

# ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS - EVIDENCE FOR THE REVIEW BODY ON DOCTORS' AND DENTISTS' REMUNERATION 2013

## INTRODUCTION

1. The Advisory Committee on Clinical Excellence Awards (ACCEA) is an Independent Advisory Non Departmental Public Body. Its functions are supported by a network of employer based awards committees and regional sub-committees and the ACCEA Secretariat which is currently hosted by the Department of Health.

## EVIDENCE FROM CHAIR AND MEDICAL DIRECTOR OF ACCEA

2. The Minister did not make a decision on whether there would be a 2012 Round until May this year and as a result this year's Round has yet to be completed. The process would normally have started in autumn 2011. As a consequence the results are expected to be announced in March 2013 with the awards being backdated to April 2012. There are therefore no additional new awards to be reported at this stage. Table 1 sets out the current distribution of awards recorded as being in payment.

<b>AWARDS RECORDED IN PAYMENT AT 13 Sept 2012</b>			
<b>Level</b>	<b>Number of Award Holders</b>	<b>% of Consultant Population</b>	<b>Value (£)</b>
Platinum	157	0.40%	75,796
A+	69	0.18%	75,889
Gold	243	0.62%	58,305
A	153	0.39%	55,924
Silver	719	1.84%	46,644
Bronze	1776	4.54%	35,484
B	359	0.92%	31,959
L9	1486	3.80%	35,484
L8	885	2.26%	29,570
L7	1061	2.71%	23,656
L6	1400	3.58%	17,742
L5	1715	4.39%	14,785
L4	2204	5.64%	11,828
L3	2646	6.77%	8,871
L2	3434	8.79%	5,914
L1	4112	10.52%	2,957
None	16669	42.64%	0

3. The figures are not directly comparable to those from September 2011, as we expect to make 300 new awards this year and these would normally be included

in figures generated at this stage in the year. Our predicted distribution of the 2012 Awards between levels, subject to the quality of applications is 21 at Platinum, 34 at Gold, 97 at Silver and 148 at Bronze. Projected forward this leads us to expect that the change in the pattern of awards holders will be as follows.

## **NUMBER OF AWARD HOLDERS**

4. Comparing the anticipated position with that twelve months ago at the end of September 2011, there is significant attrition from the Scheme, probably mainly as a result of retirements. The net reduction in national award holders is projected to be 334 (approximately 8.4 % of the national award holders in September 2011). This breaks down as follows.

Platinum/A +: a net decrease of 8 Platinum award holders and a decrease of 15 A+ award holders. Overall, we therefore expect there to be a net decrease of 23 (8.5%) at the highest band of awards.

Gold/A: a net decrease of 10 Gold award holders and a decrease of 84 A award holders, before allowing for progression to Platinum. When the expected progression of 21 consultants to Platinum is taken into account, we anticipate a net decrease of 115 (21.9%) at the second highest band of awards.

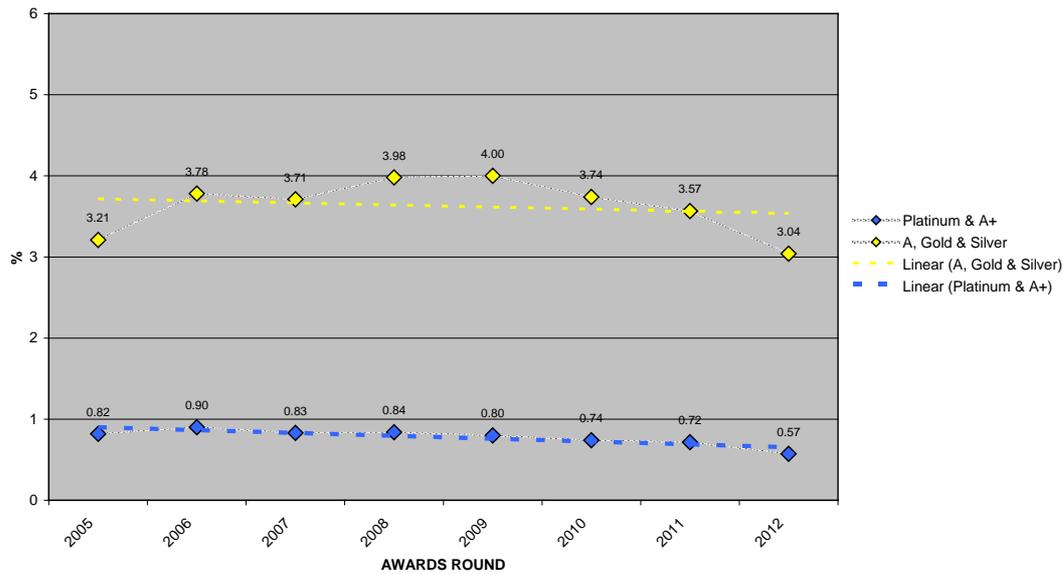
Silver: a net decrease of 40 (4.9%) award holders.

Bronze/B: Leavers from the Scheme at Bronze level amounted to 95, and at B level the figure was 112. We expect 97 of the remaining consultants to progress within the Scheme and 148 new awards to be made. This would lead to a net decrease of 156 (6.7%) awards at this level.

## **PROPORTION OF CONSULTANTS HOLDING HIGHER LEVELS OF AWARDS.**

5. We are also able to estimate the likely pattern of national awards at the end of the current Round in order to show the historical trend in the proportion of consultants who hold national awards. This is set out, below, for the highest levels of award.

NATIONAL AWARDS AS A PERCENTAGE OF CONSULTANT POPULATION - RECENT TRENDS



6. We do not comment on the position in relation to Bronze/B/L9 as L9 are awarded locally and we cannot reliably predict the number of awards that employers will choose to make. However, we note that the proportion of consultants who held the top level of award (A+ or Platinum) remained steady at between 0.8% and 0.9% of the consultant body between 2005 and 2009, but will have decreased significantly to only 0.57 even after the 2012 Round is completed. The pattern is slightly different for the middle tier of national awards. In 2005, 3.21% of consultants held an award at A, Gold or Silver levels. This rose to a peak of 4% in 2009, but has steadily decreased since then and is predicted to be 3.0% at the end of the 2012 Round.
7. It can be seen from this that both the number and the proportion of consultants who hold a national award have dropped significantly since 2010. This is likely to be the result of three main factors; an increase in the number of senior consultants leaving the Scheme, the decision to reduce and fix the number of awards (rather than calculating available awards by reference to the numbers of consultants in the NHS and the recycling of funding from vacated awards), and an increase in the overall number of consultants employed in the NHS.
8. Since 2010 we have been asked to make 300 awards each year in England. This represents a significant reduction from the previous pattern of numbers of awards, based on maintaining a consistent proportion of the overall consultant body. We made 576 in 2009 and 546 in 2008. The cumulative effect of the reduction in numbers of awards is now becoming apparent.

## EXPENDITURE ON NATIONAL AWARDS

9. Table 2 sets out the national expenditure on awards over the past with the estimate for the financial year 2012-13.

Financial Year	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012-13
Spend (£m)	150	172	179	178	190	180	202	203.5	189.6	178.6

10. These figures mask two matters that we regard as significant in relation to the resources that are available to recognise and reward consultants' work and thereby provide incentives for them to contribute to the improvement of the NHS. The first is the number of distinction awards held by consultants who have retired and returned to work and retain their awards (having produced evidence that they have substantially similar roles and continue to contribute at the level of their awards). There are currently 62 consultants in this position and expenditure on this group in 2012-13 is estimated to amount to £4,376,570.00 (estimated at maximum value of awards). The second concerns resources that have to be allocated to pay protection, where consultants have failed to provide evidence of continuing excellence and have had their awards withdrawn, but retain the financial benefit on a 'mark time' basis under the current framework document. Expenditure on consultants in this group in 2012-13 is estimated to amount to £1,341,805.77. As indicated in our evidence to the DDRB's review of the Scheme, we regard these categories of expenditure as anomalous and would welcome early steps to address them. We would hope that funds released from this would be reinvested in new awards.

11. More fundamental reforms may need to be made following the publication of the Review of Compensation Levels, Incentives and the Clinical Excellence and Distinction Award schemes which was submitted by the DDRB in July 2011. We are concerned that this has yet to be issued and would welcome early publication. We hope this would clarify uncertainties that are becoming apparent within the profession about the future of incentive schemes for consultants.