

# ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS - EVIDENCE TO 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 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 2013 Round until July this year and as a result this year's Round has yet to be completed. The process would normally have started in autumn 2012. As a consequence the results are expected to be announced in March 2014 with the awards being backdated to April 2013. There are therefore no additional new awards to be reported for 2013 however, this information is now available for 2012 and included below at table two.

## NUMBER OF AWARD HOLDERS

3. Table 1 sets out the current distribution of awards recorded as being in payment:

Awards recorded in payment as on 22 Oct 2013			
Level	Number of Award Holders	% of Consultant Population	Value (£)
Platinum	155	0.41%	75796
A Plus	55	0.14%	75889
Gold	247	0.65%	58305
A	105	0.27%	55924
Silver	725	1.90%	46644
Bronze	1760	4.61%	35484
B	260	0.68%	31959
L 9	1557	4.08%	35484
L 8	867	2.27%	29570
L 7	1065	2.79%	23656
L 6	1424	3.73%	17742
L 5	1774	4.64%	14785
L 4	2140	5.60%	11828
L 3	2654	6.95%	8871
L 2	3500	9.16%	5914
L 1	4327	11.33%	2957
None	15582	40.79%	0

4. The number of national award holders has reduced significantly, with an increase showing only at Gold (4) and Silver (6). Reductions at A Plus (14), A (48) and B (99) are likely to reflect retirements, as these awards were made over 10 years ago. However it is surprising to see a net reduction of 16 at Bronze level.
5. National award holders now comprise 7.98% of the consultant body, significantly below the level suggested in the DDRB Review of the Scheme and data extracted from the NHS electronic staff record indicate modest increases in local award numbers (365) but a reduction against expectations given the increase in consultant numbers. However, L9 Employer Based Award holders now comprise 4.08% of the consultant population. This suggests that the balance between reward for local and national contributions has shifted towards the local as encouraged by the DDRB's proposals.
6. Table 2 shows the new awards for 2012 and the information for England and Wales is shown separately.

### Table 2 2012 new awards

#### New Awards in England 2012

New Awards	2012
Platinum	15
Gold	39
Silver	97
Bronze	150

#### New Awards in Wales 2012

New Awards	2012
Platinum	0
Gold	1
Silver	6
Bronze	9

7. ACCEA has not yet been told how many recommendations for awards Ministers wish to make in the 2013 round.

### 2013 AWARDS ROUND

8. The 2013 awards round opened on 22 July 2013 and the closing date for submission of applications was 27 September. Table 3 gives the breakdown of applications:

**Table 3 2013 Applications**

Awards	New	Renewal	Total
Platinum	60	26	86
Gold	224	39	263
Silver	731	153	884
Bronze	801	378	1179
A Plus		22	22
A		31	31
B		52	52
<b>Total No</b>	<b>1816</b>	<b>701</b>	<b>2517</b>

## EXPENDITURE ON NATIONAL AWARDS

9. Table 4 sets out the national expenditure on awards over the past with the estimate for the financial year 2013-14.

**Table 4**

Financial Year 20xx	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Spend (£m)	150	172	179	178	190	180	202	203.5	189.6	177	170

10. 2013/14 figure is dependent on actual rates of retirement/leavers of award holders within the financial year.

11. 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 46 consultants in this position and expenditure on this group in 2013-14 is estimated to amount to £2,988,554.90 (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 2013-14 is estimated to amount to £3,612,766.

12. It has been agreed with the BMA, Employers body that pay protection will cease to exist from 1 October 2014 where a Distinction Award or Clinical Excellence Award was not renewed or was allowed to expire. Similarly from 1 January 2014, consultants with Distinction Awards will no longer be able to apply for reinstatement of their award after retirement. In addition, any consultants who, in January 2014, hold a reinstated Distinction award following retirement will cease to receive this award from 31 March 2015.

### **Distribution by Gender**

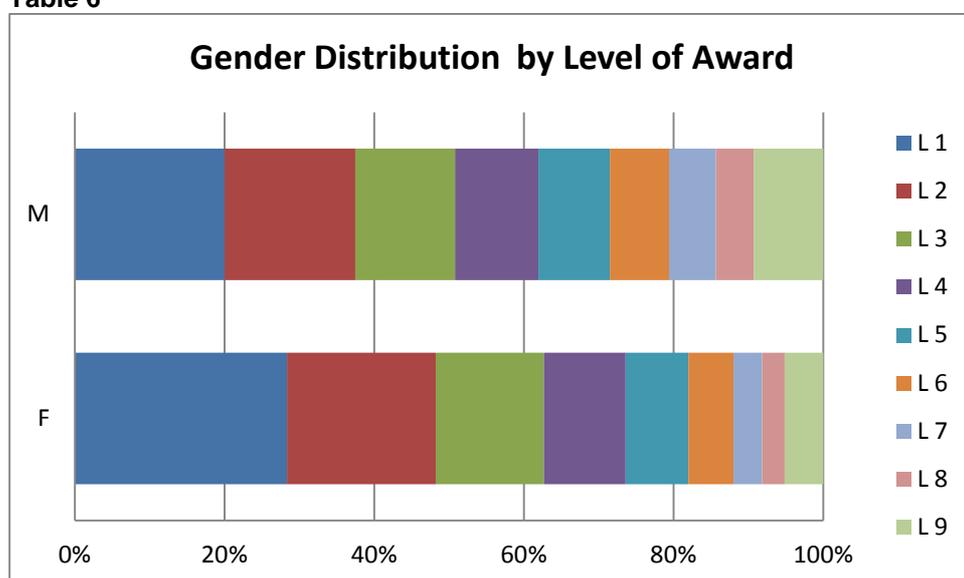
13. The distribution of all awards considered against applications in 2007-2012 among women is shown in table 5. This indicates a marked reduction in the proportion of new awards held by women compared to 2011. Analysis of application rates shows that women are significantly less likely to apply for awards than men. For the first time for at least five years women applicants were also less likely to succeed than men, although further analysis has shown that this was only the case at Silver and Gold levels.

**Table 5: Number of Women Consultants Receiving New Awards in England 2007-2012**

	2007	2008	2009	2010	2011	2012
Total number of applicants	1944	1889	1773	1980	1908	1813
No of women applicants	320 (16.4%)	301 (15.9%)	305 (17.2%)	366 (18.5%)	358 (18.8%)	311 (17.2%)
Total no. of new awards	531	544	566	300	300	300
No. of new awards to women	100 (18.8%)	93 (17.1%)	107 (18.9%)	59 (19.7%)	73 (24.3%)	49 (16.3%)

14. Table 6 below, taken from the employer based awards data, shows the gender distribution for 2012 by award level. These data suggest that employer based awards are heavily skewed by gender, with women being much more poorly recognised than men to an extent that raises concerns about discrimination:

**Table 6**



### Distribution by Ethnicity

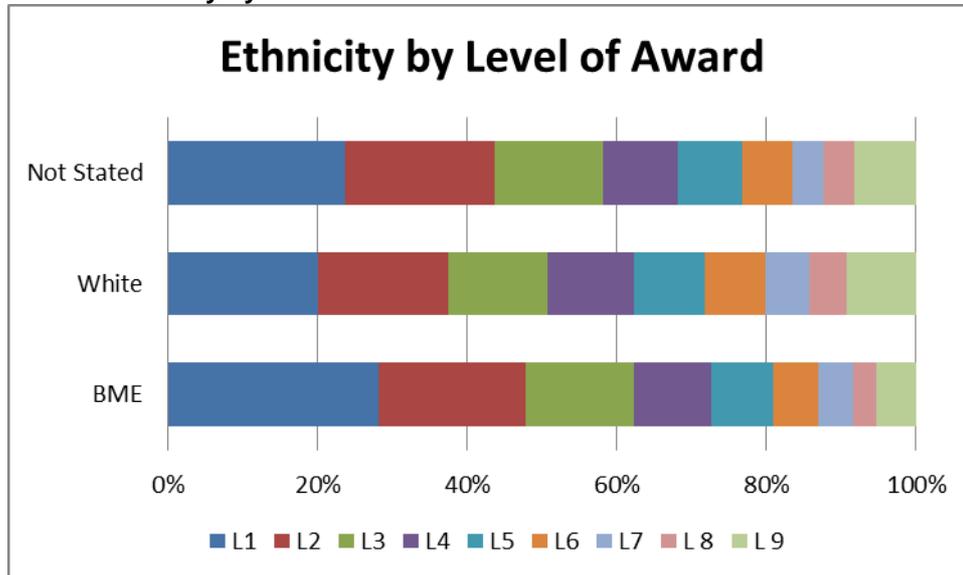
15. Success rates for applicants recorded as from BME communities were also lower than those recorded as 'white'. The main disparity was at bronze level (at the higher levels a single extra award to a BME applicant would have been sufficient to give a higher success rate than whites).

**Table 7: Number of BME consultants receiving a national award in England in 2007-2012**

	2007	2008	2009	2010	2011	2012
Total number of applicants	1944	1889	1773	1980	1908	1813
No. of BME applicants (% of total applicants)	252 (13%)	253 (13.4%)	263 (14.8%)	298 (15.1%)	274 (14.4%)	299 (16.49%)
Total awards	565	544	566	300	300	301
No. of awards to BME consultants (% of total awards)	67 (11.9%)	66 (12.1%)	82 (14.5%)	46 (15.3%)	42 (14.0%)	41 (13.67%)

16. Distribution by ethnicity reflects the findings of gender distribution with BME awards more heavily weighted at the lower levels as identified in table 8 below

**Table 8 Ethnicity by Level of Award**



17. ACCEA is not in a position to provide a robust explanation for the disappointing data on gender, where progress towards more proportionate recognition seems to have been reversed, or for the continuing failure to see improvements in relation to BME consultants. However, it would note that uncertainty about whether a round was to be held has meant that there have been no opportunities to promote applications to the Scheme from under-represented groups as was done in the past. Nor has it been possible to recruit to committees through open competition or provide training to new and existing committee members. These may be factors.