



Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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# **Northern Ireland Clinical Excellence Awards Committee**

***Annual Report 2005-2006***

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## FOREWORD

This is the first annual report of the Northern Ireland Clinical Excellence Awards Committee (NICEAC). NICEAC replaced the Distinction and Meritorious Service Awards Committee (DMSAC). The report covers the period 1 April 2005 to 31 March 2006.

Following a major review, a new clinical excellence awards scheme was introduced by the Department in 2005. The new scheme aims to combine discretionary points and distinction awards into a single more graduated scheme. Local and regional awards are intended to be part of a continuous system of awards with consultants moving through the steps one step at a time. The broad principles of the scheme remain largely the same, namely to reward exceptional personal contributions made by individual consultants to the delivery of high quality care to patients and to the continuous improvement of HPSS services.

Under the new scheme the committee has two key tasks: to make recommendations to the Department on which consultants should receive higher clinical excellence awards (steps 10-12); and to monitor and quality assure the outworkings of both the regional and the local awards process (steps 1-9).

This report includes a list of consultants in Northern Ireland recommended by the committee for higher clinical excellence awards in 2005-2006 and also analyses the distribution of those awards across the HPSS consultant population.

The report also includes a list of consultants recommended by Trusts for lower clinical excellence awards in 2005-2006. Only 7 Trusts made any local awards and these were completed in September 2006. Full information on the breakdown of these awards is not yet available, and it has not, therefore, been possible to make any detailed analysis of the distribution of local awards. However, it was a matter of considerable concern to the Committee to learn that 9 Trusts had indicated that they had not made any awards this year, apparently for financial reasons, and that the awards that were being made were in many cases very limited. The Committee appreciates the financial difficulties being faced by some Trusts and the resulting pressures on any items of discretionary expenditure. However, the rationale for the current scheme is that it should operate consistently and continuously from local to regional level, and it will not be possible for the regional committee to operate effectively and for the scheme as a whole to achieve the purposes for which it was designed unless the appropriate foundations are being laid at local level in terms both of the appropriate number of local awards and their availability to consultants serving in all parts of Northern Ireland.

Self nomination, as the only method of nomination for an award, was a key feature of the old scheme and has been retained in the new scheme for all levels of awards. Changes to the eligibility rules in the new scheme resulted in a significant reduction in the number of applications for higher awards. Nevertheless, the process was still extremely competitive with almost 100 step 10 applicants competing for only eight awards. The committee found its task of deciding which consultants should be recommended for awards an extremely difficult one, particularly given the large number of excellent consultants who had applied. However, the committee was unanimous in its final

recommendations for awards.

The Department commissioned an independent review at the end of the first year of the new scheme to consider what further improvements could be made to the process. In light of that review a number of refinements have been made for the 2006-2007 awards round. A further review will be carried out at the end of the awards round.

I thank the consultants, committee members, and the secretariat for all their support and advice during the first year and for helping to ensure a successful transition to the new scheme.

**Pat Carvill**  
**Chairman**  
**Northern Ireland Clinical Excellence Awards Committee**

## **REPORT ON THE OUTCOME OF HIGHER AWARDS**

### **Introduction**

1. This is the first annual report of the Northern Ireland Clinical Excellence Awards Committee (NICEAC) and covers the 2005-2006 awards round. The new clinical excellence awards scheme was introduced in April 2005 and replaced the distinction and meritorious service awards scheme. The new scheme combines the discretionary points and distinction awards into a single graduated scheme. Local and regional awards are intended to be part of a continuous system of awards with consultants moving through the steps one step at a time. The scheme is governed by common assessment criteria with standard forms for all levels of awards. The new scheme still includes a local and a regional element. Lower awards (steps 1-9) are made by local Trust committees. Higher awards (steps 10-12) are recommended by the regional committee (NICEAC).
2. The Committee's remit is to recommend to the Department which medical and dental consultants should receive higher clinical excellence awards, and also to monitor and quality assure the outworkings of the local awards process. The committee in making its recommendations must have regard to the number of awards available for allocation. The Department is responsible for determining the number of higher awards that should be made available.
3. The rationale of the Northern Ireland Clinical Excellence Awards Scheme, as set out in the Guide to the scheme, is to "reward exceptional personal contributions made by individual consultants (above the normal expectations of a postholder) to the delivery of high quality care to patients and to the continuous improvement of HPSS services".

### **Membership of NICEAC**

4. The new Committee has been constituted to achieve a better balance between medical and non medical members, with a greater proportion of non medical members on the committee. The Committee is constituted as follows: a lay chairman, a vice chair (medical director), two HPSS medical/dental members; two HPSS employer members, one lay member, and two GB medical/dental members. The new Committee has two lay members (compared to one lay member on the DMSAC committee). The appointment of lay members is important as they bring a wider community perspective to the work of the Committee. The lay chairman and lay member were recruited by public advertisement in line with public appointments procedures. Some members of the DMSAC committee were appointed to the new Committee to ensure a degree of continuity (Dr Carson and Mrs Way). Professor Bob Stout, a member of DMSAC, was appointed as Medical Director of the new Committee. There is currently one GB medical/dental member vacancy. An independent external observer with a background in HR is present at committee meetings as an advisor on procedural aspects.

5. The membership of the Committee for the 2005-2006 awards round was as follows -

**Chairman**

Mr Pat Carvill

**Medical Director**

Professor Robert Stout

**Members**

Dr Ian Carson – (medical member)

Dr Curly Morris – (medical member)

Professor Alan Crockard (GB medical member)

Mrs Deirdre Dorman (employer member)

Mrs Elaine Way (employer member)

Mrs Diane Drennan (lay member)

6. Appendix A gives full details of the committee members.

### **2005-2006 Awards Round**

7. The awards round commenced in April 2005 and was completed in March 2006. The committee invited self nominations from all HPSS consultants in June and a total of 105 applications were received. There were 96 applications for step 10 awards, and 9 for step 12 awards. There were 8 step 10 awards and 1 step 12 award available for allocation. No applications were invited for step 11 awards, although it was open to the committee to recommend a step 11 award if it considered that a particular step 10 application merited it.
8. Because the awards process was extremely competitive, with 96 applications for step 10 awards and only 8 awards available for allocation, it was inevitable that a considerable number of excellent consultants failed to be recommended for an award, and the Committee wishes to place on record its appreciation of the very high standard of performance that was apparent in many of the applications which on this occasion were unsuccessful.
9. The Committee awarded a score for each of the four criteria: delivering a high quality service; developing a high quality service; managing a high quality service; and research, teaching and training, taking into account the information contained in the CV forms and the citation forms. All four criteria were equally weighted. The Committee in deciding what score to award, looked for specific evidence of performance or achievements which could be regarded as over and above what would normally be expected of a consultant in a particular post. In order to achieve a high score in a particular criterion a consultant needed to demonstrate clear evidence of particularly outstanding performance in relation to the attributes covered by that criterion (details of the attributes required for each criterion are contained in Section 5 of the Guide to the Scheme).

10. The Chair and each of the 7 panel members independently scored each of the four criteria, awarding marks in the range 0-12, with 12 being the best. These scores were aggregated, and the resulting scores and consequent rank ordering were then considered and discussed by the Committee as a whole at a meeting in February 2006. Time was then allowed for members to reflect on their initial scores in the light of that discussion, and where they considered it appropriate members were free to amend their scoring. The revised scores were again aggregated, and were the subject of discussion by the full Committee on a second occasion, in March 2006. Following that discussion there was unanimous agreement on the eight highest scores who, after further challenge and review, were the successful candidates. Similar consideration was given to the step 12 applications, and there was unanimous agreement on the highest step 12 score. The names of the successful consultants are listed on page 13 of this report. A full list of all consultants in Northern Ireland holding distinction awards and higher clinical excellence awards can be found at Appendices B and C. The Committee did not recommend any step 11 awards.
11. In March 2006 the committee visited the new Cancer Centre and the Cardiac Catheterisation Department at Belfast City Hospital. The committee was most impressed by the developments at these sites and was grateful for the warm welcome they received. Consultants from the Eastern Board area were given the opportunity of questioning committee members about the new awards scheme.

### **Five Year Reviews**

12. Under the new scheme all awards, including distinction awards, will continue to be reviewed every five years. Trusts are also required to establish a mechanism to review local awards every five years. The five year review process is important to ensure that consultants in receipt of awards continue to meet the criteria for awards. The Committee can withdraw or downgrade an award if it believes an individual consultant does not continue to fulfil the criteria.
13. A total of 11 distinction awards were subject to review in this awards round. The committee Chairman and Medical Director carefully considered the CV forms and the citation forms received from employers relating to each consultant and reported their findings to the full Committee at its meeting in March. The Committee recommended that all 11 awards should continue for a further five years.

### **Feedback**

14. Under the new scheme a consultant who has applied for a higher clinical excellence award and is dissatisfied with the committee's decision has the right of appeal to an independent appeals panel. An appeals panel will only consider the process by which the Committee arrived at its decision; it will not consider whether an award should or should not have been made. A consultant must, in

the first instance, request written or oral feedback from the Chairman of NICEAC. Following the allocation of awards for 2005-2006, 23 consultants (1 step 12 and 22 step 10s) requested feedback and received a written response from the Chairman. Seven of those consultants (1 step 12 and 6 step 10s) received further feedback at a meeting with the NICEAC Chairman and Medical Director. There were no formal appeals against the Committee's decision to refuse an award.

### **Review of first year**

15. The Department commissioned an independent review at the end of the first year of the new scheme to consider what further improvements could be made to the process. In light of that review a number of refinements have been made for the 2006-2007 awards round. Two changes are worth mentioning: consultants in the 2006 round may apply for both a lower and a higher award (consultants on say five or six points had some difficulty in deciding whether to apply for the next lower award or whether to apply for a step 10 higher award); and consultants must have a minimum of five local awards (rather than three) before they can apply for a higher award. The latter change was prompted by the view that consultants should be able to demonstrate a significant level of recognition locally before being eligible to apply for a higher award. A further review will be carried out at the end of the 2006-2007 awards round.

### **Distribution of Awards**

16. The Committee intends to monitor the distribution of all awards (local and regional) in six areas: specialty, gender, Board area, age, ethnic origin and community background. The analysis below covers the regional awards only and as mentioned we will report separately on the local process. The purpose of monitoring the outcome of awards is to identify, and if necessary permit the examination of reasons for any imbalances in the distribution of awards. However, it must be emphasised that awards are granted to individuals solely on the grounds of merit. The Committee does not positively discriminate in favour of any particular group. It is highly unlikely in a competitive process such as this (and given the small number of awards available annually) that there will be an equal proportion of awards between the various groups. Nevertheless, the monitoring process is extremely important; it is essential that any imbalances are identified and that the reasons for those imbalances are fully examined.
17. As mentioned above a total of 9 awards were made (1 step 12 and 8 step 10s). The step 12 award was allocated to an existing A distinction award holder. All those with a minimum of three discretionary points were eligible to apply for a step 10 award. The successful candidates for the 8 step 10 awards were existing B distinction award holders, although it should be noted that the Committee does not impose any specific requirement on the level of any pre-existing award once a consultant is eligible to apply.

### *Specialty*

18. There are variations in the distribution of awards across the range of specialties (see Table 1). For this awards round 5 awards went to consultants in the specialty of Pathology; 2 awards were given to consultant paediatricians; and 1 to each of Obstetrics and Gynaecology and Public Health Medicine. An analysis of the overall distribution of awards following the 2005-2006 awards round shows that specialties such as mental illness, orthopaedics and radiology continue to have a lower proportion of awards.

### *Gender*

19. In the 2005-2006 awards round female consultants represented 16.2% of applicants (compared to 11.8% last year) and they received 22.2% of all awards. This is a considerable improvement on last year when no female consultant received an award, and has resulted in an increase in the proportion of total awards held by female consultants to 11.7% (from 11% last year). However there is still room for further improvement given the overall under representation of female consultant award holders (they represent about 25% of the consultant population). The Committee would continue to welcome more self nominations from female consultants.

### *Board Areas*

20. The total number of eligible consultants in April 2005 was 1009 spread between the geographical areas of the four Health and Social Services Boards as follows (consultants in Trusts are for this purpose included in the area in which their Trusts are situated) -

Northern	123
Southern	130
Western	133
Eastern	623

21. The Eastern Board area contains about 62% of the total consultant population, but holds 79.2% of all awards (see Table 3). In this awards round 78.1% of all applicants were from Eastern Board Trusts and 88.9% of available awards went to consultants in the Eastern Board area. The Northern Board area received 11.1% (1 award) of available awards, an improvement on last year when no awards were made. No awards went to consultants in the Southern and Western Board areas. There remains an imbalance in the geographical distribution of awards. However, a greater proportion of applicants tend to come from the larger hospitals

(particularly those providing regional specialties) and Queen's University, which are located in the Eastern Board area.

### *Age*

22. The average age of those consultants who received an award in 2005-2006 was 51 for step 10 awards (see Table 4). Last year the average age of B and A awards was 51 and 53 respectively. It is to be expected that higher award holders will tend to be older, given the experience and length of time needed to achieve the very high standards required. However, it is noteworthy that three step 10 awards were granted to consultants in the 40 - 49 age bands, an indication that the scheme is able to recognise the achievements of younger outstanding consultants.

### *Ethnic Origin*

23. Out of the 105 applications, no data was provided on ethnic origin on four of those applications. 3.8% of consultants who applied for an award declared themselves as coming from the smaller ethnic groups (see Table 5), this proportion is down slightly on last year when it was 5.9%. This year none of the available awards were made to consultants who had declared themselves as coming from the ethnic groupings, a decrease on the previous year when they received 14.3% of all awards. There were fewer applications from consultants in the ethnic groupings this year and fewer awards overall to allocate. It is too early to identify any particular trends; however the committee would welcome more applications from eligible consultants in the ethnic groups.

### *Community Background*

24. Most consultants provided the relevant information on community background on the monitoring form. An analysis of those who applied for an award shows that 56.2% declared themselves as coming from a Protestant community (PC) background, 27.6% from a Roman Catholic community (RCC) background, 15.2% from "neither" a PC nor a RCC background and 1% were "not knowns" (see Table 6). It is estimated, based on the results of a survey carried out in 2003, that these proportions are broadly representative of the overall consultant population.
25. The information on the monitoring form is not made available to the committee, and no regard is had to community background when applications are being considered. However, an analysis of the awards made in this round shows that only 1 award went to a consultant who had declared a RCC background, and the other 8 went to consultants who had declared a PC background (see Table 6). There have been fluctuations in the proportion of consultants from a RCC background receiving awards since monitoring started in this area (14.3% in 2004-2005, 36.4% in 2003-2004, and 19% in 2002-2003), and given the small total number of awards it would not be realistic to expect that each year's awards

would necessarily be fully representative, but the Committee was concerned to see that there was such a marked imbalance in this year's awards.

26. One possible factor which may be affecting the position is that there appears to be a differential age profile between PC and RCC consultants. A survey carried out in 2003 suggested that only some 28% of consultants who declared a RCC background were over 48 years of age, compared with 49% of consultants who declared a PC background. Given that the average age of the successful consultants in this year's awards round was 51, and that in general it will be consultants with a longer career history who are more likely to be able to offer the evidence of high achievement that is looked for in making awards, this may be part of the explanation for the imbalance. Against this, however, we noted that the proportions of PC and RCC applicants in the 2005-2006 round who were over 50 were broadly similar. The Committee remains committed to the principle of awards being made purely on the basis of individual merit, and we recognise that with such small numbers of awards, year to year fluctuations in this area may be inevitable: even a single award can make a significant difference to the respective success rates. But we would be very concerned if such a pattern of imbalance was to recur in successive years, and we will continue to closely monitor the outcomes of awards from this point of view in order to identify general trends, and will continue to seek to identify and to address the reasons for any imbalances. We will also continue to be mindful of the position of ethnic minority candidates.

### **Further Information**

27. Further information about the scheme or additional copies of the guide or the annual report can be obtained by contacting the NICEAC secretariat either by telephone (028 905 22869) or by writing to the NICEAC secretariat at Room D1, Castle Buildings, Upper Newtownards Road, Belfast, BT4 3SJ. The Guide and the annual report are also available on the Department's website [www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/) (health and social services/clinical excellence awards scheme). <http://www.dhsspsni.gov.uk/hss/dmsac/dmsac.asp>

## LIST OF HIGHER AWARDS GRANTED IN 2005-2006

The following consultants employed by the HPSS in Northern Ireland were granted Clinical Excellence Awards following the 2005-2006 Annual Meeting.

### STEP 12

NAME	SPECIALTY	HPSS EMPLOYER	EFFECTIVE DATE OF AWARD
Savage J M	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005

### STEP 10

NAME	SPECIALTY	HPSS EMPLOYER	EFFECTIVE DATE OF AWARD
Coyle PV	Pathology-Medical Microbiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Harper M A	Obstetrics & Gynaecology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Jones F G C	Pathology-Haematology	Belfast City Hospital HSS Trust	01/04/2005
Kee F	Public Health Medicine	Northern Health and Social Services Board	01/04/2005
McMullin M F	Pathology-Haematology	Belfast City Hospital HSS Trust	01/04/2005
Shields M D	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Smyth E T M	Pathology-Medical-Microbiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Young I S	Chemical Pathology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005

TABLE 1

## ANALYSIS BY SPECIALTY AT 1 APRIL 2005 (2005-2006 AWARDS ROUND)

SPECIALTY	CONSULTANTS WHO APPLIED FOR AN AWARD 2005/2006		CONSULTANTS WHO RECEIVED AWARDS 2005/2006		CONSULTANTS HOLDING AWARDS		DISTRIBUTION OF AWARDS BY GRADE						
	No	% of consultant body	No	% of self nominations	No	% of available awards	No	% of overall awards	A+	A	B	Step 12	Step 10
Anaesthetics	161	16.0%	11	10.5%	-	-	16	13.3%	2	6	8	-	-
ENT	18	1.8%	2	1.9%	-	-	4	3.3%	-	1	3	-	-
General Medicine & Allied Specialties (1)	222	22.0%	26	24.8%	-	-	35	29.2%	3	10	22	-	-
Mental Illness (2)	104	10.3%	9	8.6%	-	-	6	5.0%	1	2	3	-	-
Obs & Gynae	57	5.6%	8	7.6%	1	11.1%	6	5.0%	-	2	3	-	1
Ophthalmology	22	2.2%	1	1.0%	-	-	2	1.7%	-	-	2	-	-
Orthopaedics	37	3.7%	1	1.0%	-	-	2	1.7%	-	-	2	-	-
Paediatrics	62	6.1%	8	7.6%	2	22.2%	11	9.2%	1	2	6	1	1
Pathology (3)	71	7.0%	12	11.4%	5	55.6%	8	6.7%	2	1	-	-	5
Public Health Medicine (4)	34	3.4%	4	3.8%	1	11.1%	6	5.0%	-	1	4	-	1
Radiology (5)	100	9.9%	7	6.7%	-	-	4	3.3%	-	1	3	-	-
Surgery (6)	96	9.5%	8	7.6%	-	-	15	12.5%	-	4	11	-	-
Dental Specialties (7)	25	2.5%	8	7.6%	-	-	5	4.2%	-	1	4	-	-
<b>TOTALS</b>	<b>1009</b>		<b>105</b>		<b>9</b>		<b>120</b>		<b>9</b>	<b>31</b>	<b>71</b>	<b>1</b>	<b>8</b>

## NOTES

- (1) GENERAL MEDICINE & ALLIED SPECIALTIES - Anatomy, Accident & Emergency, Cardiology, Clinical Neuro-Physiology, Clinical Genetics, Clinical Pharmacology, Dermatology, Endocrinology and Diabetes, General Medicine, General Medicine-Special Interest Geriatrics, Genito-Urinary Medicine, Geriatric Medicine, Infectious Diseases, Nephrology, Neurology, Physiology, Rheumatology, Rehabilitation Medicine, Sports Medicine.
- (2) MENTAL ILLNESS - Child & Adolescent Psychiatry, Forensic Psychiatry, Mental Handicap, Mental Illness, Psychiatry of Old Age, Psychotherapy.
- (3) PATHOLOGY - Chemical Pathology, General Pathology, Haematology & Blood Transfusion, Histology, Histopathology, Immuno-Pathology, Medical Microbiology, Neuropathology.
- (4) PUBLIC HEALTH MEDICINE - Occupational Medicine, Public Health Medicine.3
- (5) RADIOLOGY - Radiology, Radiotherapy, Medical Oncology.
- (6) SURGERY - Cardiothoracic Surgery, General Surgery, Neurosurgery, Paediatric Surgery, Plastic Surgery, Urology.
- (7) DENTAL SPECIALTIES - Dental Anatomy, Dental Prosthetics, Oral Surgery, Paediatric & Preventative Dentistry, Periodontics, Restorative Dentistry, Orthodontics

**TABLE 2****ANALYSIS BY GENDER**

SELF NOMINATIONS				AWARDS GRANTED				
	Male		Female		Male		Female	
	No.	%	No.	%	No.	%	No.	%
Step 12	9	100	0	0	1	100.0	0	0
Step 10	79	82.3	17	17.7	6	75.0	2	25.0
Totals	88	83.8	17	16.2	7	77.8	2	22.2

NOTE A total of 105 self nominations were received and a total of 9 awards were granted.

**TABLE 3****ANALYSIS BY BOARD AREA**

	NORTHERN	SOUTHERN	EASTERN	WESTERN
NUMBER OF CONSULTANTS	123	130	623	133
%	12.2	12.9	61.7	13.2
NUMBER OF SELF NOMINATIONS	5	7	82	11
%	4.8	6.7	78.1	10.5
AWARDS GRANTED	1	0	8	0
%	11.1	0	88.9	0
NUMBER OF TOTAL AWARDS PER AREA	5	6	95	14
% OF TOTAL AWARDS (out of 120)	4.2	5.0	79.2	11.7

**TABLE 4**

**ANALYSIS OF NEW AWARDS BY AGE**

AGE GROUP	NEW AWARDS	
	Step 12	Step 10
35-39	-	-
40-44	-	1
45-49	-	2
50-54	-	3
55-59	1	2
60-64	-	-
<b>TOTAL</b>	<b>1</b>	<b>8</b>
<b>AVERAGE AGE</b>	<b>58</b>	<b>51</b>

**TABLE 5**

**ANALYSIS BY ETHNIC ORIGIN**

ETHNIC ORIGIN	NO. OF SELF NOMINATIONS	%	NO. OF AWARDS GRANTED	%
WHITE	97	92.4	9	100.0
NOT KNOWN	4	3.8	-	-
INDIAN		4.4	-	-
EAST AFRICAN ASIAN	-	-	-	-
MIXED ETHNIC	-	-	-	-
CHINESE	2	1.9	-	-
NORTH AFRICAN	1	1.0	-	-
PAKISTANI	1	1.0	-	-
<b>TOTAL*</b>	<b>4</b>	<b>3.8</b>	<b>-</b>	<b>-</b>

\*NOTE – the totals and % figures relate to the ethnic groups.

**TABLE 6****ANALYSIS BY COMMUNITY BACKGROUND**

	<b>SELF NOMINATIONS</b>	<b>%</b>	<b>AWARDS GRANTED</b>	<b>%</b>
<b>PC</b>	<b>59</b>	<b>56.2</b>	<b>8</b>	<b>88.9</b>
<b>RCC</b>	<b>29</b>	<b>27.6</b>	<b>1</b>	<b>11.1</b>
<b>NEITHER</b>	<b>16</b>	<b>15.2</b>	<b>0</b>	<b>-</b>
<b>NOT KNOWN</b>	<b>1</b>	<b>1.0</b>	<b>0</b>	<b>-</b>
<b>TOTALS</b>	<b>105</b>	<b>100</b>	<b>9</b>	<b>100</b>

**NOTE:**

PC – consultants who declared themselves as members of the Protestant community.

RCC - consultants who declared themselves as members of the Roman Catholic community.

NEITHER - consultants who declared themselves as members of neither the Protestant nor the Roman Catholic community.

NOT KNOWN – consultants who did not complete the monitoring form.

## REPORT ON THE OUTCOME OF LOWER AWARDS

1. The Committee has a monitoring and quality assurance role over the lower awards process. Trusts are required to report annually to the Committee on the outcome of the local process, providing details of the composition of the local panel, the names of the successful consultants, and a breakdown of the awards made by the various groupings. Trusts must also demonstrate that the local process has been completed fairly and in accordance with the guidance issued by the Department.
2. In May 2006 all 18 Trusts were asked to complete a proforma detailing the outcome of their local process. 16 Trusts advised that they had completed the local awards round. However, 9 of those Trusts did not make any local awards, stating that they had insufficient funds. 7 Trusts did make a total of 71 local awards, with each consultant receiving one award. Table 7 shows the outcome of the local process for each Trust. The names of the successful consultants and the current level of award held are listed on page 18.
3. The two remaining Trusts (Greenpark and South & East Belfast) have advised that their local committees would be meeting later this year and that the relevant information would be forwarded in due course. All Trusts should be attempting to meet and make decisions on local awards within the relevant awards round, and the Committee is concerned that these particular Trusts have still not met some months after the end of the awards round.
4. It had been intended that we would provide some analysis of the local awards, for example by ethnic origin and community background. However, of the 7 Trusts who did make awards only 3 were able to provide any data on community background and ethnic origin. Consequently, there is insufficient data at this stage to enable any meaningful analysis to be carried out.
5. As mentioned in the Foreword to this report, it was a matter of considerable concern to the Committee to learn that 9 Trusts had decided not to make any local awards this year. The rationale for the scheme is that it should operate consistently and continuously from local to regional level. It will clearly not be possible for the regional committee to operate effectively and for the scheme as a whole to achieve the purposes for which it was designed if the scheme is failing to function properly at local level.

## LIST OF LOWER AWARDS GRANTED IN 2005/2006

### **STEP 8**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Brown RJ	General Surgery	Newry & Mourne HSS Trust	01/04/2005
Finnegan OC	General Medicine	Causeway HSS Trust	01/04/2005
Logan KR	General Medicine	Down Lisburn HSS Trust	01/04/2005

### **STEP 7**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
McAloon J	Paediatrics	United HSS Trust	01/04/2005
Mullan FJ	General Surgery	Causeway HSS Trust	01/04/2005
Rocke LG	Accident & Emergency Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Rollins MD	Paediatrics	Causeway HSS Trust	01/04/2005

### **STEP 6**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Daly OE	Psychiatry-Adult	Down Lisburn HSS Trust	01/04/2005
Devaney NM	Psychiatry -Adult	Down Lisburn HSS Trust	01/04/2005
Flanagan PG	Geriatric Medicine	United HSS Trust	01/04/2005
Harty JC	Nephrology (Renal)	Newry and Mourne HSS Trust	01/04/2005
McCleane GJ	Anaesthetics	Down Lisburn HSS Trust	01/04/2005
McMillen RM	Obstetrics and Gynaecology	United HSS Trust	01/04/2005
Pyper PC	General Surgery	United HSS Trust	01/04/2005
Webb CH	Pathology-Medical Microbiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005

**STEP 5**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Alderdice JM	Pathology-Histopathology	United HSS Trust	01/04/2005
Cooke RS	Neurosurgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Holmes W	Anaesthetics	Sperrin Lakeland HSS Trust	01/04/2005
Hunter EK	General Medicine	United HSS Trust	01/04/2005
Jack CIA	Geriatric Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Jack CM	General Medicine Spec. Int. Geriatrics	Causeway HSS Trust	01/04/2005
Maginness JMF	Anaesthetics	Sperrin Lakeland HSS Trust	01/04/2005
McIlwaine WJ	General Medicine	Ulster Community and Hospitals Trust	01/04/2005
Varghese A	General Medicine	Causeway HSS Trust	01/04/2005

**STEP 4**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Brown MG	General Surgery	Causeway HSS Trust	01/04/2005
Cody M	Anaesthetics	Sperrin Lakeland HSS Trust	01/04/2005
Conneally P	Radiology	Sperrin Lakeland HSS Trust	01/04/2005
Cooper AR	Anaesthetics	Causeway HSS Trust	01/04/2005
Gilmore JE	Geriatric Medicine	United HSS Trust	01/04/2005
Gilroy D	General Surgery	United HSS Trust	01/04/2005
Marshall SG	General Surgery	Sperrin Lakeland HSS Trust	01/04/2005
McKinney MS	Anaesthetics	Ulster Community and Hospitals Trust	01/04/2005
McNulty JE	Radiology	Down Lisburn HSS Trust	01/04/2005
Tracey F	Geriatric Medicine	Causeway HSS Trust	01/04/2005
Watters CH	Anaesthetics	Causeway HSS Trust	01/04/2005
Wright DG	Anaesthetics	Causeway HSS Trust	01/04/2005

### **STEP 3**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Anderson T	Obstetrics and Gynaecology	Sperrin Lakeland HSS Trust	01/04/2005
Boyd TH	Anaesthetics	Ulster Community and Hospitals Trust	01/04/2005
Dornan OJ	Accident and Emergency Medicine	United HSS Trust	01/04/2005
Ghareeb EM	General Surgery	Sperrin Lakeland HSS Trust	01/04/2005
Hamilton RA	Obstetrics and Gynaecology	Ulster Community and Hospitals Trust	01/04/2005
Ledwith MV	Paediatrics	Causeway HSS Trust	01/04/2005
Manley PA	Psychiatry-Adult	Sperrin Lakeland HSS Trust	01/04/2005
McBride WT	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
McCrory DC	General Surgery	United HSS Trust	01/04/2005
McDougal NI	General Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Quigley CN	Psychiatry-Adult	Down Lisburn HSS Trust	01/04/2005

### **STEP 2**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Hart PMA	Ophthalmology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Loughrey GJ	Radiology	Sperrin Lakeland HSS Trust	01/04/2005
McCaughey CP	Microbiology-Virology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Nelson WM	Radiology	United HSS Trust	01/04/2005
Rooney DP	General Medicine	United HSS Trust	01/04/2005
Thompson AM	Radiology	Down Lisburn HSS Trust	01/04/2005
Walby AP	ENT	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005

**STEP 1**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Bailie KEM	Haematology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Bill KM	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Bryson CA	Obstetrics and Gynaecology	Ulster Community and Hospitals Trust	01/04/2005
Chakravarthy U	Ophthalmology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Craig JS	Gynaecology and Neonatology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Flynn PA	Radiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Hedderwick SA	Infectious Diseases	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Johnston CD	Orthodontics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Johnston PW	Cardiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Kernohan RM	Urology	Causeway HSS Trust	01/04/2005
Leeman T	Psychiatry	Causeway HSS Trust	01/04/2005
Lyons JTM	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
McAtamney DG	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
McConnell RS	Neurosurgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
McKee GJ	ENT	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
McNally JR	Radiology	Ulster Community and Hospitals Trust	01/04/2005
Mitchell CA	Restorative Dentistry	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005

TABLE 7

## MONITORING OF LOWER CLINICAL EXCELLENCE AWARDS 2005/2006

HSS TRUST	AWARDS ROUND COMPLETED	AWARDS MADE	NUMBER APPLICATIONS RECEIVED	NUMBER AWARDS MADE
Causeway	Yes	Yes	19	12
Down Lisburn	Yes	Yes	17	8
Newry & Mourne	Yes	Yes	6	2
Royal	Yes	Yes	77	22
Sperrin Lakeland	Yes	Yes	12	9
Ulster & Comm.	Yes	Yes	76	6
United	Yes	Yes	20	12
Armagh&Dungannon	Yes	No	-	-
Belfast City	Yes	No	-	-
Craigavon Area	Yes	No	-	-
Craigavon&Banbridge	Yes	No	-	-
Foyle	Yes	No	-	-
Homefirst	Yes	No	-	-
North&West Belfast	Yes	No	-	-
Altnagelvin	Yes	No	-	-
Mater	Yes	No	-	-
Greenpark	No	-	-	-
South&East Belfast	No	-	-	-
<b>Total</b>			<b>227</b>	<b>71</b>

**CLINICAL EXCELLENCE AWARDS COMMITTEE**

**MEMBERSHIP 2005-2006 AWARDS ROUND**

**CHAIRMAN**

Mr Patrick Carvill

Retired permanent secretary from the Department of Education (1990-1998) and from the Department of Finance and Personnel (1998-2003).

**MEDICAL DIRECTOR**

Professor Robert W Stout

Director of Research and Development for the HPSS, Professor of Geriatric Medicine at Queen's University Belfast and consultant physician at Belfast City Hospital.

**MEMBERS**

Dr Ian W Carson

Deputy Chief Medical Officer and former consultant anaesthetist at the Royal Group of Hospitals HSS Trust.

Professor Alan Crockard

National Director, Modernising Medical Careers, Department of Health. Professor of Surgical Neurology (Personal Chair), Institute of Neurology and The National Hospital for Neurology and Neurosurgery, University College London Hospitals NHS Trust.

Mrs Deirdre Dorman

Chairman of Armagh Dungannon HSS Trust since September 2003.

Mrs Diane Drennan

Solicitor, working as a legal consultant in the Office of Law Reform, has also been a solicitor/tutor at the Institute of Professional Legal Studies at Queen's University, Belfast.

Dr Curly Morris

Consultant Haematologist in Belfast City Hospital HSS Trust and Deputy Director, Belfast Link Laboratories.

Mrs Elaine Way

Chief Executive Altnagelvin Hospitals HSS Trust and Past President of The Association of Healthcare Human Resources Management.

## DISTINCTION AWARD HOLDERS IN NORTHERN IRELAND

**A+ AWARD HOLDERS**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Adgey A A J	Cardiology	Royal Group of Hospitals and Dental Hospital HSS Trust	02/01/2000
Atkinson A B	Medicine/ Endocrinology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2003
Carson I W	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2000
Halliday H L	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2000
McClelland R J	Psychiatry - Adult	Belfast City Hospital HSS Trust	10/09/2003
Mirakhur R K	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2001
Morris T C M	Pathology/Haematology	Belfast City Hospital HSS Trust	01/11/2003
Stout R W	Geriatric Medicine	Belfast City Hospital HSS Trust	01/02/2000
Trimble E R	Chemical Pathology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/08/2001

## **A AWARD HOLDERS**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Boyle D D	Obstetrics & Gynaecology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2003
Callender M E	General Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2003
Campbell N P S	Cardiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2002
Campbell W I	Anaesthetics	Ulster Community and Hospitals HSS Trust	01/08/2001
Carson D J	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	27/04/2002
Connolly J D R	Anaesthetics	Green Park HSS Trust	01/11/2000
Cooper S J	Psychiatry-Adult	Belfast City Hospital HSS Trust	01/07/2002
Crean PM	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2004
Doherty C C	Nephrology (Renal)	Belfast City Hospital HSS Trust	01/06/2001
Elborn J S	Medicine-Respiratory	Belfast City Hospital HSS Trust	01/04/2004
Evans A E	Public Health Medicine	Eastern Health and Social Services Board	13/08/1999
Fee J P H	Anaesthetics	Green Park Hospital HSS Trust	02/01/2000
Gillespie C A	Psychiatry-Adult	Sperrin Lakeland HSS Trust	01/10/2003
Hawkins S A	Neurology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2001
Hay R	Dermatology	The Queen's University	01/04/2002
Humphreys W G	General Surgery	United Hospitals HSS Trust	01/10/2000
Jenkins J G	Paediatrics	United Hospitals HSS Trust	01/04/2001
Johnston G D	Clinical Pharmacology & Therapeutics	Belfast City Hospital HSS Trust	01/10/1999
Johnston P G	Medical Oncology	Belfast City Hospital HSS Trust	01/04/2003
Kaluskar S K	ENT	Sperrin Lakeland HSS Trust	03/08/2004
Lamey P-J	Oral Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2001
MacMahon J	General Medicine	Belfast City Hospital HSS Trust	01/10/2003

## **A AWARD HOLDERS**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Martin D H	Obstetrics & Gynaecology	Altnagelvin Hospitals HSS Trust	02/08/1999
Maw R D	Genito-Urinary Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2004
McCaughey W	Anaesthetics	Craigavon Area Hospital Group HSS Trust	31/05/1999
Mc Clelland W M	Pathology/Haematology	N.I. Blood Transfusion Service Agency	01/10/2004
McMurray T J	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	10/09/2003
O'Connor F A	General Medicine	Altnagelvin Hospitals HSS Trust	01/04/2001
Panesar K J S	General Surgery	Altnagelvin Hospitals HSS Trust	01/11/2003
Russell C F J	General Surgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2000
Spence R A J	General Surgery	Belfast City Hospital HSS Trust	01/04/2004

## **B AWARD HOLDERS**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Abram W P	Radiotherapy	Belfast City Hospital HSS Trust	01/08/2001
Adams D A	ENT	Royal Group of Hospitals and Dental Hospital HSS Trust	12/09/2000
Andrews W J	General Medicine	United Hospitals HSS Trust	01/04/2001
Bell A H	Paediatrics	NI Health Promotion Agency	01/10/2002
Bell P M	General Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/11/2000
Beringer T R O	Geriatric Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2001
Beverland D E	Orthopaedic & Traumatic Surgery	Green Park HSS Trust	01/04/2003
Bingham E A	Dermatology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/08/1998
Brennen M D	Plastic Surgery	Ulster Community and Hospitals HSS Trust	01/04/1999
Campbell F C	Gaestroentrolological Surgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2001
Cinnamond M J	ENT (Otolaryngology)	Belfast City Hospital HSS Trust	01/05/1996
Collins J S A	General Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2003
Craig B G	Paediatric Cardiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2004
Cranley B	General Surgery	Newry & Mourne HSS Trust	09/06/2000
Daly J G	General Medicine	Altnagelvin Hospitals HSS Trust	01/07/2002
Diamond T	General Surgery	Mater Infirmorum HSS Trust	01/10/2001
Dinsmore W W	Genito-Urinary Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2004
Dornan J C	Obstetrics & Gynaecology	Royal Group of Hospitals and Dental Hospital HSS Trust	02/08/1999
Dowey K E	Accident & Emergency Medicine	Belfast City Hospital HSS Trust	01/10/2003
Eedy D J	Dermatology	Craigavon Area Hospital Group HSS Trust	03/08/2004
Elliott P M	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2000

## **B AWARD HOLDERS**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Farling P A	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2001
Fullerton K J	Geriatric Medicine	Belfast City Hospital HSS Trust	01/04/2002
Fulton R A	Dermatology	Altnagelvin Hospitals HSS Trust	28/01/2001
Gardiner K R	General Surgery	Royal Group of Hospitals and Dental Hospital HSS Trust	13/09/2002
Gilmore D H	Geriatric Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2004
Gregg T A	Paediatric Dentistry	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2001
Hannon R J	General Surgery	Belfast City Hospital HSS Trust	01/04/2003
Hicks E M	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2001
Hood J M	General Surgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/1997
Houston R F	Radiotherapy	Belfast City Hospital HSS Trust	01/04/2001
Irwin S T	General Surgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2001
Jackson P T	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2004
Johnston J R	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/1998
Johnston L C	Radiology	Belfast City Hospital HSS Trust	01/04/2000
Johnston P B	Ophthalmology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/1995
Kelly J F	Geriatric Medicine	Sperrin Lakeland HSS Trust	01/02/2003
Kendrick R W	Oral Surgery	Ulster Community and Hospitals HSS Trust	01/04/2001
Kirk S J	General Surgery	Ulster Community and Hospitals Trust	01/06/2003
Lavery G G	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2003
Linden G J	Dental Medicine Specialties	Royal Group of Hospitals and Dental Hospital HSS Trust	01/08/2002
Loughran P G	Anaesthetics	Newry and Mourne HSS Trust	01/10/1998

## **B AWARD HOLDERS**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Maxwell A P	Nephrology (Renal)	Belfast City Hospital HSS Trust	01/04/2002
Maxwell R J	General Surgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/09/2000
McClure N	Obstetrics & Gynaecology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/06/2003
McCluskey D R	General Medicine	Royal Group of Hospitals And Dental Hospital HSS Trust	01/10/2002
McConnell W W M	Public Health Medicine	Western Health and Social Services Board	02/04/1997
McGinnity M G A	Psychiatry-Learning Disability	North & West Belfast HSS Trust	01/08/2001
McGuigan J A	Thoracic Surgery	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2000
McLoughlin J C	General Medicine	Mater Infirmorum Hospital HSS Trust	01/04/2000
Montgomery E A	Psychiatry-Adult	Mater Infirmorum Hospital HSS Trust	01/10/1999
Murray J M	Anaesthetics	Green Park HSS Trust	01/04/2004
Nicholls D P	General Medicine	Royal Group of Hospitals and Dental Hospital HSS Trust	31/05/1999
Orr I A	Anaesthetics	Craigavon Area Hospital Group HSS Trust	01/08/2001
Passmore A P	Geriatric Medicine	Belfast City Hospital HSS Trust	01/06/2003
Patterson D G	Psychiatry-Adult	North & West Belfast HSS Trust	01/12/2000
Quinn R J M	Paediatrics	Altnagelvin Hospitals HSS Trust	01/10/1997
Russell C J	General Medicine	Sperrin Lakeland HSS Trust	01/10/1997
Saunders I D F	Paediatric Dentistry	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/1996
Sharma N K	Ophthalmology	Altnagelvin Hospitals HSS Trust	01/09/2002
Stewart D G T	Public Health Medicine	Eastern Health and Social Services Board	31/12/2002
Stewart M C	Paediatrics	North & West Belfast HSS Trust	01/08/2001
Taggart H M	Geriatric Medicine	Belfast City Hospital HSS Trust	01/10/2000
Taylor I C	Geriatric Medicine	Ulster Community and	01/10/2003

**B AWARD HOLDERS**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Taylor R H	Anaesthetics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/10/2001
Telford A M	Public Health Medicine	Southern Health and Social Services Board	01/10/1999
Toner J G	ENT	Ulster Community and Hospitals HSS Trust	01/04/2004
Traub A I	Obstetrics & Gynaecology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2000
Varma M P S	General Medicine	Sperrin Lakeland HSS Trust	01/10/2004
Watson J D	Public Health Medicine	Northern Health and Social Services Board	02/05/1999
Wray A R	Orthopaedic & Traumatic Surgery	Altnagelvin Hospitals HSS Trust	01/06/2003

**HIGHER CLINICAL EXCELLENCE AWARD HOLDERS  
IN NORTHERN IRELAND**

**STEP 12**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Savage J M	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005

**STEP 10**

<b>NAME</b>	<b>SPECIALTY</b>	<b>HPSS EMPLOYER</b>	<b>DATE OF AWARD</b>
Coyle PV	Pathology-Medical Microbiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Harper M A	Obstetrics & Gynaecology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Jones F G C	Pathology-Haematology	Belfast City Hospital HSS Trust	01/04/2005
Kee F	Public Health Medicine	Northern Health and Social Services Board	01/04/2005
McMullin M F	Pathology-Haematology	Belfast City Hospital HSS Trust	01/04/2005
Shields M D	Paediatrics	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Smyth E T M	Pathology-Medical- Microbiology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005
Young I S	Chemical Pathology	Royal Group of Hospitals and Dental Hospital HSS Trust	01/04/2005

**Produced by: Department of Health, Social Services & Public Safety, Castle Buildings,  
Belfast BT4 3SL**

**Telephone: (028) 9052 2817    Textphone: (028) 9052 7668**

**[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)**

**2006**

**Ref:**