of a regional ranking system led by a nominated regional person, to rank its own recommendations. Central support from Specialist Societies and Royal Colleges, etc. is very helpful to Regional and National Committees.

National variations
Whilst most of the above is similar, there are variations in each country and applicants need to be aware of them. Some further information is given below.

Wales:
The Clinical Excellence Awards Scheme in Wales and associated documentation is very similar to that in England. However discretionary points were abolished in Wales as part of the Welsh Amended Contract and as such cannot be used as a consideration in eligibility (which differs to that in England in this regard).

The Wales Higher Awards Committee oversees the national awards process in a similar manner to a regional committee in England and at the appropriate stage meets with the Chair of the central committee in the same way. There is usually a representative from the dental profession, who is an existing higher award holder, on HAC(W). In Wales it is convenient to also have this individual as the Regional Faculty Advisor for Clinical Excellence Awards, the work supported by the normal process of scoring by a committee of all eligible existing higher award holders in Wales.

The address for more extensive information on the scheme and the process in Wales is to be found at: http://www.wales.nhs.uk/page.cfm?pid=3928.

Scotland:
The Scottish Distinction Award scheme is the responsibility of the Scottish Advisory Committee on Distinction Awards (“SACDA”). When clinical excellence awards were introduced in England and Wales a few years ago, distinction awards were continued in Scotland. The Scottish Government, however, is conducting a review with the intention of replacing the Scottish scheme in due course by one which is compatible with, but not identical to, the ACCEA scheme. It is anticipated that the new scheme will connect with the discretionary point system. In financial terms, the Scottish A+, A and B awards are roughly equivalent to the Platinum, Gold and Bronze clinical excellence awards.

A full description of the awards process in Scotland is available at: www.shsc.scot.nhs.uk/shsc/default.asp?p=71. Briefly, discretionary points and distinction awards are completely separate and there is no link between the number or date of receipt of locally awarded discretionary points and eligibility for distinction awards. Consultants eligible for distinction awards are those
who have reached point 5 on the salary scale, but candidates for a B award are normally expected to have 10 years experience in their discipline and grade while those being nominated for an A award will normally have gained an additional 5 years. Those nominated for an A+ award will normally have served 5 years more. All awards are subject to 5-year review. To be considered for a distinction award, it is not regarded as essential that a consultant should hold any discretionary points - though usually nominees will be in receipt of some, since they reflect local satisfaction with a consultant’s performance. Normally the deadline for submission of nominations falls in January each year. This year, for the first time, those wishing to apply for an A+ award must self-nominate. Self nominations are also acceptable for A and B awards but nominations can also come from individual consultants, NHS employers, Postgraduate Deans, Dental School Deans, Royal Colleges and Faculties, BDA and various other relevant professional bodies. This year, for the first time, all nominations and citations must be submitted online and the rubrics and instructions associated with CV forms and the time deadlines must be strictly adhered to.

Northern Ireland:
The clinical excellence awards scheme was introduced in Northern Ireland in 2005. The scheme combined discretionary points and distinction awards into a single graduated scheme.

There is a single set of assessment criteria with standard forms for all levels of award. Lower awards (steps 1 - 9) are decided by employers; and the higher awards (steps 10 - 12) are decided by the Northern Ireland Clinical Excellence Awards Committee (NICEAC). Lower awards range in value from £2,850 (step 1) to £34,200 (step 9). Higher awards range in value from £44,965 (step 10) to £73,068 (step 12).

NICEAC has two roles under the new scheme: to make recommendations to the Department on which consultants should receive higher awards; and to quality assure the workings of the lower awards process.

The scheme is similar to the clinical excellence awards scheme introduced in England, although there are some differences. In Northern Ireland self nomination is the only method of nomination for an award. There are also different rules relating to eligibility. In Northern Ireland consultants must have completed three years as a Consultant to be eligible for a lower award (England - one year); and in Northern Ireland consultants must have achieved four lower awards before being eligible for a higher award (England - none)

The scheme is currently being reviewed and the results are expected soon.