

NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME – OUTCOME OF REVIEW

1. This note summarises the outcome of the review of the Northern Ireland Clinical Excellence Awards scheme. The review commenced in October 2007 when a review group was set up tasked with taking forward the review. The review group included the NICEAC Chairman and Medical Director. A paper was issued for consultation in January 2008 and a total of 44 responses were received. The review group met with the BMA on two occasions as part of the consultation process. It made its recommendations to the Department in May 2008 and those recommendations have now been accepted.

Options on Funding for Lower Awards

2. The review group recommended a formula based system for allocating lower clinical excellence awards. It was considered that a formula based system would be more transparent, and would provide a greater degree of consistency across trusts. It would guarantee and maintain an increase in the number of local awards, in parallel with changes in the number of eligible consultants, which was considered fundamental to the proper working of the scheme as a whole.
3. Taking into account affordability considerations, and changes in the handling of step 9 awards as outlined below, the review group recommended a 0.25 formula ie a minimum of 0.25 awards per eligible consultant. It was also considered that this formula would strike the right balance between ensuring awards are allocated on the basis of clinical excellence and ensuring consultants are given the opportunity of moving through the awards process in a consistent and continuous manner. There was strong support from employers for a 0.25 formula rather than any higher formula.
4. It is estimated that a 0.25 formula would require additional recurrent costs of around £200k. This takes into account changes to the process for step 9 awards as outlined below. It also takes account of the funds that should already be available to trusts for lower awards including £100k allocated to trusts in 2007-2008, funds freed up through retirements of lower award holders, and funds freed up when higher awards are allocated to lower award holders.
5. NICEAC has a quality assurance and monitoring role over the local process. Trusts will be required to report annually to the Committee on the outcome of the local process. If a trust does not allocate the

minimum number of awards under the formula, it will be required to provide an explanation in its report to the committee.

Eligibility for Lower awards

6. A majority of respondents to the consultation paper favoured the current three year eligibility period. The review group therefore considered that the current 3 year eligibility period was reasonable.
7. Having regard to the points made by some consultees about recruitment difficulties, and also having regard to considerations of equity raised by some “in comers”, the review group recommended that consultant level experience outside the UK should be taken into account in determining the eligibility period for awards.

Eligibility for Higher Awards

8. There was a very mixed response from consultees on the threshold level for higher awards. The review group recommended that the current threshold of four lower awards was reasonable and should remain in the meantime. It was noted that the threshold had recently been reduced in response to the difficulties being encountered by consultants because of the lack of local awards. It was agreed that once the new arrangements for local awards had bedded in, it would be appropriate to review the threshold again.
9. The group agreed that trusts should have discretion to make more than one lower award to a consultant in a single year.

Openness and Transparency

10. There was little support from consultees to the proposal that CVs of successful consultants should be made available to other consultants or that anonymised CVs should be posted on the NICEAC website. Concerns were raised about confidentiality issues and the potential for stylised application forms. The review group did not therefore recommend any change in this area.

Step 9 Awards

11. There was very strong support from consultees to the proposal that NICEAC should decide step 9 applications, and the review group agreed that NICEAC should take over step 9 applications. Under the current arrangements a consultant can potentially move from a step 4 to a step 10 award. The review group felt that this was too great a jump (around £34k of an increase). The group also felt that the

proposal, given the lack of lower awards recently, would take some financial pressure off trusts and would free up more awards locally when step 9 higher awards are made to lower award holders. It was agreed that this proposal should be subject to review as set out in paragraph 17 below. There may be a case for returning step 9 awards to trusts at a later stage when the local awards situation settles down.

12. Lower award holders (who satisfy the eligibility criteria in paragraph 8) may in future apply for a step 9; B award holders will continue to be able to apply for a step 10.
13. Step 9 awards, as with the other higher awards, should be given to recognise and reward contributions to the HSC which are “over and above” the standard normally expected of a consultant in their post.
14. It was recommended that NICEAC, in deciding on step 9 applications, should give a double weighting to criterion 1 in recognition of the importance attached to “delivering a high quality service” and because this weighting currently exists in step 9.
15. It was recommended that step 9 should only be considered by the regional committee – not at both local and regional level.
16. It was recommended that it would no longer be appropriate to allow consultants to apply for both a lower and a higher award in the same year. The new proposals mean that there will not be the same restriction on the number of local awards, and there will also be a need to develop a more normal distribution of awards.
17. It was recommended that the step 9 proposal should be reviewed after 3 years, to see if it is still necessary in the light of the development of local awards.
18. Table 1 below show the values of awards at 2008-2009 prices. Table 2 shows the awards 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 - Values of awards at 2008-2009 prices

DPs		CEAs	
1DP	£3156	Step 1	£2913
2DP	£6312	Step 2	£5826
3DP	£9468	Step 3	£8739
4DP	£12624	Step 4	£11652
5DP	£15780	Step 5	£14565
6DP	£18936	Step 6	£17478
7DP	£22092	Step 7	£23304
8DP	£25248	Step 8	£29130
		Step 9	£34956
DMSAC B	£31486	Step 10	£45955
DMSAC A	£55098	Step 11	£57443
DMSAC A+	£74768	Step 12	£74676

Table 2 - Awards that may be applied for

Award Held	May Apply For
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

Higher Awards

19. With regard to higher awards, Northern Ireland is now part of the DDRB process. It is noted that the number of new higher awards will be considered through that process. We understand that DDRB make recommendations to the Department on higher awards and normally link any increase in awards to the increase in the consultant population. The review group pointed out that the higher award budget would need

to be closely monitored, particularly as the regional committee will now have responsibility for step 9 awards.

Research

20. A number of respondents felt that there was too much emphasis on research in the scheme. The review group felt that the weight given to research had already been reduced in the new scheme (introduced in 2005) given that it is part of one criterion along with teaching and training. The guide to the scheme also advises that criterion 4 (a) is not restricted to pure research. Applicants who have introduced innovation into the delivery or organisation of healthcare may also describe this under criterion 4 (a).

Local Committees

21. Some respondents stated that the composition of local committees should be changed. The review group decided not to recommend any change to the composition of local committees.

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