



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Dr ABC
NHS Consultant in Wales

Mr Paul Williams OBE OStJ
Director General, Health & Social Services
Chief Executive, NHS Wales
Cyfarwyddwr Cyffredinol, Iechyd a
Gwasanaethau Cymdeithasol,
Prif Weithredwr, GIG Cymru

Eich cyf / Your ref:
Ein cyf / Our ref: PMW/PATRICK/BS

7 January 2010

Dear Dr ABC

Clinical Excellence Awards in Wales

I refer to your letter of 11 December 2009 and offer the following comments in response:

1. There are no set or qualifying limits of time of service as a consultant, other than that set by ACCEA of a year of consultant service, that qualify applicants to submit an application for a Bronze award. However experience is that it tends to take many consultants in the order of 8 to 15 years of service to acquire sufficient opportunities, experience and indicators of esteem etc in the domains covered by the application form in order to demonstrate their consistently sustained excellence.
2. Applicants' contributions in research and significant contributions in other professional roles as a consultant are taken into account as part of the award process.
3. It is normal practice for a clinician's previous experience and contribution to the NHS as a junior doctor to be considered at the time of their appointment to a consultant position as opposed to their consideration for a clinical excellence award.
4. The role that you describe for the Medical Vice Chair of the Higher Awards Committee for Wales does not include the discretionary responsibilities that you describe. The Vice-Chair is not involved in short-listing the consultants who are supported by individual employers.

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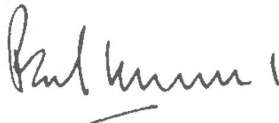


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5. The role of the members of Higher Awards Committee for Wales, which includes medical professional members, managers and lay members who are selected by the ACCEA, is to score applications themselves using the criteria and standards set by ACCEA centrally. Also, that committee vets local scoring with a view to ensuring consistency across Wales. The Medical Vice Chair leads this process.
6. As a result of changes introduced this year, each member of the local LHB/Trust Nominating Committees scores the applications made from their area before each employer sends a ranked list to the Secretariat. After closure of the applications in each year, there is discussion involving the local nominating committees and the Vice-Chair on the lists of applicants who are supported and not supported by the employers and any self-nominations whose applications may not have been scored locally. Thereafter, the applications go forward to the members of the Higher Awards Committee who score the applications without knowledge of the scores that have been awarded by the local nominating committees to the applicants that they support. Subsequently, the Higher Awards Committee for Wales meets to rank applicants at each level of award.
7. The nominations of the Higher Awards Committee for Wales then go to the ACCEA before its second meeting with the officers of the ACCEA. Members of the Higher Awards Committee for Wales have to justify to the Chair and Medical Director of ACCEA their final selections of candidates whom they consider to be most worthy of an award, taking account of under-represented specialties and LHB/Trusts, ethnicity and gender.

Yours sincerely



Paul Williams

Director General, Health & Social Services

Chief Executive, NHS Wales

Cyfarwyddwr Cyffredinol, Iechyd a Gwasanaethau Cymdeithasol

Prif Weithredwr, GIG Cymru

CC Professor Richard Williams, Vice-Chair Wales Regional ACCEA Sub-Committee
Ian Owen, Secretariat – Wales ACCEA
Dr David Lindsell, Medical Director ACCEA

To,
Mr. Paul Williams,
Chair- Advisory Committee for Clinical Excellence
Wales- Regional Sub-Committee
NHS Wales

Dated 11 December 2009

Dear Mr. Williams,

Re: Clinical Excellence Awards in Wales

I represent a number of aspiring but unsuccessful Consultants who have failed to receive any award despite making a significant contribution to NHS Wales and to the medical profession.

I wish to draw attention of your good office to the following major drawbacks and deficiencies in the current system of assessment and nomination for higher awards:

1. It is expected for a Consultant to be in post for 10 years or more before a Wales NHS Trust will consider for local nomination. This is illogical as for a number of personal or professional factors the Consultant may have joined very late in his/her career. The award should not reflect the senior status of the Consultant. The award is not meant to be a seniority payment.
2. The previous experience and contribution to the NHS and as well as to the medical profession should be considered. It is unfair that only the Consultant level experience is taken into consideration. The applicant may have spent considerable time in research and in other professional roles making a significant contribution to the Medical science and profession and thus to NHS in UK
3. It is well-known that a 'self-nomination' application carries a very small chance of success. This is obvious since the Vice-Chair is involved in short-listing of those nominated by individual trusts. It is common knowledge that the Vice-Chair is consulted by the local Trust Higher Awards nominating committee prior to finalising the list. This practice is unfair as it reflects a clear bias in favour of those successful at the local Trust level. Clearly, the Vice-Chair has made the decision well-before applications are submitted and judged by the Wales ACCEA Sub-Committee!
4. The precise role of the Wales ACCEA Sub-Committee is unclear? It looks like a **'rubber stamping body of professionals'** who simply selects names from the lists produced by Trusts. The Sub-Committee should adopt a good practice of judging each and every application on its own merits. It is the duty of the Sub-Committee to ensure that the individual application is assessed and scored according to the criteria and standards set by the UK Central ACCEA Committee. Trust nomination and other professional citations are important but **should not be the prime factor** in making a decision. This information should **only** be included as additional information in support of the application.

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I sincerely hope that your good office will review its policy and develop a good practice. The Wales Sub-Committee should ensure that the 2010 applications round is carried out fairly setting a precedent for future round of applications.

Yours sincerely

Dr. ABC
NHS Consultant in Wales

Copies:

Prof. Richard Williams,
Vice-Chair, Wales Regional ACCEA Sub-Committee
Consultant in Child and Adolescent Psychiatry,
Royal Gwent Hospital,
Newport

Mr. Ian Owen,
Secretary- Wales ACCEA
Workforce & Organisational development
Department of Health and Social Security
Welsh Assembly Government
Cathays Park,
Cardiff, CF10

Dear Mr. Owen,
I would be grateful for distributing a copy of this letter to all Wales ACCEA Sub-Committee members.
Thank you

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