



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

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

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

**NORTHERN IRELAND  
CLINICAL EXCELLENCE AWARDS SCHEME**

**(GUIDANCE ON LOCAL AWARDS)**

**2010/2011 AWARDS ROUND**

**MAY 2010**

## CONTENTS

GUIDANCE ON LOCAL AWARDS	Page
Role and Responsibilities	1
Eligibility	1
Quality Assurance	1
Timetable	2
Membership	2
How the Scheme operates	3
Assessment Criteria	3
Citation Process	5
Effective date of local Awards	5
Review against the Process	6
Reviews	6
APPENDIX 1	
Awards which can be applied for and Values of Awards	7

## **Role and Responsibilities**

1. The Clinical Excellence Award scheme comprises 12 levels of award. Each HSC employer will appoint a local committee to consider applications for the first eight levels of award (steps 1 to 8). Employers will be required to allocate a minimum of 0.25 awards per eligible consultant. The regional committee, the Northern Ireland Clinical Excellence Awards Committee (NICEAC) will make recommendations to the Department for the four highest awards (steps 9 to 12).
2. The regional committee will also have a quality assurance and monitoring role over the local awards process.

## **Eligibility**

3. Consultants who have served three years at 31 March will be eligible to apply for a local award (apart from consultants who already hold a Distinction Award or a higher Clinical Excellence Award). In determining the eligibility period for awards, consultant level experience outside the UK should be taken into account. Eligibility, as with higher awards, will also be dependent on participation in annual appraisal, fulfilment of job plan and contractual obligations, compliance with the private practice code of conduct, and confirmation that any concerns raised about a consultant have not been upheld following disciplinary action by the employer or the GMC/GDC. Paragraph 18 of this Guide explains who is eligible and covers both higher and lower awards. Paragraphs 24 - 30 deal with the effects on eligibility following a change in circumstances and also cover both higher and lower awards.

## **Quality Assurance**

4. Each Local Awards Committee (LAC) must put in place a transparent process for the award of local Clinical Excellence Awards which reflects any regional guidance. LACs must ensure that there is a clear audit trail for all applications ensuring that their decisions are properly documented and that the processes are transparent, fair and based on clear evidence.
5. Each LAC must produce an annual report for NICEAC on the outcome of the local awards process. The annual report should be used to demonstrate that the process was completed fairly and in accordance with guidelines. A template for the annual report will be made available to employers, but the information required in the report will include the following:
  - a) the number of consultants eligible for consideration (i.e. those in post for at least 3 years who do not already hold a step 9 award or above);
  - b) the minimum number of awards available for allocation, applying the 0.25 formula;
  - c) the number of applications made and a breakdown by the relevant groupings;
  - d) the number of awards granted and a breakdown by the relevant groupings;

- e) the overall number of lower award holders;
- f) the names of the consultants recommended for an award;
- g) a compliance statement signed by the chairman of the LAC regarding the process adopted for deciding which consultants should receive awards.

It should also be noted that if an employer does not allocate the minimum number of awards under the formula, it will be required to provide an explanation in its annual report to NICEAC.

- 6. The information provided by LACs will be included as part of the regional Committee's annual report. The annual report should be submitted to the NICEAC secretariat by 31 March.

### **Timetable**

- 7. The timetable for local awards is for employers to determine, but they should aim to complete the awards round by 31 January so that the annual report can be submitted to NICEAC by 31 March.

### **Membership**

- 8. Membership will be agreed locally in accordance with the guidance below. Membership should reflect a spread of specialties, gender, ethnic minority and community background representation. Each LAC should comprise between four and six members, of whom at least 50% will be active consultants.
- 9. The LAC will comprise:
  - 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)
  - Up to three higher (regional) award holders (this could include a consultant with eight discretionary points if there are no higher award holders available). Ideally one of the higher award holders should be from a Trust outside the consultant's employment.
- 10. Members will be expected to have received appropriate training.

## **How the Scheme operates**

11. Local awards (steps 1 to 8) will be payable to those consultants making an outstanding contribution at local level against nationally set criteria. Joint Appointments and public health consultants should be included in the local awards process and should be considered on the basis of their overall contribution to the HSC.
12. Applications for all levels of awards, including local awards, should only be made by self nomination. There will be a standard CV form for all local awards. This form covers both applications for a new award and application for a 5 year review of an existing award. Initially a consultant will be asked to indicate whether the application is for; a new lower clinical excellence award only, a 5 year review only, or both. (a copy of the form is attached as an annex to this Guide for illustrative purposes). It is available on the Department's website [www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/) (health and social care/clinical excellence awards scheme)
13. Separate guidance is attached at Appendix 1 which shows which new awards existing award holders can apply for. It is also available on the Department's website [www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/) (health and social care/clinical excellence awards scheme).
14. The number of new awards available each year will necessarily be limited. Awards will be decided on a competitive basis, based on the relative merits of individual cases. Employers will be required to allocate a minimum of 0.25 awards per eligible consultant.
15. Higher clinical excellence awards are fully funded centrally by the Department. If a consultant who is in receipt of a lower award retires or achieves a higher award, the value of the lower award becomes available to the Trust for recycling. If a consultant in receipt of a higher award retires, the value of that award becomes available to the Department for redistribution to the higher clinical excellence awards scheme.

## **Assessment Criteria**

16. LACs are required to consider consultant applications against the strict criteria set out in the Guide to the scheme. Scoring systems should be developed to decide on applications. The assessment criteria for all levels of awards are set nationally and the criteria for local awards will be the same as the criteria for higher awards. The four criteria are:
  - delivering a high quality service
  - developing a high quality service
  - managing a high quality service
  - contributing to the HSC through research, teaching, and training.

In assessing applications, LACs should, of course, take account of what achievements are possible at different stages of a consultant's career.

Achievement should be measured within the parameters for which the consultant is employed to recognise service over and above the normal delivery of the consultant's job plan and contractual duties.

17. When filling in the CV form consultants must:
  - adhere strictly to the instructions on the form;
  - not use acronyms/abbreviations unless well known
  - not exceed the box limits;
  - adhere to the word limits;
  - be succinct;
  - use a new line for each example.
  - include dates for each specific achievement and list in chronological order.
18. Care should be taken to ensure that, in each section, information is provided which is relevant only to that section. Pieces of information/examples should normally be used only once on the CV form and only in the section which is relevant to that information. It is important that consultants include all relevant information on the current CV form as no account is taken of any previous application. It is essential that all achievements are dated and listed in chronological order. Failure to include dates could affect an applicant's score as weightings are attributed to the timing of achievements Any section left blank or with limited information will be attributed a zero score.
19. **Job Plan** – the summary of the consultant's Job Plan should show the average programmed activities undertaken and should distinguish between paid and unpaid activities.
20. In the "personal statement" section consultants should describe the reasons why they believe they should be considered for a Clinical Excellence Award. The focus should be on the most significant achievements and the most important examples of local, national and international work. Consultants may use this section to describe work which does not easily fit into the four criteria.
21. Section 5 of this Guide gives some detailed guidance on the type of information needed for each criterion.
22. All consultants applying for a lower award must be carrying out their work to the standards of professional and personal conduct required by the General Medical Council or the General Dental Council. This must be confirmed by the employer.
23. The four criteria should be used to focus on the most important examples of the consultant's local, and where appropriate, national and international work. **It is essential that achievements are dated and listed in chronological order. They should describe outcomes. For those already holding awards and applying for a higher level, the information provided must normally focus on achievements since the previous award was granted.** However, if the interval between gaining awards is short, the LAC should pay particular attention to performance and achievements in recent years.

## Citation Process

24. There will be a standard process for seeking citations at both local and regional level when a consultant self nominates for an award. For local awards citations should be sought from the employer for steps 1 – 7, and from the employer and senior award holder in the particular specialty for step 8 awards. Employer citations should normally be completed by either the Clinical Director or the consultant's appraiser.
25. As with higher awards, citations for lower awards must be made in the current format available on the Department's website: [www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/) (health and social care/clinical excellence awards scheme). In completing each section, citation writers must comply strictly with the instructions on the form (a copy of the citation form for local awards is attached as an annex for illustrative purposes only). The citation writer should be succinct, and should not exceed the box limits on the form. The closing date on the form must also be rigidly adhered to.
26. Citation writers will be asked on the form to indicate an assessment of the candidate for each of the four criteria.

delivering a high quality service  
developing a high quality service  
managing a high quality service  
contributing to the HSC through teaching, training and research.

The level of assessment should be indicated by selecting one of the following for each criterion:-

- A Outstanding evidence of performance over and above the expected standards
- B Considerable evidence of performance over and above the expected standards
- C No evidence or some evidence of performance over and above the expected standards

Citation writers will then be required to give brief reasons on the form to support their markings for each criterion, including those not being supported.

27. If the citation writer decides not to support a particular self nomination he/she will still be required to complete the "Assessment by Criteria" section and give reasons for markings in each criterion. Employers will also be required to complete the section "For Employers Only" even if not supporting an application (it is still possible for a consultant to receive an award if not supported by a particular citation writer). Citation writers will have sight of the consultant's completed CV form.

## Effective date of local Awards

28. Local awards should normally be paid from 1 April.

### **Review against the Process**

29. Employers will be required to have an appropriate review mechanism in place where a consultant is dissatisfied with the decision made. A panel set up by the Trust will consider any review against the process. The review panel should be constituted differently from that which took the original decision.

### **Five Year Reviews**

30. Employers will be required to establish a mechanism to review local clinical excellence awards every five years. Awards should also be reviewed at other times where disciplinary or professional proceedings have upheld concerns or allegations about the consultant's conduct or performance.
31. The process for reviewing awards has been simplified. If a consultant, whose existing clinical excellence award is due for a 5 year review, also applies for a **new** lower clinical excellence award, in that year, the one CV application form will serve both purposes. The applicant will be asked to indicate, before completing the form whether the application is for; a lower award; five year review; or both. The employer will continue to notify those consultants whose awards are subject to 5 year review.

**Guidance for existing award holders on applications for Clinical Excellence Awards**

1. Table 1 below shows the awards that consultants may apply for now that step 9 is part of the regional process. Consultants are normally expected to move through the awards process one step at a time, but consultants holding 4-7 local awards may apply for either the next highest local award or the first value of the higher awards (step 9).

**Table 1 - Awards that may be applied for**

<b>Award Held</b>	<b>May Apply For</b>
No award	Step 1
1 DP/Step 1	Step 2
2 DP/Step 2	Step 3
3 DP/Step 3	Step 4
4 DP/Step 4	Step 5 or 9
5 DP/Step 5	Step 6 or 9
6 DP/Step 6	Step 7 or 9
7 DP/Step 7	Step 8 or 9
8 DP	Step 8 or 9
Step 8	Step 9
Step 9	Step 10
Step 10	Step 11
Step 11	Step 12
B Award	Step 10
A Award	Step 12

2. Consultants cannot apply for both a lower award and a higher award in the same year.
3. Employers have discretion to make more than one lower award in a single year.
4. Table 2 below shows the value of awards at 2010-2011.

**Table 2 - Values of awards at 2010-2011**

<b>DPs</b>		<b>CEAs</b>	
1DP	£3,204	Step 1	£2,957
2DP	£6,408	Step 2	£5,914
3DP	£9,612	Step 3	£8,871
4DP	£12,816	Step 4	£11,828
5DP	£16,020	Step 5	£14,785
6DP	£19,224	Step 6	£17,742
7DP	£22,428	Step 7	£23,656
8DP	£25,632	Step 8	£29,570
		Step 9	£35,484
DMSAC B	£31,959	Step 10	£46,644
DMSAC A	£55,924	Step 11	£58,305
DMSAC A+	£75,889	Step 12	£75,796