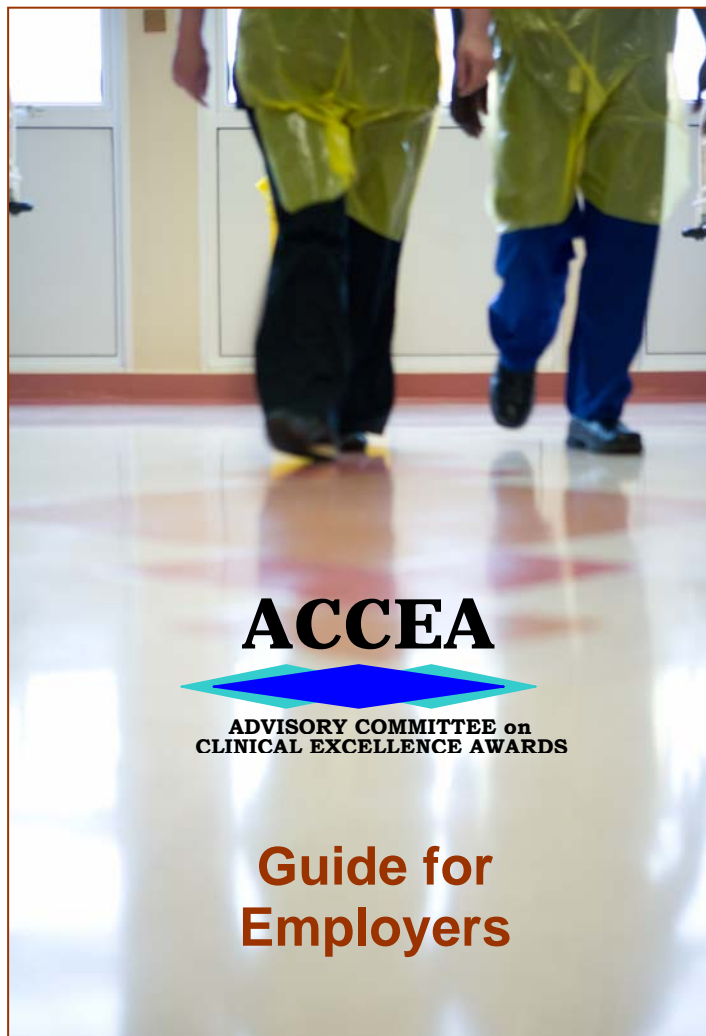


NHS Consultants' Clinical Excellence Awards Scheme

2010 Awards Round



This Guide is available online at the ACCEA website
www.dh.gov.uk/ab/ACCEA/index.htm

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

Published September 2009

Please note: All applications for national awards must be
submitted by 17:00 on 11 December 2009

Preface: What does this Guide cover?

This Guide is for any employers supporting applications from NHS consultants and Academic GPs for national Clinical Excellence Awards. This includes:

- > Chief Executives
- > Medical Directors
- > HR Directors
- > Postgraduate Deans
- > Deans of medical and dental schools

It explains how the Scheme works, your role in the process and how awards are assessed. Please use it as background information, and as a reference guide when supporting an application. It also makes reference to Employer Based Awards, on which there is separate guidance.

You can find a set of frequently asked questions about the Scheme, along with Annual Reports of previous award rounds at www.dh.gov.uk/ab/ACCEA/Publications/index.htm

You can also find a Code of Practice at www.dh.gov.uk/ab/ACCEA/Committees/index.htm

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Part 1: Introduction

The Clinical Excellence Awards Scheme

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.

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

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

1.4 The Clinical Excellence Awards Scheme continues to take account of the good practice developed by the Distinction Awards and Discretionary Points schemes that preceded it.

How does the Scheme work?

1.5 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, depending on the type of contribution. To avoid confusion, this guide will always refer to the National Level 9 Award as Bronze. In Wales, Local Awards have been replaced by Commitment Awards and Bronze awards are awarded nationally for excellence at National Level. The principles in this Guide apply equally to both National and Local Awards.

1.6 Applicants in England may apply for both a National Bronze and an Employer Based Level 9 in the same year. If an applicant finds out, they have been successful at the Employer Based level, before the national recommendations are made, they must let the Secretariat know, to avoid duplication. There is no difference to the applicant, financially or otherwise, between the two awards.

1.7 ACCEA and its sub-committees recommend individuals for Bronze, Silver, Gold and Platinum awards. Applicants for Levels 1-9 are recommended by Employer Based Awards Committees.

1.8 ACCEA monitors the Employer Based Awards Scheme and publishes an annual report on the awards that includes information on their distribution.

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

1.10 For National Awards in England applications must be completed online. Anyone applying for an Employer Based Award will need to download and complete the form, and then submit it through their employer's processes. For applications in Wales, please see Section 3.5 of the Guide for Applicants.

What does the Scheme reward?

1.11 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 (**applicants are not expected to possess them all**).

- > 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

1.12 ACCEA invites consultants to provide evidence about their performance 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, including within the profession
- > 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

1.13 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.

How are applications assessed?

1.14 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 3 of this Guide, and there is also guidance for assessors on how to judge applications against these criteria, which you can view at www.dh.gov.uk/ab/ACCEA/Awardsround/index.htm

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.

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

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

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.

About the ACCEA and supporting committees

1.17 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.

1.18 The Committee advises Ministers on award nominations proposed by the Chair and Medical Director.

Regional Sub-Committees

1.19 There are thirteen regional ACCEA Sub-Committees which assess applications for National Awards. They are based on the boundaries of the Strategic Health Authorities for the different regions. London is split into three, while the North West is subdivided into two to make these areas manageable. There is also a committee covering Wales and a DH Committee considering those who are seconded to the Department of Health or who work for Arms Length Bodies.

1.20 The sub-committees consider all applications from consultants and academic GPs in their area. They produce a shortlist for the Chair and Medical Director to consider for submission to the main Committee.

Committee members come from a wide range of backgrounds, with experience and expertise in numerous areas. They will come to a collective decision on who to shortlist for awards.

National Nominating Bodies

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

Employer Based Awards Committees

1.22 Every year, each NHS organisation employing consultants eligible for an award, appoints an Employer Based Awards Committee to consider applications for levels 1-9.

1.23 Smaller organisations have the option of linking with a neighbour if they do not have enough people to form a viable committee. A separate Guide to Employer Based Awards will be available on the ACCEA website.

Part 2: Your role in the Awards process

Your role in the Employer Based Awards process

2.1 Information can be found in the Employer Based Awards Guide which includes details of the annual investment requirements.

Your role in the National Awards process

2.2 The section below sets out the key elements of your role.

Arrangements for applicants employed by the NHS in Wales

2.3 Employers who wishes to nominate an applicant who is employed by an NHS organisation in Wales, must download a Word version of the ranked list form, available from the Welsh ACCEA website at www.wales.nhs.uk/accea, and email it to the Welsh ACCEA Secretariat at ian.owen@wales.gsi.gov.uk. All Welsh ranked lists must be submitted by the closing date, which is **17:00 on Friday 11 December 2009**.

Identifying suitable applicants

2.4 As an employer, you should consider how to encourage your consultant staff to apply for an award.

2.5 You should set up open and clear procedures to identify potential applicants. Do not wait until the previous award winners have been announced.

2.6 Part 3 outlines the criteria that will be used for assessing the application, and you should refer to these when considering possible applicants.

2.7 You should not offer the prospect of an award as an incentive for recruitment or retention.

Contributing to an application for a national award

2.8 When a consultant employed by the Trust applies for a new Bronze, Silver, Gold, Platinum award or a review of their existing award, the Chief Executive will need to complete a citation (known as the employer statement or Part 2). For employers in England this must be done online at www.nhsaccea.dh.gov.uk
Please follow the steps overleaf. In Wales, please see Section 2.3.

Step 1: The Chief Executive will receive an email stating that a consultant has applied for an award and that they will need to login to complete Part 2 of the consultant's application. The email will provide instructions on how to obtain an account and a link to the ACCEA application (if you have used the system before your username and password will be the same as in previous years).



Step 2: Once logged in, the Chief Executive is able to view all applications awaiting their completion.



Step 3: The Chief Executive is able to select an applicant, view their Part 1 as read only, and complete Part 2. At any stage, the Chief Executive can save their work and log back in at a later stage to continue. If they find a mistake with the application, they can return this to the applicant with a relevant message. The applicant can then correct the application but will then need to re-submit this to the Chief Executive.



Step 4: Once the Chief Executive is satisfied with Part 2, they should submit it back to the applicant. The applicant then decides whether to submit their application to ACCEA.

2.9 Consultants in England and Wales cannot submit applications for national awards without a supporting employer statement. It is important you respond promptly to the request to contribute to the employer statement, so the consultant does not miss the deadline.

Guidelines for completing the employer statement

2.10 Your statement is the formal view of the applicant's merits, and is therefore crucial to their application.

2.11 Complete assessments in the employer statement according to the criteria. Do not use these to compare the applicant with other consultants you are supporting, or give them a ranking. See Paragraph 2.14 for the process of providing a separate ranking for all applicants in your trust, which enables you to comment on your views of their relative merits. You should complete the assessment for all applicants objectively even if not ranked by your Trust.

2.12 You should indicate factors such as ongoing contractual or professional difficulties in the free text part of the statement.

2.13 You must also inform ACCEA on the application form of any open complaint against the applicant, which has not yet been resolved, or any complaint concluded in the last twelve months. You should inform ACCEA directly if the applicant becomes the subject of a subsequent complaint. We will take note of any disciplinary process underway and await the outcome so that appropriate action can be taken at that point, in consultation with you and the applicant. You also have the opportunity to explain the rationale behind your assessments.

Employer ranked lists

2.14 You should submit to the ACCEA/Welsh Secretariat, a separate, ranked order of merit at each level. This is needed for every level apart from Platinum. A ranked list will only be accepted if an employer statement for each applicant has also been provided. Employers in England should do this via the online system. Employers in Wales should see Section 2.3 for further details.

How to submit a ranked list via the online system:

Step 1: You will need to request a login to access the online system at www.nhsaccea.dh.gov.uk, and select “new account request” (if you have done this in previous years your login will still be valid).



Step 2: Once logged in, you may create one ranked list for each national award level.



Step 3: Within each ranked list, you can add consultants to it by their Surname/GMC number. You may change or amend the rankings at any point up until final submission. You can save a draft version of the ranked list and return to complete it later.



Step 4: You will only be able to submit your list once all the applicants on it have registered an application in the system. Once you have submitted your list it can no longer be amended.

2.15 Chief Executives in England and Wales who employ clinical academics, should liaise with the appropriate universities to ensure that joint or complementary citations are provided.

2.16 To be eligible for an award, consultants must take part in an annual appraisal exercise. When supporting an application, you need to confirm whether the applicant has undertaken a satisfactory appraisal at some point during the previous 12 months.

2.17 Although ACCEA does not need information about the appraisal itself, it expects employers to confirm that applicants participated satisfactorily in the appraisal process, have fully participated in job planning, met contractual obligations and complied with the Private Practice Code of Conduct. Without this, applications will not be considered.

Deadline for applications

2.18 All applications and supporting documents must be submitted by **17:00 on 11 December 2009**. Forms received after that time will not be accepted, under any circumstances.

Part 3: Assessment criteria

Highlighting achievements in five key areas

3.1 When completing their application, applicants need to highlight their achievement in five domains. You should consider how applicants have performed in these areas before deciding on whether to encourage them to apply.

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

Assessing applications

3.3 As part of the assessment process, domains are scored by committee members using the following ratings:

> Excellent	10
> Over and above contractual commitment	6
> Meets contractual commitment	2
> Has made no assessable commitment	0

Part 4 in the *Guide for Assessors* has comprehensive information about how to score an application.

Domain 1 – delivering a high quality service

3.4 Applicants need to give evidence of their 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). In their evidence they could refer to the “Indicators for Quality Improvement”, in England or “the Healthcare Standards” for Wales where it allows them to provide performance data against indicators for their specialty.

For this, they will need to demonstrate:

- > Excellence in delivering professional commitments. They may refer to validated performance or outcome data. They should present this comparatively, and/or with external or peer review reports, assessing the quality of their service, if possible
- > Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. For example, they should describe how they have provided dignity of care for patients and won their trust
- > Evidence of the effect on patient experience
- > Good use of NHS resources

Domain 2 – developing a high quality service

3.5 Evidence of how applicants have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of their local service(s) or related clinical service widely within the NHS.

They need to indicate developments they have been responsible for, either alone or in a team. This could cover any of the following:

- > Developing and completing relevant audit cycles or applying strategies to implement evidence based practice, leading to demonstrable service improvements
- > 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
- > Evidence that changes have been informed by consultation with patients
- > Innovation in service delivery, with a demonstrable effect – such as evidence of improved outcomes or the introduction of major prevention, diagnosis, treatment innovations or care models
- > Improved cost effectiveness due to service redesign, with no diminution in quality
- > Development of new health or healthcare plans or policies
- > Major reviews, inquiries or investigations
- > National policies to modernise health services or professional practice

Domain 3 – leadership and managing a high quality service

3.6 Evidence of how applicants have made a substantial personal contribution by managing a local service, or national/international health policy development.

ACCEA recognises many different aspects of leadership, which could include, but are not limited to the following:

- > Evidence of positive outcomes as a result of effective leadership inputs and processes, giving examples of specific achievements in terms of improved quality of care for patients
- > Information about any change management programme or service innovation that they have led, with evidence that it has improved service effectiveness or efficiency, for the benefit of patients, the public and staff
- > Development of individuals or a team in support of improved patient care. They should give specific examples e.g. of mentoring or coaching. (Consultants working in England might refer to the Guidance on talent and leadership planning in England. Please see www.dh.gov.uk/en/Publications/PublicationsPolicyandGuidance/DH_093395.)
- > An ambassadorial or change champion role, perhaps in public consultation or explanation of complex issues
- > Developing a compelling and shared vision and purpose for change, investing in verified improvement methodologies, tackling any behavioural issues that get in the way
- > Demonstrating their contribution to removing barriers and positively promoting diversity in the workplace, thus enabling the career progression of clinicians and non-clinicians into senior leadership positions
- > Working across organisational and professional boundaries in support of improved patient care, access or use of resources (clinically effective and efficient)
- > A leadership contribution to developing patient focused services
- > Membership of a committee along with evidence of outcomes and their role in these. 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 their membership achieved
- > Excellence in team leadership for which they take sole, rotational or shared responsibility
- > A leadership role in relation to clinical governance including a leadership role in policy or service development

ACCEA requires evidence of an applicant's contribution, the source of any data, and

relevant dates. These should all be included in the award application.

Domain 4 – research and innovation

3.7 Here applicants may focus on contributions to research, or the evidence/evaluative base for quality or service innovation including the translation of evidence in to practice.

They should detail what they have achieved to date and what they hope to achieve, with supporting evidence, such as:

- > New techniques or service models that they have developed and which have been adopted by others. In particular how they have applied improvement methodologies in order to get the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change
- > Actual or potential impact of their research, including that which is laboratory based, or innovative development on health service practice, health service policy or on the development of health services, including the relevance of their research to the health of patients and the public
- > Major trials/evaluations (including systematic reviews) led, or co-investigated, and published over the preceding five years and referenced
- > Their contribution as a research leader and to the research and supervision of others
- > Other markers of standing in their chosen research field(s) such as membership of review boards of national funding agencies, office bearer of learned societies or professorships
- > Grants they hold i.e. not just those held by the department
- > Peer reviewed publications, chapters or books written/edited – please indicate editorial activity
- > Significant participation in multi-centre research studies, e.g. high levels of recruitment to clinical trials

Domain 5 – teaching and training

3.8 For some applicants, teaching and training will form a major part of the contribution they make to the NHS.

Applicants should give evidence of excellence that relates to:

- > 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 textbooks or other teaching media
- A contribution to postgraduate education and life-long learning
- Contributions to teaching in other UK centres or abroad

> 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 they 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

Additional information for Domains 3, 4 and 5

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

3.10 Applicants applying for Levels 1-9, Bronze or Silver, can include additional information for Domain 3 **or** Domain 4 **or** Domain 5.

3.11 Gold applicants can select **two** from Domains 3, 4 and 5. If they have been particularly active in these areas, applicants should choose the one/s in which they have made the most significant contribution.

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

Part 4: Appeals

Grounds for an appeal

4.1 Inevitably, some applicants will be disappointed with the final outcome of the awards. They cannot, of course, appeal simply because they disagree with the collective judgement of ACCEA or the Employer Based Awards Committee. However, where procedures have not been followed or there is evidence of the process not being objective, they may appeal for a review.

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, age
- > Established evaluation processes were ignored
- > Bias or conflict of interest on the part of the committee

4.2 Any appeal, for National or Employer Based Awards, must be lodged within four weeks of the award winners being announced.

Appeals for Employer Based Awards

4.3 Appeals are initially handled by employers, according to local grievance or award procedures. ACCEA will only become involved if cases remained unresolved.

4.4 If an applicant feels the ACCEA process has not been followed, they can lodge a complaint to the Chair of the Employer Based Awards Committee. This should be sent in writing, detailing the reasons why they think the procedure was not correctly followed.

4.5 If the Committee cannot find an informal resolution to the complaint, the Chair should arrange for a small panel of people not previously involved in considering the application to investigate. This should contain a professional, an employer and chaired by a lay member. Members of appeals panels must have received current valid training in diversity. The procedure for selecting appeals panels members should be included in the trusts procedural document.

4.6 Once the investigation is complete, you will need to write to the applicant and report the panel's findings.

4.7 If the applicant is dissatisfied with the outcome of the appeal, they can appeal again by writing to the Head of the ACCEA Secretariat. This must be done within four weeks of receiving the written decision from the Committee.

4.8 The Head of the ACCEA Secretariat will usually ask the Chair or the Vice-Chair of the relevant ACCEA regional sub-committee to investigate on behalf of the Chair of ACCEA and advise ACCEA of the findings. The ACCEA Chair will consider this advice and then write to the Consultant and the trust informing them of his decision. If it is found that local procedures have been unsatisfactory, ACCEA will ask the Employer Based Awards Committee to reconsider the application. It may also make recommendations as to how it should proceed.

The timetable for this process is as follows overleaf:

Acknowledgement within two working days



Decision whether to refer to medical vice chair for further investigation within 7 working days of receipt



Report of medical vice chair or explanation of any delays within 20 working days of referral for investigation



Conclusion communicated to appellant within ten working days of receipt of report from medical vice-chair

4.9 The decision of the ACCEA Chair is final.

Appeals for national awards

4.10 Appeals against decisions about national awards (Bronze, Silver, Gold and Platinum) are handled by ACCEA. ACCEA will seek to resolve concerns informally, but consultants retain the right to proceed with a formal appeal. Further details on procedures can be found in the Guide for Applicants www.dh.gov.uk/ab/ACCEA/Awardsround/index.htm

4.11 In some circumstances, you may be asked, as the consultant's employer, to respond to them about an unsuccessful appeal

National appeals process

(In all cases, the decision of the ACCEA Chair is final)

Within 2 working days of receipt of appeal: acknowledgement will be sent



Within 7 working days of receipt of appeal: decision made on possible referral to regional medical vice-chair for further investigation



Within 20 working days of referral: receipt of report from regional medical vice-chair or explanation of any possible delay if applicable



Within 10 working days of receiving report from regional medical vice-chair: decision of ACCEA Chair will be communicated to the appellant