

THE NEW HPSS CLINICAL EXCELLENCE AWARDS SCHEME

Introduction

1. In March 2004, the DHSSPS published a consultation document setting out proposals for a new consultant award scheme. The new scheme aims to combine distinction awards and discretionary points into a single graduated reward scheme with an increased emphasis on direct contribution to patient care.
2. This paper sets out the framework for the new scheme, following an analysis of the responses made to the consultation document. The new scheme will be introduced in 2005 with the first awards payable in the 2005-2006 financial year.

Principles

3. The new scheme will aim to reward fairly those consultants who show the greatest levels of outstanding performance and commitment to the HPSS. The scheme will have a greater emphasis on direct contribution to patient care. Most of the available awards will go to those who make the biggest contribution to delivering and improving local health services. Consultants will also be better rewarded at a local level for their contribution to service delivery and patient care. The importance of teaching and research to the delivery and improvement of health services will continue to be recognised.
4. The new scheme will also:
 - be transparent, fair and based on clear evidence;
 - be open and accessible to all eligible consultants;
 - make eligibility dependent on participation in the annual appraisal process, meeting standards of best practice in relation to job planning, and meeting standards of best practice set out in the Code of Conduct for Private Practice;
 - allow early intervention to review an award where concerns or allegations about a doctor's conduct or performance are upheld;
 - publish information on the distribution of all levels of awards, including the names of award holders.

Rationale and Objectives

Rationale

5. The rationale of the HPSS Clinical Excellence Awards Scheme is to reward exceptional personal contributions made by individuals (above the normal expectations of a postholder) to the delivery of high quality care to patients and to the continuous improvement of HPSS services.

Objectives

6. The objectives will be to reward individuals who perform over and above the standard expected of a consultant in their post and who locally, regionally, nationally or internationally:
 - demonstrate sustained commitment to patient care and wellbeing or improving public health;
 - sustain the highest standards in both technical and clinical aspects of service delivery whilst providing patient focused care;
 - in their day to day practice demonstrate a sustained commitment to the values and goals of the HPSS 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 the knowledge base through research or other scholarly work and participate actively in research governance;
 - are recognised as exceptional teachers and/or trainers and/or managers;
 - contribute to policy-making and planning in health and health care;
 - make an outstanding contribution to professional leadership.
7. Individuals will not be expected to meet all of these objectives to be worthy of an award. Much will depend on the nature and type of the post they hold.

Structure of the new scheme

8. The new scheme will be a single, more graduated scheme. It will include a local and a regional/national element. The lower value awards (formerly discretionary points) will be made by local (employer) committees. These awards will primarily reward outstanding contributions to local service delivery objectives and priorities. Higher value awards (formerly distinction awards) will be recommended by the new Clinical Excellence Awards Committee (CEAC). For higher awards contributions at a regional, national and international level will be important. However, it will still be possible for consultants who deliver a wholly local contribution to progress to the higher awards.
9. There will be a single set of assessment criteria, with one standard CV self nomination form for all levels of awards. Self nomination will be the sole method of nomination at both the local and higher level. There will be a standard process for seeking citations at both levels.
10. As with the current schemes all awards will be paid in addition to the consultant's basic salary; higher awards will subsume the value of any award held previously; and awards for part time consultants will be paid on a pro rata basis (excluding Joint Appointments). The values of all awards will be annually uprated taking into account the recommendations of the Doctors and Dentists Pay Review Body.

11. The number of awards available each year will be necessarily limited, particularly at the highest levels. All available awards will be decided on the grounds of merit.

Eligibility

12. The scheme will be open to all consultants with at least three year's service at consultant level (there was overwhelming support for this option in the consultation process). Consultants will become eligible for higher awards after having achieved a minimum of three local awards.

Steps and Values of Awards

13. There will be twelve levels of awards. The first nine awards (steps one to nine) will replace the former discretionary points and will be decided by local (employer) committees. The three highest awards (steps ten to twelve) will be decided by the new CEAC. The steps and values at 2004 prices are as follows:

	Step	Value
	Step 1	£2,702
	Step 2	£5,404
	Step 3	£8,106
Local Awards	Step 4	£10,808
	Step 5	£13,510
	Step 6	£16,212
	Step 7	£21,616
	Step 8	£27,020
	Step 9	£32,424
	Step 10	£42,622
Higher Awards	Step 11	£53,278
	Step 12	£69,261

14. It will be normal practice for consultants to move progressively from one step to the next. However, local (employer) committees will be allowed to make awards which advance consultants by more than one level in any year. Consultants will be able to apply for higher awards (steps ten to twelve) after having achieved at least three local awards.

Eligibility Criteria

15. In the new scheme employers will be required to confirm that the consultant meets their contractual obligations, particularly with regard to job planning, consultant appraisal, and observance of the private practice "Code of Conduct". Employers will be asked to confirm that no complaints have been upheld following disciplinary action by the employer or the

General Medical Council or the General Dental Council. Employers will also be asked to advise the local and the regional committee of any outstanding disciplinary matters.

Assessment Criteria

16. The existing assessment criteria will be replaced by four new criteria. The criteria will be more focussed on the objectives of the scheme. The new criteria will also ensure a proper balance between service and academic contributions. There is a clear need to increase awards for service achievement, without reducing the recognition of academic and research work. Outstanding contributions by clinical academics and research workers will continue to be recognised within the new scheme.
17. The new assessment criteria will cover the four broad areas listed below. Consultants will be expected to demonstrate, on the application form, evidence of their achievements in these four areas.

Area 1 - delivering a high quality service

- Outstanding commitment to achieving HPSS/NHS priorities and objectives including flexibility in adapting to changing priorities and demands.
- The practical application of high standards in the technical and clinical aspects of their service.
- Provision of patient-centred care, valued by patients and colleagues alike.

Area 2 - developing a high quality service

- Active participation in clinical governance, leading to a major role in the continuous improvement and innovation in the organisation and delivery of services.
- Outstanding commitment to evidence-based practice, which is taken forward appropriately for the benefit of patients through clinical audit/or other evaluative tools.
- Notable additions to the knowledge base of the HPSS/NHS through research and discovery.
- A strong commitment to patient safety, learning from error and promoting safer systems and clinical/research processes.
- Commitment to the development of effective multi-disciplinary team working.

Area 3 - managing a high quality service

- Excellent contributions to policy-making and planning in health and health care, either at a local or national level.
- Excellent achievements in change management.
- Managing a patient centred service.

Area 4 – research, teaching and training

- Excellent achievements in research and development.
- Active participation in research governance.
- Excellent performance as an educator or trainer.

18. The four criteria above will apply to both local (employer) and higher awards (steps ten to twelve). Consultants will not be expected to score highly in all four areas, but an excellent record in Area 1 will be expected if an application is to succeed. Decisions at the local level and the higher level will be made by means of an objective scoring framework.

Citation Process

19. There will be a standard process for seeking citations at both local and regional level when a consultant self nominates for an award.
20. For local awards citations will be sought from the employer for steps one to seven, and from the employer and senior award holder for steps eight and nine. For higher awards citations will be sought from the employer and senior award holder for step ten, and from the employer, senior award holder and either the consultant's Royal College or Specialty Association for steps eleven and twelve. Employer citations for local awards should be completed by either the Clinical Director or the consultant's appraiser.

Committee Membership

Regional Committee

21. The Committee will be reconstituted in order to achieve a better balance between medical and non-medical members. The Chairman and lay representative will be appointed by the normal public appointment process. The medical and employer members will be formally appointed by the Minister.
22. The membership will be as follows:
- Lay Chairman 1
 - Vice Chairman (Medical Director) 1
 - Medical or Dental members HPSS 2
 - External medical members (GB) 2
 - Two employer members 2
 - One lay member 1
23. It will be important to have a balance on the committee in terms of gender, ethnic origin, and community background. With regard to medical members it will also be important to seek to have a balance in terms of specialties represented.
24. The committee's role will be to make recommendations to the Department on the applications for higher awards and to monitor the quality of the local awards process.

Local Committees

25. The local committee, established by the employer to make local awards, should be comprised as follows:

- Board/Trust Chairman (or non executive director);
 - Chief Executive (or director nominee);
 - Medical Director (or nominee in cases where there would be a conflict of interest); and
 - up to three higher (regional) award holders.
26. It will also be important on local committees to have a balanced membership in terms of gender, ethnic origin, and community background.

Quality Assurance

27. It is important, given the significant public investment in the scheme, that there are structures in place to quality assure the awards process. The new CEAC will take on a quality assurance role with regard to local awards. The CEAC will report annually to ensure transparency about how it makes its own awards and who receives them. It is important, for all awards, that:
- the processes for making decisions are clear and are published;
 - there is consistency of approach to decision making;
 - there is sufficient monitoring of the outcome of awards; and
 - there is an opportunity to appeal against the process leading to a decision on an award.

Appeals against the Process

28. The new scheme will have an independent appeals process. An appeals panel will be set up and will comprise three people nominated by the Department and who were not involved in the original decision. The appeals panel will only consider the process by which the decision was made; it will not consider whether an award should or should not have been made. Employers will be required to have an appropriate appeals mechanism in place for local awards.

Review and Renewal Criteria

29. Awards made by the CEAC will be reviewed at five yearly intervals to ensure that the consultant is continuing to fulfil the criteria for an award. In addition:
- employers will also be required to establish a mechanism to review local awards every five years;
 - all levels of awards will be reviewed at any time in cases where allegations about a consultant's performance or conduct are upheld through disciplinary or professional fitness to practice proceedings. Employers will be expected to inform the CEAC if an award holder is subject to disciplinary or professional fitness to practice proceedings.

Retirement of Award Holders

30. Awards will cease with effect from a consultant's retirement or partial retirement date. In the case of awards made by the new CEAC, the award will then be made available for reallocation to other consultants in the next available awards round.

Openness and Transparency

31. Analysis of the distribution of all awards and the names of each consultant receiving each level of award will be published in an annual report.

Equality of Opportunity

32. In the new scheme it is proposed that employers will be expected to monitor the outcome of local awards. Employers' monitoring data will be part of the CEAC reporting process and will be included in the CEAC's annual report. Awards will be decided on grounds of merit but the distribution of awards will be monitored closely at both local and at regional level and any unjustifiable imbalances identified and addressed.

Transition

33. The new scheme will be an entirely separate scheme and consultants will be expected to apply for the new awards. No further awards will be made under the existing schemes with the introduction of the new scheme. However, there will be no intention of removing existing awards. Anyone in receipt of a distinction award or discretionary points will be able to retain them subject to existing review provisions. The value of distinction awards and discretionary points will continue to be uprated in line with the recommendations of the Doctors' and Dentists' Pay Review Body. The award of a clinical excellence award will subsume the value of any discretionary points or distinction awards held by the consultant.

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