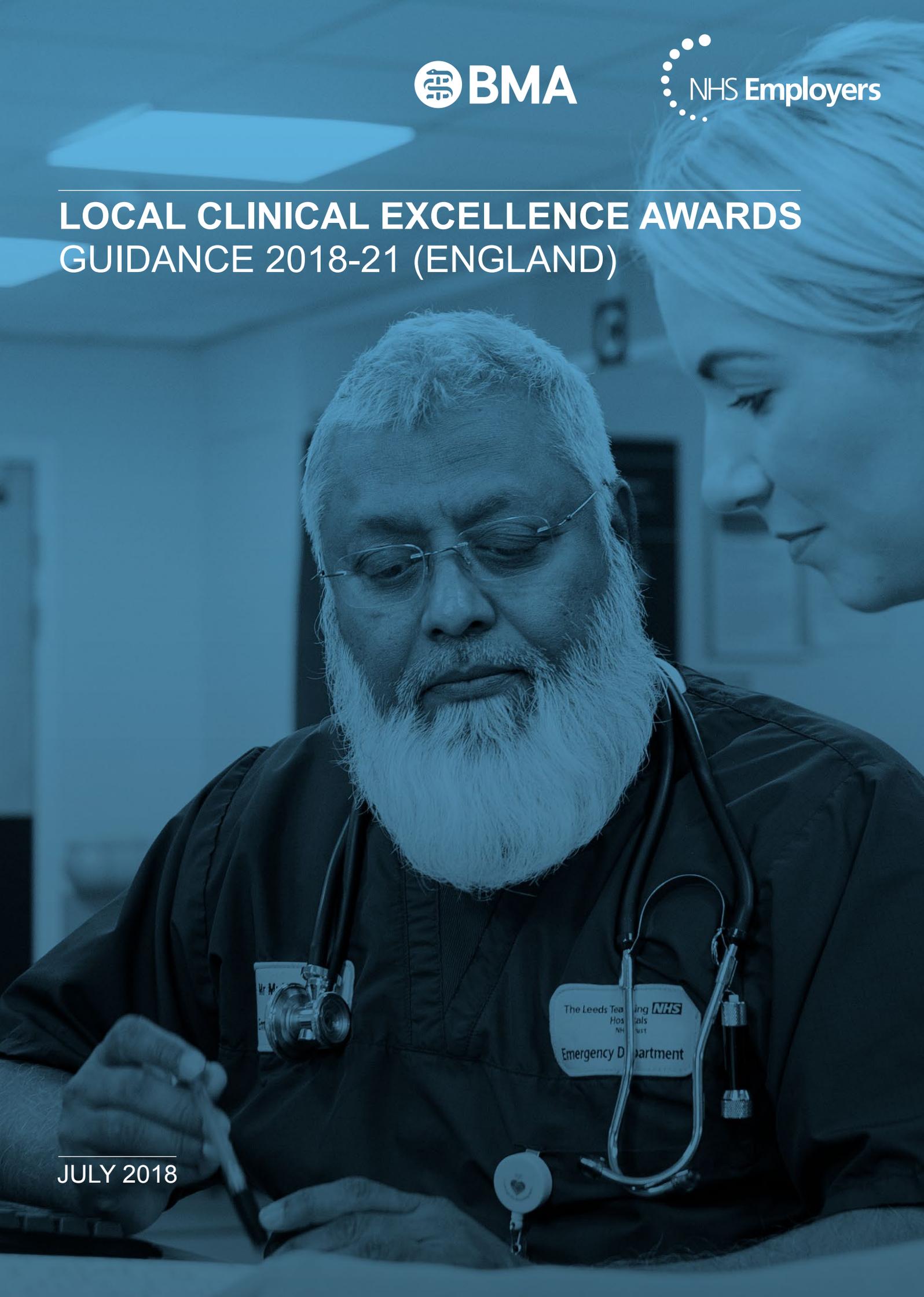

LOCAL CLINICAL EXCELLENCE AWARDS GUIDANCE 2018-21 (ENGLAND)

JULY 2018



WHAT DOES THIS GUIDE COVER?

The advice and information contained within this guide relates to the 2018–2021 award rounds (England).

i. This guide applies to:

- 2018/2019 – the 2018 award round
- 2019/2020 – the 2019 award round
- 2020/2021 – the 2020 award round.

The award round definitions are set out in annex 2.

- ii. This guide is for NHS consultants applying for a clinical excellence award in their local NHS organisation. It is also for any employers who are involved in running employer-based award processes and for those who will be involved in assessing employer-based award applications.
- iii. It reflects the provisions set out in Schedule 30 of the Terms and Conditions – Consultants (England) 2003, and explains how the arrangements work at the local level, who is eligible and how to apply. It also explains how an employer-based awards committee (EBAC) will consider applications for a local clinical excellence award, and how to appeal against a decision made by an EBAC.
- iv. Please use it as background information, and as a reference guide to complete an application. Consultants will not be able to complete an application without the guide, so it is essential that they read it.

Definitions of award types (Schedule 30 of the Terms and Conditions – Consultants (England) 2003):

Existing LCEAs	Local clinical excellence awards granted prior to 1 April 2018 under existing local clinical excellence awards schemes in place as at 31 March 2018.
New LCEAs	Local clinical excellence awards granted between 1 April 2018 and 31 March 2021.
Future LCEAs	Local performance awards granted from 1 April 2021.

Schedule 30 of the Terms and Conditions – Consultants (England) 2003 is available here: www.nhsemployers.org/consultants

PART 1: INTRODUCTION

Local clinical excellence awards (LCEAs)

1.1 LCEAs recognise and reward NHS consultants in England who perform over and above the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

1.2 To be considered for an award, eligible doctors must demonstrate achievements in developing and delivering high-quality patient care and commitment to the continuous improvement of the NHS.

1.3 The national CEA (NCEA) scheme is administered by the Advisory Committee on Clinical Excellence Awards (ACCEA). It is managed on the committee's behalf by a full-time secretariat in the Department of Health and Social Care (DHSC), and Wales has a secretariat in the Welsh Assembly Government. ACCEA provides separate guidance on national awards.

How does the awards process work?

1.4 All new LCEAs awarded from April 2018 are non-pensionable and paid annually by lump sum. New LCEAs may be awarded for a period of between one and three years. There will be no uplift to the value of any additional programmed activities (APAs). National award holders who hold an award in the NCEA scheme in place as at 1 April 2018 will not be eligible to hold a local award.

1.5 There are nine levels of existing LCEAs. EBACs are responsible for making awards with reference to a core application form. In any given awards round, EBACs may give multiple awards to individuals where merited.

1.6 Existing LCEAs awarded prior to April 2018 will remain consolidated and pensionable. Existing award holders who are successfully awarded a new LCEA will retain the existing LCEA as a consolidated and pensionable award and will receive an additional non-consolidated and non-pensionable payment for the new LCEA award.

For example, a consultant with a level 4 award (existing LCEA) might receive a new LCEA on a time-limited basis. They would therefore continue to receive a level 4 award paid on a monthly and pensionable basis (and including any uplifts for APAs). They would also receive a time-limited payment as an annual lump sum representing the value of new CEA, in addition to the consolidated payment.

Variations to the local award rounds

1.7 Where employers have introduced changes to local LCEA arrangements prior to 1 April 2018, which vary from previous LCEA guidance and this guidance, these changes can be retained provided they comply with the terms of the revised 2003 contract.

1.8 From 1 April 2018, employers can work with the joint local negotiating committee (JLNC or other consultant representative bodies where no JLNC exists) to agree new variations as deemed locally appropriate. This could include, for example, agreeing the total value of new payments that can be awarded to a consultant in any one year. However, all new LCEAs must be time-limited and non-pensionable and the investment ratio will remain unchanged.

Promoting equality

1.9 NHS organisations must comply with their public sector equality duty in relation to LCEA rounds. Employers should monitor both rates of application and rates of success in relation to protected characteristics. This will identify where groups who share protected characteristics are:

- not applying for awards
- struggling to gather appropriate evidence to support their applications
- not being successful in their applications or are being awarded fewer or lower value awards.

Further analysis should identify why groups who share a protected characteristic do not have equity of access or success.

1.10 Where employing trusts identify unintended differentials in rates of access or success for those sharing a protected characteristic, local amendments can be made to LCEA rounds to redress these with the agreement of the JLNC. For example, considering means of encouraging and supporting individuals from under-represented groups to apply for awards.

1.11 If evidence is found that the operation of the local arrangements is unlawfully discriminatory, employers should work with JLNCs to agree a variation to remove the effect. In line with paragraph 9 of Schedule 30 of the Terms and Conditions – Consultants (England) 2003, where no agreement can be reached within six months of the matter being raised with the JLNC, the employer can modify the arrangements to the minimum extent necessary to remove the effect.

Annual report

1.12 Employers must produce an annual report, to be shared with the trust board and JLNC, detailing the number of consultants eligible, the number of awards granted and the total spend on performance awards including that spent on existing LCEAs. The report will also detail distribution by protected characteristic within the trust. After consideration by the trust board and the JLNC, the report will be available on the trust website. Employing trusts should also make available via the trust intranet a list of successful applicants and the value of award gained. NHS Employers would welcome a copy of the annual report to monitor implementation of the new arrangements and to inform future negotiations on any revised approaches to LCEAs.

What do LCEAs reward?

1.13 LCEAs recognise individuals who demonstrate a high level of achievement above that which might be expected in some or all of the following ways:

- demonstrating sustained commitment to patient care and wellbeing, or improving public health
- sustaining high standards of both technical and clinical aspects of service while providing patient focused care
- making an outstanding contribution to professional leadership
- demonstrating a sustained commitment to the values and goals of the NHS in their day-to-day practice, by participating actively in annual job planning, observing the Private Practice Code of Conduct and showing a commitment to achieving agreed service objectives
- contribute to continuous improvement in service organisation and delivery through active participation in clinical governance
- embracing the principles of evidence based practice
- contributing to knowledge base through research and participate actively in research governance
- recognition as excellent teachers and/or trainers and/or managers
- contributing to policy making and planning in health and health care.

1.14 Consultants are invited to provide evidence about their performance in five domains enabling them to demonstrate that they:

- deliver patient services which are safe, have measurably effective outcomes and provide a good experience for patients
- have significantly improved quality of care and the clinical effectiveness of their local service or related clinical service broadly within the NHS
- have made an outstanding leadership contribution, including within the profession
- have made innovations or contributed to research, or the evidence/evaluative base for quality
- have delivered high quality teaching and training which may include the introduction of innovative ideas.

Overseas work

1.15 LCEAs recognise outstanding contributions to the NHS. Work undertaken in other countries is not directly relevant. However, if it can be shown to have had a direct benefit to the NHS then that impact can be taken in to account. Evidence of the outcomes of overseas work can be used as background evidence to support an application based on a consultant's current role and position in the NHS and their contribution in that capacity. For example, it may be used to demonstrate current excellence as part of a portfolio of work, or to show that relatively short NHS contributions are likely to have a sustainable effect. Work done overseas cannot be considered in isolation.

How are applications assessed?

1.16 The awards process aims to be completely open and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive. Awards should be monitored to ensure that the process is implemented fairly. Each year, the results of the award will be presented to the trust board or equivalent and to the JLNC, and the list of successful applicants will be available within the trust, as set out in paragraph 1.12 above.

1.17 All new LCEAs should be assessed using the same criteria set out in part six of this document.

1.18 The criteria apply to all levels of award, but take account of achievements possible at different stages of a consultant career, whether this is in the time since they last received an award or in the period leading up to a first award following appointment.

1.19 The award committee measures achievement within the parameters of an individual's employment, and recognises excellent service over and above the normal delivery of job plans, including the quality of delivery of contractual duties.

Employer-based awards committees

1.20. Every year, each organisation employing consultants under the 2003 National Consultant Contract (as amended), or a successor contract, should appoint an EBAC. This will have a minimum of 12 members, including consultants, employer representatives (ie chief executive, HR director, medical director) and lay members.

1.21 At least half the members should be consultants and a quarter should be employer representatives. Ideally, the chair should be from the lay membership. Lay members should be knowledgeable about the working of the NHS as it is currently constituted and have informed lay involvement in health and the patient's perspective, perhaps through serving on an NHS board. Where appropriate, committees should have additional university representation – in the case of a university teaching hospital, this is expected.

1.22 Consultant members should represent the diversity of the consultant body. Consultant members should include at least one non-award holder. It is desirable that consultant members have a range of award levels.

1.23 The EBAC should nominate a member, normally the medical director, to be responsible for liaising with consultant staff. This member will:

- a) ensure that consultants are fully informed of the trust's procedures and that they are given guidance on completing the application form, either by formal presentations or individually, they should pay particular attention to encouraging consultants who do not hold an award or have been reluctant to apply and ensure that consultants are advised to read this guidance before completing the application forms
- b) provide or arrange for training for members of the committee
- c) be responsible for providing feedback to unsuccessful applicants.

PART 2: ELIGIBILITY

Who can apply for an award?

2.1 Consultants employed under the Terms and Conditions – Consultants (England) 2003 (as amended), have a contractual right to be considered for an award subject to the terms of Schedule 30 of the Terms and Conditions – Consultants (England) 2003 and the eligibility criteria set out within this section.

2.2 For consultants who are not employed on the Terms and Conditions – Consultants (England) 2003, where they have previously had access to a local CEA scheme, it is expected that these arrangements will continue. Where it is decided by an employing organisation that consultants not employed on the Terms and Conditions – Consultants (England) 2003 shall be eligible to apply under the local CEA scheme, these consultants will be included in the calculation of the total annual investment for local awards as described in Part 7 of this guidance.

Eligibility criteria

a) A fully registered medical or dental practitioner, who is included on the specialist register of the General Medical Council (GMC) or specialist list of the General Dental Council (GDC), who has been substantively appointed as an NHS consultant with at least one year's service at consultant level on 1 April in the award year and who does not hold an existing LCEA level 9, an existing NCEA, or a distinction award.

Service criteria excludes any period as a locum consultant although reference to achievements as a locum in the same role can be drawn on as evidence.

Such substantively employed consultants employed under the Terms and Conditions – Consultants (England) 2003 (as amended) may be employed by the following organisations.

(i)

NHS trusts including foundation trusts
Special health authorities
NHS England
Clinical commissioning groups
The Health and Social Care Information Centre
National Institute for Health and Care Excellence
Health Education England
DHSC and any of its arm's-length bodies not listed above.

(ii)

Social enterprise organisations, local authorities or other bodies who employ consultants on the 2003 contract and who decide to maintain an awards scheme for those consultants employed by them.

(iii)

Universities and medical and dental schools. As noted in 2.4 b) below, for clinical academics holding an honorary NHS contract, the expectation of the parties is that clinical academics will continue to be considered eligible for LCEAs as per prior arrangements. Pending conclusion of discussions with the relevant stakeholders revised guidance will be issued.

b) A consultant who is a registered medical or dental practitioner and holds an honorary NHS contract

For clinical academics holding an honorary NHS contract, the expectation of the DHSC, British Medical Association (BMA) and NHS Employers is that clinical academics will continue to be considered eligible for LCEAs as per prior arrangements. Tripartite discussions between the BMA, NHS Employers and the University & Colleges Employers' Association (UCEA) will be undertaken regarding the incorporation of Schedule 30 of the Terms and Conditions – Consultants (England) 2003 into the 2003 model honorary contract. Pending conclusion of these discussions, some relevant sections of this guidance have been temporarily removed until a shared understanding can be reached, at which point revised guidance will be issued.

Eligibility for awards is defined in the contribution made to the NHS, using wider terms than direct patient care. They must have undertaken at least five programmed clinical activities or equivalent sessional time each week of benefit to the NHS, including teaching and clinical research. Whole-time academic consultants with fewer than five programmed activities (or equivalent), considered beneficial to the NHS, may be eligible for a proportion of the award.

c) A consultant working as an NHS trust clinical or medical director or equivalent medical manager pos.

Consultants who move out of medical management into a general management role are not eligible for CEAs. There should be some clinical practice undertaken to ensure continuation of eligibility for appropriate revalidation by the GMC.

Consultants working part-time

2.3 Employers should be mindful of their public sector equality duty as set out in paragraphs 1.9 - 1.11 above. Part-time consultants are eligible for CEAs and will be paid on a pro-rata basis. Consideration must be given to their reduced hours and decisions made by the committee must be proportionate to this. EBACs must recognise where consultants work part-time and score those applications appropriately, within the parameters of an individual's employment. The EBAC should score part-time consultants reflecting the activity that can be proportionately achieved within a part-time consultant's contract.

Issues affecting eligibility for awards

2.4 Doctors are not eligible for an award if they are:

- a) a locum consultant, although if subsequently appointed to a substantive consultant post it will be acceptable for their application to draw on evidence from their time as a locum consultant
- b) consultants working exclusively in a general management position (such as chief executive or general manager) without a specific clinical role
- c) a consultant within their first year of appointment to the consultant grade
- d) a consultant in receipt of a local level 9 CEA or a national CEA.

Investigations or disciplinary procedures

2.5 The 2004 framework agreement establishing the CEAs scheme states that consultants are eligible for awards providing there are no adverse outcomes for the consultant following disciplinary action by the employer, the GMC or the GDC. It also states that in very extreme circumstances the award and associated payment will be removed. Adverse outcomes include disciplinary sanctions, all findings by the General Medical Council (GMC) or the General Dental Council (GDC) of impaired fitness to practice due to 'misconduct', 'deficient professional performance' or criminal conviction or caution. Eligibility relates to continuing to hold an award as well as applying for a new LCEA.

2.6 A consultant will not be eligible for an award or the renewal of an award, in a given year if they have disciplinary sanctions outstanding against them on the closing date for applications for new LCEAs and renewals in a particular year.

2.7 The implications of 'warnings' issued by the GMC, GDC, and the implications of disciplinary sanctions by employers' disciplinary proceedings, including the issuing of a formal warning, will be considered by the EBAC. The committee will decide if the sanctions render the consultant ineligible to continue to make an award, with an opportunity for the consultant and the employer, where appropriate, to make representations on the issue.

PART 3: THE APPLICATION PROCESS

Making an application

3.1 Applicants must complete their own application form – nobody can submit one on their behalf. Applicants should be familiar with the EBAC procedures and timetable in their trust to ensure their application is submitted before the deadline.

3.2 Applicants must use the relevant application forms for their employing organisation.

Support for an application

3.3 Internal employers' statements and external citations may be used in assessing applications for employer-based awards. Consultants with more than one employer should have input provided by external employers to the awarding organisations (see paragraphs 5.5 – 5.8 for more information).

How do appraisals and job planning fit into the process?

3.4 To be eligible to apply for an award, applicants must take part in an annual appraisal exercise. It is the employer's responsibility to confirm whether applicants have done this within the 12 months before their application and, if an annual appraisal exercise has not taken place, then to confirm that the applicant has made reasonable efforts to participate in an appraisal.

3.5 Applicants will not be eligible to apply for an award unless the employer confirms that the applicant has participated satisfactorily in the appraisal process, has fully participated in job planning processes, met contractual obligations and complied with the Private Practice Code of Conduct. Exceptionally, an applicant may have met the required standard of job planning without necessarily having an agreed job plan in place, for example, where mediation is taking place.

3.6 Although consultants who have not satisfactorily met the eligibility criteria described above are not eligible to apply for an award, they continue to contribute to the calculation used in determining the number of awards available in an employing organisation for that round.

Employer-based awards timetable

3.7 The precise timetable is for local agreement but the process should normally commence in April each year.

Applying for an employer-based award

3.8 While there may be local variations to the appearance of applications forms, they are likely to consistently feature the following sections, which should be filled in as follows:

Step 1: Complete the applicant's details section.

Step 2: Complete the **qualification details** section. Applicants should include the year they began at consultant grade, their speciality and qualifications they have achieved.

Step 3: Complete the **employment details** section. Applicants should list their employers (most recent first), including number of programmed activities/sessions per employer and any consultant appointments.

Step 4: Complete the **personal statement** section. Applicants should give four points summarising their case for an award and should focus on the most significant achievements and most important examples of excellent work. Please note that achievements mentioned in the personal statement should also be included in the domain statements.

Applicants already holding an award should concentrate on achievements since receiving it.

Step 5: Complete the **job plan** section which summarises separately the number of direct clinical care, supporting and other programmed activities that they are remunerated for. It also describes other roles for which they receive remuneration from other sources as well as listing activities for which they are not remunerated. It should not provide a day-to-day list of all their activities but should describe their working week for each post they hold for example consultant surgeon, clinical director, senior lecturer or specialist society officer (this is not a comprehensive list). This section is used to understand what their job is, so that their evidence of excellence can be assessed. They should include a summary of their objectives related to their programmed activities. It should include an outline of their various roles and responsibilities for the post such as clinical work, teaching, medical management, and so on.

Step 6: Fill in the **domain sections**, highlighting achievements over and above contractual expectations. If they would like to highlight additional work they have done in any of these areas, there is the option to complete an additional form for **one** domain which they would complete instead of the relevant domain field (**applicable to domains 3, 4 or 5 only**).

Step 7: Applicants should check that they have completed all relevant sections before signing the **verification of completion** section (please note to sign an electronic version, the applicant would simply type their name into the boxes provided) and submit their electronic application from their registered email address.

3.9 Applicants should not submit the application to their employer without completing all the sections.

3.10 When applicants have completed all parts of the form, they should pass this to the trust administrator, along with the employer's statement, if one is included.

Things to remember when applying

3.11 When making an application, consultants should bear in mind the following.

- When completing the form, they should make sure it is intelligible to all those who are going to assess the application. Remember that people reading the application may not know the applicant.
- When filling in the form they should:
 - follow the steps given in this guide
 - write names of societies, groups in full, not using acronyms
 - give quantified information whenever possible, quoting dates, the source and appropriate benchmarks
 - use a new line for each entry with using bullets to clarify the presentation
 - give dates for activities (if the applicant holds an award under the pre-April 2018 scheme, they should give the date of the last award and state whether currently cited activities have commenced after this date)
- they should not change the font size or exceed the character count
- they should otherwise abide by the application form requirements set by their employer
- they should ensure that they have read this guide fully.

PART 4: ASSESSMENT CRITERIA

4.1 Clinical excellence is not only about delivering high-quality services to patients. It is also about ensuring that consultants are able to treat as many patients as possible by using resources efficiently and improving the productivity of the services that they offer. Assessors will expect to see evidence of a contribution to improving the productivity and efficiency of services of the NHS while simultaneously improving quality.

Highlighting achievements

4.2 In their personal statement, applicants should give four points summarising their case for an award. They should focus on their most significant achievements and most important examples of local, national and international work since their last award. Applicants might like to highlight their specific working environment and the expectations relating to it. Although the personal statement is not scored, it allows assessors to understand the essence of an applicant's case as they see it. As the personal statement is not scored, applicants should ensure the achievements highlighted here are included in one of the five domains.

4.3 Consultants should complete the job plan section by summarising separately the number of direct clinical care, supporting and other programmed activities they are remunerated for. They should also describe other roles for which they receive remuneration from other sources as well as listing activities for which they are not remunerated. Recognition is not necessarily given for the quantity of work done but for its quality, particularly in relation to the work carried out within their principal role. They should not provide a day-to-day list of all activities but instead describe the working week for each post held, for example, consultant surgeon, clinical director, senior lecturer, or specialist society officer (this is not a comprehensive list).

4.4 An illustration of the format of a job plan is below.

Obstetrician and gynaecologist

I have an 11-programmed activity (PA) contract which is split in to 8.5 direct clinical care PAs and 2.5 supporting professional activities. Broadly, my direct clinical care time is spent leading antenatal clinics, gynaecology clinics, both obstetrics and gynaecology theatre lists and labour ward rounds. I attend or lead various meetings to support this clinical care such as case reviews, governance meetings, multi-disciplinary team meetings and safety meetings. These occur throughout the week although the pattern varies from week to week. As a consultant, I also take teaching and training sessions and help develop training. I'm on call at the weekends once in every four weeks.

My objectives include taking a lead on reducing hospital acquired infections within my department, reducing the need for caesarean births, improving the screening process of gynae related cancers and working towards becoming an examiner for my college. My job plan reasonably closely relates to my actual work.

4.5 When completing their application, consultants need to highlight their achievements in the five domains.

4.6 While completing this part of the application, applicants should bear in mind the following.

- They do not need to demonstrate achievement over and above the expected standards in all five domains to be worthy of an award. Much will depend on the type and nature of their post.
- They should use the domains to draw attention to their most important examples of excellent work.
- They should highlight when achievements started and ended, or if they are continuing. Relevant dates must be provided.

4.7 Applicants should not include evidence submitted for an earlier award, unless it illustrates how initiatives have been further developed.

4.8 When completing an application, applicants must detail their achievements in five areas (or domains), grouping their achievements accordingly. Detailed guidance is given in part six of this guidance.

PART 5: ORGANISING THE LOCAL CEA PROCESS

What employers need to do

5.1 An organisation will first need to determine the level of investment necessary to meet the funding requirements for an awards round in a given year. This level of investment is tied to the numbers of eligible consultants within an organisation. Employers will need to determine this number in line with the information on eligibility found in part seven of this guidance and paragraph 5 of Schedule 30 of the Terms and Conditions – Consultants (England) 2003.

5.2 An employing organisation will need to determine, with a view to agreeing, the planned approach with the JLNC. This is limited to the new features of the scheme such as the anticipated timetable and duration of awards (between one and three years).

5.3 To assess applications for awards the organisation will need to set up a committee, ideally chaired by a lay member in line with paragraphs 1.20 - 1.23 above. An administrator should be identified who can co-ordinate the round for the organisation.

5.4 The precise timetable is for the employing organisation to determine in discussion with the JLNC. The following is recommended as an outline for an award round in a given year.



5.5 Employing organisations will take reasonable steps to individually inform eligible consultants of the opening date of a given year's awards round, the anticipated timetable for that awards round, and details of how to access any supporting materials such as application forms.

Employer statements

5.5 In some circumstances, for example, dual employment, it may be appropriate for an employer statement to be completed. Where such a statement is deemed necessary, it should be completed as follows.

5.6 Employers should complete assessments in the employer statement **X, U, C, P** or **E** according to the criteria. They should not use these to compare the applicant with other consultants being supported, or to give them a ranking.

No commitment in this domain	X
Has not delivered contractual obligations at a level expected	U
Delivers contractual expectations at a level expected	C
Some aspects of delivery have been clearly over and above expectations	P
Outstanding delivery of service	E

5.7 Employers should indicate factors such as ongoing contractual or professional difficulties in the statement.

5.8 Employers should also state on the form any current or recently concluded complaint against the applicant, or at any time after submission, if the applicant becomes the subject of a subsequent complaint. Any disciplinary process underway should be noted and the outcome awaited so that appropriate action can be taken, in consultation with the applicant. There is also the opportunity to explain the rationale behind the assessments.

Note for administrators

5.9 Those responsible for administering the awards in organisations should ensure that the necessary documents are available for consultants applying for an award and know where to refer applicants for more information.

5.10 In this transitional period, employers should identify those due for review of existing level 9 awards and notify them appropriately.

5.11 Employers should also identify any current or recently concluded complaint against the applicant or, at any time after submission, if the applicant becomes the subject of a subsequent complaint. Any disciplinary process underway should be noted and the outcome awaited, in consultation with the applicant.

Employer-based awards committees

5.12 EBACs should be composed as in paragraphs 1.20 – 1.23 of this guidance.

5.13 Smaller organisations have the option of linking with a neighbour if they do not have enough people to form a viable committee.

5.14 If an awards committee covers more than one employer there must be a representative from each employer on the committee, and the number of members can be increased for this purpose.

5.15 NHS organisations should ensure that the committee's professional members are drawn from a wide range of specialties and reflect the protected characteristics of the consultant workforce.

5.16 Where appropriate, committees should have university representation – in the case of a university teaching hospital, this is expected.

5.17 Members serving on awards committees must have received currently valid training in diversity.

5.18 Committees are expected, through the described reporting arrangements, to ensure that there is an appropriate and auditable approach to decision making.

5.19 Each awards committee must have a written procedure which should include a statement on diversity and equality. This should explain the selection of committee members, the assessment and scoring procedures, and the procedure for appeals. It could also include guidance for applicants on completion of application forms.

Annual report

5.20 The policy framework for LCEAs makes it clear that the process must be transparent, fair and based on clear evidence – and that the public and those within the profession perceive it to be so. Each awards committee must produce an annual report containing its recommendations for awards payable for that year. Employing trusts will be responsible for producing an annual report, to be shared with the trust board and JLNC, detailing the number of consultants eligible, the number of awards granted, and the total spend on performance awards including that spent on existing LCEAs. The report will also detail distribution by protected characteristics within the trust. After consideration by trust board and JLNC, the report will be available on the trust intranet.

In order to monitor that the investment on LCEAs meets the requirements of Schedule 30 of the Terms and Conditions – Consultants (England) 2003, the report should contain an outturn report which reflects the money available to spend, the actual spend and the money either committed and/or carried forward to the following year.

5.21 A copy of the report must be provided to the employing organisation's board or remuneration committee and to the JLNC.

5.22 The report must include the following.

- a) The number of consultants in each trust eligible for consideration and of these the number of:
 - consultants in academic posts
 - female consultants
 - consultants from ethnic minorities
 - the age ranges of consultants
 - full-time / part-time status
 - information on other protected characteristics where available.
- b) The number of award holders in each trust, and of these the number of:
 - consultants in academic posts (where applicable)
 - female consultants
 - consultants from ethnic minorities
 - the age ranges of consultants
 - full-time / part-time status
 - information on other protected characteristics where available.
- c) The number of applicants for an award in a given year.
- d) The names of people recommended for an award in a given year.
- e) The amount available for investment and the amount actually invested.
- f) The number of appeals that have been:
 - received
 - upheld
 - rejected.
- g) A compliance statement signed by the chair of the EBAC regarding process and mechanisms for advising and supporting consultants as set out above.

5.23 The procedures and outcomes of the EBAC meeting, and its annual report should be made available to all consultants.

PART 6: SCORING APPLICATIONS

How to score new LCEA and renewal

6.1 EBACs should consider how applicants have performed in the five domains when assessing their application.

6.2 Applicants are not expected to perform over and above expectations in all five domains. Much will depend on the type and nature of the post and on the activities and priorities of the employing trust, subject to the interests of safe and effective patient care.

6.3 Only activity as a consultant within the NHS should be considered when assessing applicants, and the activity must be since their last award (or first appointment to the consultant grade if not previously in receipt of an award).

6.4 All committee members should take part in the scoring process. All applications should be scored independently and confidentially by each committee member and the scores collated and ranked. The scoring should be used to establish a ranking as the process is competitive. The aggregate scores for each domain and ranked total scores should be available for all members at the EBAC meeting.

6.5 Each application should be judged as a whole, and excellence across all domains is not essential for consideration for an award.

How to score applications

6.6 As part of the assessment process employers should score each domain using the following ratings.

- Does not meet contractual requirements or when insufficient information has been produced to make a judgement – Score 0

It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a consultant in order to fulfil their contractual obligations or that there is insufficient information to demonstrate that the expected standard has been met. Such scores should only be recorded by scorers where there is evidence to that effect.

- Meets contractual requirements – Score 2
- Over and above contractual requirements – Score 6
- Excellent – Score 10

In all domains, committee members must look carefully at dates. They should give credit only for what has been achieved since an applicant's last award or first appointment to the consultant grade if not previously in receipt of an award.

DOMAIN 1 – DELIVERING A HIGH-QUALITY SERVICE

Consider contract

Assessment of this domain will be influenced by the contract held (ie academic v NHS consultant) and the time that is allocated within that contract for clinical activity. For an academic consultant, activity should be measured against the output expected from the applicant's peers ie other clinical academics rather than a full-time NHS consultant. Similar principles should apply to medical managers, especially those with a small number of clinical sessions.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement) See above

It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a consultant in order to fulfil their contractual obligations or that there is insufficient information to demonstrate that the expected standard has been met. Such scores should only be recorded by scorers where there is evidence to that effect.

Score 2 (Meets contractual requirements)

Performance in some aspects of the role could be assessed as over and above expected standards, but generally, on the evidence provided, contractual obligations are fulfilled to competent standards and no more.

Score 6 (Over and above contractual requirements)

Some duties are performed in line with the criteria for excellent, as below. However, on the evidence provided, most are delivered above contractual requirements, without being in the highest category. For example, someone who is clinical audit lead could demonstrate what has been achieved under their leadership. Another example is regional external quality assurance lead, citing what has been done, or lead in infection control, where this has improved quality of care. Being a good team member and motivator in the provision of a service is something which could merit recognition at this level.

Score 10 (Excellent)

In addition to some or all of the achievements listed in six, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive).

- Contracted post is carried to the highest standards. There should be evidence that the work undertaken is outstanding in relation to service delivery and outcomes when compared to that of peers. Where possible, evidence for this should come from benchmarking exercises or objective reviews by outside agencies to include patient/public orientated measures. However, it is accepted that in some situations this may not be available/possible.
- Leadership role in service delivery by a team with, where possible, evidence of outstanding contribution, such as awards, audits or publications.
- Excellent contribution to clinical governance and/or service delivery.
- Evidence presented may include audits and publications and/or the take-up of the practice elsewhere.
- Exemplary standards in responding to needs and preferences of patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers' survey, or feedback on the service (external or peer review reports).

DOMAIN 2 – DEVELOPING A HIGH-QUALITY SERVICE

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a consultant in order to fulfil their contractual obligations or that there is insufficient information to demonstrate that the expected standard has been met. Such scores should only be recorded by scorers where there is evidence to that effect.

Score 2 (Meets contractual requirements)

The applicant has fully achieved their service based goals and provided comprehensive services to a consistently high level but there is no evidence of them making any major enhancements or improvements.

Score 6 (Over and above contractual requirements)

Applicants should show evidence of performance in some but not necessarily all of the following.

The applicant has made high-quality service developments, improvements or innovations that have resulted in a better and more effective service delivery. This could be demonstrated by:

- improved outcomes (clinical governance)
- services becoming more patient centred and accessible
- benefits in prevention, diagnosis, treatment or models of care
- good uptake of evidence based practice.

Good team players should be recognised especially where the individual's role and contribution is clearly identified and could justify a score at this level.

For this score, the activity would be mainly at local level, especially if achieved in the face of difficult circumstances or constraints. An example could be someone who is clinical governance lead and can show/ demonstrate what has been achieved in that role.

Score 10 (Excellent)

In addition to some or all of the achievements listed in six, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive).

- Service delivery - introduction of new procedures, treatments or service delivery, sometimes based on original research or development, which may have been adopted in other trusts. Developing a more cost-effective service without compromising standards, particularly where such practice has been adopted elsewhere.
- Clinical governance - introduction or development of clinical governance approaches which have resulted in audited or published advances possibly taken up in other locations.
- Leadership - in the development of the applicant's specialty, at supra-trust level, particularly as higher levels of awards are achieved.
- Involvement of patients/public in design/delivery of service, especially where evidence of an innovative approach.

DOMAIN 3 – LEADERSHIP AND MANAGING A HIGH-QUALITY SERVICE

This domain covers achievements in clinical or medical academic management, administrative or advisory responsibilities, or professional leadership.

Consider contract and job plan

A certain level of achievement is expected from medical managers as part of their job.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a consultant in order to fulfil their contractual obligations or that there is insufficient information to demonstrate that the expected standard has been met. Such scores should only be recorded by scorers where there is evidence to that effect.

Score 2 (Meets contractual requirements)

Applicants should receive this score if they are delivering a good service. They will need to give evidence of being involved in the running of a unit or department and maintaining excellent staff relations, for example, by encouraging and showing leadership with colleagues in nursing and other professionals ancillary to medicine.

Score 6 (Over and above contractual requirements)

To score six points, applicants must show successful management skills, especially in innovative development and hard-pressed services. They may also have been involved in recognised advisory committee work. An example of someone who would merit this score would be a clinical director who had been shown to be particularly effective in managing a service. Just because someone is paid for doing a role does not preclude them from being recognised where the individual has shown leadership. Another example would be an individual who has been involved in carrying out appraisals for peers/non-career grade doctors and has been recognised as being particularly effective and shown leadership at this process. Active membership of a college/specialty advisory committee/professional association would be a strong factor provided it can be demonstrated what the individual has done within the committee and is not claiming credit just for membership.

Score 10 (Excellent)

In addition to some of the achievements acquiring the score of six, applicants scoring 10 in this domain will have shown evidence of outstanding administrative achievement in a leadership role. Medical directors and other clinical managers should not be given this score purely because they hold the post. There must be clear evidence that they have distinguished themselves and shown excellent leadership. Similarly, the fact that there is payment for the post should not preclude an individual from being recognised.

Other evidence that could justify this score would include (this list is not exhaustive):

- leadership in shaping trust policy and modernising health services at a trust level, particularly where changes have been taken up in other trusts
- demonstrating leadership in chairing a regional committee
- successful directorship of a large nationally recognised unit, institute or regional service
- planning and delivery of service at a level outside the trust
- any other evidence from citations of exceptional activity and achievement
- successful resolution of problems and challenges.

DOMAIN 4 – RESEARCH AND INNOVATION

Consider contract

- Assessment of this domain will be influenced by the contract held (ie academic v NHS consultant and if NHS - teaching v DGH hospital background) and the time that is allocated within that contract for research. So, for an academic consultant, evidence will be measured against the output expected from the applicant's peers. Where there is a university representative on the EBAC, their view could help guide the committee.
- Some NHS consultants who have not been active in research and publications may have shown great innovation in the development of clinical practice and in providing a cost-effective service. Where such innovation has been recognised by visits from colleagues or the practice being taken up elsewhere, this could be considered innovative practice. There will often be some overlap with development of service when assessing this aspect of a consultant's work.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a consultant in order to fulfil their contractual obligations or that there is insufficient information to demonstrate that the expected standard has been met. Such scores should only be recorded by scorers where there is evidence to that effect.

Score 2 (Meets contractual requirements)

Clinical academic

They should be considered by their employer to be 'research active' at a level commensurate with their contract. This rating would be based on the applicant's research output and associated publications within the past five years.

NHS consultant

Examples of innovative clinical practice could justify this score even for individuals who are not actively involved in research. They may have undertaken research, alone or in collaboration, which has resulted in publications.

Score 6 (Over and above contractual requirements)

Applicants should show evidence of performance in some but not necessarily all of the following:

Clinical academic

There will be evidence of the applicant having made a sustained personal contribution in basic or clinical research demonstrated by:

- a lead or collaborative role, holding or having held since the last award peer reviewed grants
- a role as a major collaborator in clinical trials or other types of research
- a publication record in peer-reviewed journals within the past five years
- supervision now, or since the last award, of doctorate/post doctorate fellows
- other markers of research standing, such as lectures/invited demonstrations.

NHS consultant

- Taking part in research and/or clinical trials.
- Supervision of research by junior staff or other NHS staff.
- Innovative work which has resulted in service improvement (locally and possibly regionally). Significant involvement in trust publications/newsletters could be regarded as an example of innovation and justify a score at this level. Similarly, media activity, promoting/defending the service could be viewed as innovative.
- A publication record in peer-reviewed journals since the last award.

Score 10 (Excellent)

In addition to some or all of the achievements listed in six, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive).

Clinical academic

The applicant's research work will be of considerable importance to the NHS by its influence on the understanding, management or prevention of disease. This could be demonstrated by evidence of some of the following:

- major peer-reviewed grants held currently or since the last award, for which the applicant is the principal investigator or main research lead (they should have included the title, duration and value)
- research publications in high citation journals
- national or international presentations/ lectures/ demonstrations
- supervision of successful doctorate students, some of whom might have come on national or international fellowships
- other peer determined markers of research eminence.

NHS consultant

- A lead or collaborative role, holding or having held since the last award peer-reviewed grant.
- A role as a major collaborator in clinical trials.
- Research publication in peer-reviewed journals since the last award.
- Innovative work that resulted in regional or possibly national service improvement.

Assessors should look for achievements that have been carried out since the last award was granted and any reference to work prior to the last award should only be made to illustrate the basis on which more recent achievements have been made.

DOMAIN 5 – TEACHING AND TRAINING

All consultants are expected to be involved in teaching and training, and applicants must identify excellence/ leadership that is over and above their contractual responsibilities beyond simply fulfilling that role.

Consider contract

The contract should be considered ie academic v NHS consultant and, if NHS, teaching hospital v DGH hospital background. Excellence may be demonstrated by leadership and innovation in teaching locally and regionally. This may include undergraduate and/or postgraduate examination and supervision of postgraduate degree students. Contributing to the education of other health and social care professionals is also relevant.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a consultant in order to fulfil their contractual obligations or that there is insufficient information to demonstrate that the expected standard has been met. Such scores should only be recorded by scorers where there is evidence to that effect.

Score 2 (Meets contractual requirements)

Evidence of having fulfilled the teaching/training requirements identified in the job plan, in terms of quality and quantity.

Score 6 (Over and above contractual requirements)

Applicants should present evidence from some of the following areas.

- Involvement with undergraduate and/or postgraduate educational programmes in roles such as educational supervisor, head of training/ programme director, regional advisor, clinical tutor etc. This should include evidence of what the individual has achieved in these roles.
- Information about the quality of teaching and/or training through regular audit and mechanisms such as 360-degree appraisal. This should include evidence of adaptation and modification, where appropriate, of these skills as a result of this feedback.
- Participation/leadership in the training of other health care or social care professionals, ideally with evidence of the quantity and quality of such training.
- Involvement in quality assurance of teaching and training and evidence of success.

Score 10 (excellent)

In addition to some or all of the achievements listed for score six, applicants could show evidence of excellent performance in some but not necessarily all of the following:

- high performance in formal roles such as working with undergraduate and postgraduate deans
- leadership and innovation in teaching including some, but not necessarily all of:
 - new course development
 - innovative assessment methods
 - introduction of new learning techniques
 - authorship of successful text books chapters or other media on teaching/training
- educational leadership outside the trust, for example at regional level, as evidenced by invitations to lecture, perhaps peer-reviewed and other publications on educational matters
- innovation and trend setting in teaching and training, perhaps being involved in examination processes for a college, faculty, specialist society or other professional body which may be at national level.

PART 7: ANNUAL INVESTMENT FOR EMPLOYER-BASED AWARDS

From April 2018 to March 2021

7.1 Until the end of March 2021, the minimum investment ratio for new LCEAs awarded from April 2018 will be set at 0.3 points per eligible consultant annually. For these purposes, 'eligible consultants' are those with at least one year's service at consultant level and do not hold an employer-based level 9, a national clinical excellence award or a distinction award as outlined in part 2 of this guidance.

7.2 This funding cannot be deferred and must be awarded in that year, unless there is agreement with the JLNC (or equivalent consultant representative body in the absence of a JLNC) that any uncommitted funds will be carried forward and spent on awards in the following year.

7.3 For the avoidance of doubt, at a minimum:

- funding for new LCEAs in 2018/19 financial year will be recurrent for two further years until March 2021
- funding for new LCEAs between 1 April 2019 and 31 March will be recurrent for one further year until March 2021
- funding for new LCEAs between 1 April 2020 and 31 March 2021 will be for one year.

An overview of how awards funding can be distributed in this period is set out in annex 1 of this guidance.

7.4 As outlined in part 2 of this guidance, where it is decided by an employing organisation that consultants not employed on the Terms and Conditions – Consultants (England) 2003, shall be eligible to apply under the LCEA arrangements, these consultants will be included in the calculation of the total annual investment for local awards as described above. For clarity, the total level of funding for those on the Terms and Conditions – Consultants (England) 2003 cannot be diluted by the inclusion of those not on the Terms and Conditions – Consultants (England) 2003.

From April 2021

7.5 From April 2021, the total LCEA investment value will be expressed as a per FTE cash value across all forms of the local award arrangements.

7.6 This funding cannot be deferred and must be awarded in that year, unless there is agreement with the JLNC (or equivalent consultant representative body in the absence of a JLNC) that any uncommitted funds will be carried forward and spent on awards in the following year.

7.7 In the event that a new consultant contract has not been agreed by April 2021, the total level of funding for performance scheme(s) will be protected (and increased in line with growth in consultant numbers), as per paragraph 14 of Schedule 30 of the Terms and Conditions – Consultants (England) 2003. For clarity, it is the intention of the DHSC, BMA and NHS Employers that the introduction of any successor contract will not reduce the total level of investment in LCEAs.

7.8 Spend on local awards from this sum will include monies expended on:

- a) the continued payment of consolidated existing LCEAs
- b) any new LCEAs of greater than one year's duration that are paid beyond April 2021
- c) from 1 April 2022, costs associated with the reversion mechanism for existing and future NCEA holders set out in paragraph 8(ii) of the Terms and Conditions – Consultants (England) 2003
- d) future LCEAs.

PART 8: APPEALS

8.1 The appeals procedure should be detailed in the trust's employer-based awards procedural document which should be available to all applicants.

Grounds for an appeal

8.2 Consultants cannot appeal simply because they disagree with the collective judgement of the EBAC. However, where it can be shown procedures have not been followed, they may appeal for a review.

8.3 The following would be considered grounds for an appeal:

- the EBAC did not consider material duly submitted to support an application (ie application and citations)
- extraneous factors or material were taken into account
- unlawful discrimination based on, for example, gender, ethnicity, age
- established evaluation processes were ignored
- bias or conflict of interest on the part of a committee.

8.4 Any employer-based awards appeal must be lodged within four weeks of the award winners being announced.

8.5 Appeals against decisions of EBACs are solely handled by employers.

8.6 If a consultant has applied for an employer-based award and feels that a fair and reasonable process has not been followed, they can lodge a complaint to the chief executive. This should be sent in writing, detailing the reasons why they think the procedure was not correctly followed.

8.7 The chief executive will try to find an informal resolution. If this is unsuccessful, the chief executive will arrange for a panel of people, not previously involved in considering the application, to review the complaint. This panel will contain a professional member, an employer member, and will be chaired by a lay member. Members of appeals panels must have received currently valid training in diversity. The procedure for selecting appeals panel members should be included in the trust's procedural document.

8.8 Once the investigation is complete, the employer will write to the consultant and report the panel's findings.

8.9 If the outcome an appeal is a decision to make an award then any award made for more than one year will require an equivalent amount to be pre-committed in subsequent awards rounds.

PART 9: CHANGE IN CIRCUMSTANCES ONCE IN RECEIPT OF AN AWARD

Section A

Paragraphs 9.1-9.3 relate to new LCEAs received between 2018-2021 (One to three years in duration)

9.1 As LCEAs are now not consolidated, are usually awarded for one to three years and paid as a lump sum, changes in circumstances after an award has been made will not usually affect payment.

Change in contracted working hours

9.2 If an award is made for a period of more than one year and the doctor changes their status from full to part-time, any payment beyond the first year will continue on a full-time basis. Conversely, if the doctor changes their status from part to full-time, any payment beyond the first year will continue on a part-time basis.

Moving between employers

9.3 Where an individual in receipt of a new non-consolidated LCEA paid over multiple years leaves the awarding organisation before the full value of the award is paid, the individual's new employing organisation will undertake to pay the remaining value of the award. The payment of the remaining value of this award will be met from within the new employing organisation's awards funding for the relevant years. The money within the former employing organisation freed up by the departure of the multiple-year award holder will be factored into an employer's annual investment calculation to make sure it meets the minimum investment guarantee.

Section B

9.4 Paragraphs 9.5-9.22 relate to awards received as part of:

- multi-year awards under 2018-21 award rounds where there is an expectation of ongoing or sustained excellence
- as part of a 2017 award round or earlier (generally consolidated awards received prior to 1 April 2018).

Change in specialty, job or significant change in job plan

9.5 If a consultant stops practising in the speciality for which the award was granted, their case will be subject to review by the relevant EBAC.

Part-time working

9.6 If a consultant is working part-time, the award will be paid pro-rata. As above, EBACs measure achievement within the parameters of an individual's employment. Additional consideration should therefore be given to the activity that can be proportionately achieved within a part-time consultant's contract.

Working in general management

9.7 If a consultant stops practising in the area for which the award was granted, and moves into a full or part-time general management post, they will need to speak to the employer about whether they can continue to receive the full monetary value of the award.

9.8 If a consultant returns to clinical work after a period in full-time general management, their award may be reinstated after a review.

The effect of leave or secondment

Unpaid leave

9.9 Awards are not paid during any period of unpaid leave. If a consultant takes leave for longer than a year, the question of reinstating the award will be subject to review by the relevant EBAC.

Secondments

9.10 If a consultant is on full-time secondment to a post with an employer on different terms to the 2003 contract, the award will be suspended.

9.11 A consultant should speak to their employer before beginning the secondment to make arrangements for protecting the award and continuing to collect it after the secondment has finished.

9.12 If the secondment is longer than a year, the question of whether to reinstate the award will be subject to review by the relevant EBAC.

9.13 If a consultant is on secondment to the independent sector treatment programme or equivalent whilst retaining their NHS employment rights, they are still eligible to receive their award.

Prolonged absence from the NHS

9.14 Where consultants have not practised their specialty in the NHS for more than a year, the relevant EBAC will review whether the award should be reinstated. The duration of any review period will exclude time taken for maternity/paternity/adoption leave or an extended period of absence, such as ill health absence.

9.15 The paragraphs above do not apply for single-year new LCEAs awarded between 2018-21 or where single awards are paid over multiple years but the award has been made specifically for work completed prior to the new LCEA being awarded.

Leaving the NHS during an award round

9.16 Payment for employer-based awards is paid from 1 April of that awards year. If a consultant is in post, the award will be payable from 1 April of the awards year.

9.17 An increased award cannot be granted if a consultant leaves the NHS before 1 April of the award year.

9.18 Consultants sometimes leave the NHS before their organisation's award round is completed. If they submit a completed application by the closing date and are still in their NHS post on 1 April, the application, if it is being considered after that date, will be followed through to the conclusion of the process.

Changes in pension contribution

9.19 Consultants should liaise with their employer if they intend to make any changes to their pension contribution.

Becoming the subject of an investigation

9.20 A consultant must inform their employer, as soon as they are aware, if they become the subject of any investigations or disciplinary procedures. This includes any investigations by external bodies such as the GMC, GDC, National Clinical Assessment Service etc.

9.21 Consultants should keep the trust employer informed of any developments and the outcome of investigations when known.

9.22 Failure to declare any issues will call into question the validity of an award and could lead, ultimately, to the withdrawal of the award.

Section C

Effect of retirement on clinical excellence awards

Existing LCEAs

9.23 Existing LCEAs cease on retirement. Awards made under the employers existing scheme are consolidated into pensionable pay. If a consultant is re-employed, they will not continue to receive the previous award payment.

New LCEAs

9.24 New LCEAs made under the arrangements set out in Schedule 30 of the Terms and Conditions – Consultants (England) 2003 are non-pensionable and non-consolidated. Where a consultant retires during the year in which a one-year award has been made, or in the course of a multi-year award, then they retain those annual awards that have already been paid. If they re-join their previous employer, or another employer on 2003 terms it will be for the EBAC to decide whether any remaining proportion of a multi-year award should be paid.

Effect of withdrawal on annual funding

9.25 The withdrawal or withholding of any award will need to be factored into an employer's calculations to ensure they meet minimum funding requirements in a given year.

PART 10: AWARD REVIEW PROCESSES

How will the L9 reviews work?

10.1 Employer-based level 9 awards are subject to five-yearly reviews. In the period covered by this guide (since level 9 reviews were introduced in the 2010 round) it is the responsibility of the employer to ensure that level 9 awards are reviewed at the correct time. Employers should advise all award holders to whom this applies as soon as possible. The duration of any review period will exclude time taken for maternity/paternity/adoption leave or an extended period of absence, such as ill health absence.

10.2 As part of the review, applicants would need to complete a current application form (form A – application) with one supplementary form if desired (form D – research & innovation or form E – teaching & training or form F – leadership & management), setting out how they continue to meet the criteria for holding an award of that level. When applying for renewal they should demonstrate, by reference to any achievements since the original award or last review, how they continue to meet the criteria for receiving an award.

10.3 Applicants should focus on activity within the period since their last award leading up to the review. They should include information on earlier activity to demonstrate how their contributions have evolved or been maintained.

10.4 If the evidence provided is deemed insufficient for a renewal, the award may be downgraded or withdrawn. Consultants to whom this applies will be warned in writing that this recommendation is being made.

10.5 Consultants who have been advised of the recommendation to withdraw or downgrade an award may appeal in writing to the chief executive within four weeks of receipt of the decision. The written appeal will be submitted for consideration by the EBAC or review committee and should contain details illustrating why the consultant should retain the award. The chief executive will reply within two weeks acknowledging receipt of the appeal. The appeal will be heard within one month and will follow the agreed CEA appeals procedure.

10.6 Awards granted by EBACs will also be reviewed by that committee following a signal event. Such events might include:

- if the consultant is the subject of a GMC complaint or similar process, which has found against them, and called into question the continuation of their award such as a finding of deficient performance
- substantiated failures to demonstrate good practice standards
- substantiated failures of probity
- substantiated repeated failures to participate in appraisal and job planning
- substantiated failures to uphold the principles of the Private Practice Code of Conduct
- if the consultant's contract has significantly changed – for example, if they have moved to a post in a new location.

Review of employer-based awards

10.7 New LCEAs awarded from 1st April 2018 are time limited and not consolidated and therefore not subject to review.

All those existing LCEAs awarded under the previous process (before 31 March 2018) are subject to the following review process.

10.8 In line with Schedule 30 of the Terms and Conditions – Consultants (England) 2003 governing LCEAs, from 1 April 2021 awards that were made prior to April 2018 will be subject to a fair and reasonable process of review, meeting the following key features.

- a. The first review will take place five years after the anniversary of the award of a consultant's last consolidated LCEA point (but no earlier than April 2021).
 - b. LCEAs will be reviewed by EBACs or their successor using the existing 10, 6, 2, 0 ratings and with reference to the pre-existing five scoring domains (service delivery, service development, leadership and management, research and innovation, and teaching and training).
- The following scoring system will apply.

Score	Outcome
≥ 20	Retain award(s) at current level and will not be reviewed again for five years.
16 – 19	Retain award(s) at current level and will not be reviewed again for three years.
11 – 15	Lose 1 point and reviewed again after three years.
≤ 10	Lose 2 points and reviewed again after two years.

It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a consultant in order to fulfil their contractual obligations, or that there is insufficient evidence to demonstrate that those standards have been met. Such scores should only be recorded by scorers where there is evidence to that effect.

10.9 Where an individual has been in receipt of a local level 9 CEA prior to April 2018, they will already have been anticipating their renewal process five years after the date that their CEA was awarded. If this review is scheduled to take place prior to April 2021, then it will proceed as planned and be conducted in line with the employer's existing review processes (see paragraphs 10.1 to 10.6 above). If this review is scheduled for after April 2021, it will be subject to the same scoring mechanism as all other LCEAs, set out above.

10.10 As much attention should be given to completing an application for a renewal of an award as would be given to submitting an application for a new LCEA.

10.11 The need to renew awards ensures that LCEAs only reward consultants who continue to meet the performance standards required. In reaching a view on renewals, the EBAC will also consider any adverse findings from complaints, disciplinary or professional proceedings. Where such proceedings are incomplete at the time of review they should either not be considered by the review committee or the award, should renewal be agreed by the committee, may be made conditional on the satisfactory conclusion of those proceedings.

What part does the employer play in the review?

10.12 The chief executive, or nominated deputy of the organisation where they work, will need to complete part 2 of the review form and indicate whether:

- they support the continuation of the award
- the award holder continues to work to the standards of professional and personal conduct required by the GMC and GDC
- there has been any disciplinary action by their employer or the GMC/ GDC, arising from a complaint that directly concerns them

10.13 trusts will include in their annual report details of the number of locally awarded level 9 CEAs that have been reviewed, together with the number of awards that have been downgraded or removed.

Annex 1: How to calculate the minimum in year investment in new LCEA and (from 2021) performance pay Awards made between 2018 - 2021

- Between 1 April 2018 and 31 March 2021 (the 2018, 2019 and 2020 award rounds), awards will be non-consolidated and there will be investment ratio of 0.3 per eligible consultant annually. Further information on eligibility is given in schedule 30 of the Terms and Conditions – Consultants (England) 2003 and section 7 of this guidance.
- The arrangements for minimum investment in local performance payments from 2021 are set out in schedule 30 of the Terms and Conditions – Consultants (England) 2003. The examples in the table below are sample illustrations only.

2018 round	2019 round	2020 round	2021 round	2022 round
<p>A) Calculate the number of eligible consultants. They should have at least one year's service at consultant level and not hold an employer-based level 9, a national clinical excellence award or a distinction award.</p> <p>B) Multiply the number of eligible consultants per head as at 1 April 2018 by 0.30.</p> <p>C) Multiply that figure by the unit value of an employer-based award (currently £3,016 subject to DDRB recommendations accepted by the government).</p> <p>D) Offer new LCEAs, ensuring the total value of those awards is no less than the minimum investment calculated above.</p>	<p>A) As per 2018 round.</p> <p>B) Multiply the number of eligible consultants per head as at 1 April 2019 by 0.30.</p> <p>C) Multiply that figure by the unit value of an employer-based award.</p> <p>D) Add the total minimum investment value from the 2018 round.</p> <p>E) Deduct the cost of any time limited awards that remain in payment from the 2018 round (not including on-costs).</p> <p>F) Offer new LCEAs, ensuring the total value of those awards is no less than the calculation above.</p>	<p>A) As per 2018 round.</p> <p>B) Multiply the number of eligible consultants per head (as at 1 April 2020) by 0.30.</p> <p>C) Multiply that figure by the unit value of an employer-based award.</p> <p>D) Add the minimum investment value from the 2018 and 2019 rounds.</p> <p>E) Deduct the cost of any time limited awards that remain in payment from the 2018 and 2019 award rounds.</p> <p>F) Offer new performance payments, ensuring the total value is no less than the minimum investment calculated above.</p>	<p>A) Calculate the number of eligible consultants. They should have at least one year's service at consultant level and not hold a national clinical excellence award or a distinction award*.</p> <p>B) Multiply the number of eligible consultants by the national per FTE* minimum investment (circa £7900) subject to DDRB recommendations accepted by the government).</p> <p>C) Deduct the cost of consolidated LCEA awards in payment. This should not include the cost of NCEA reversions in payment on 1 April 2019.</p> <p>D) Deduct the cost of any time limited payments that remain in payment from the 2019 and 2020 award rounds.</p> <p>e) Offer new performance payments, ensuring the total value is no less than the minimum investment calculated above.</p>	<p>a) As per the 2021 round.</p> <p>b) Multiply the number of eligible consultants by the national per FTE minimum investment.</p> <p>c) Deduct the cost of consolidated LCEA awards in payment. This should include the cost of NCEA reversions granted after 1 April 2019.</p> <p>d) Deduct the cost of any time limited awards that remain in payment from the 2020 and 2021 award rounds***.</p> <p>e) Offer new performance payments, ensuring the total value is no less than the minimum investment calculated above.</p>

Examples: These examples assume 100 consultants are eligible each year. It uses the current CEA award unit value (£3016) which is subject to DDRB recommendations that are accepted by the government. The only on-costs should be employers' national insurance which is not included in the costings.

Scenario		2018 round	2019 round	2020 round	2021/2022 round-Financial implications
A) Trust offers one-year awards	Minimum investment in new LCEA	£90,480	£180,960	£271,440	<ul style="list-style-type: none"> None
	Equivalent number of new (single value) LCEAs	30	60	90	

Examples: These examples assume 100 consultants are eligible each year. It uses the current CEA award unit value (£3016) which is subject to DDRB recommendations that are accepted by the government. The only on-costs should be employers' national insurance which is not included in the costings.

Scenario		2018 round	2019 round	2020 round	2021/2022 round-Financial implications
B) Trust offers two-year awards	Minimum investment in new LCEA	£90,480	£90,480	£180,960	<ul style="list-style-type: none"> The second-year costs of two-year awards offered in the 2020 round should be deducted from the 2021 minimum investment amount.
	Equivalent number of new (single value) LCEAs	30	30	60	
C) Trust offers three-year awards	Minimum investment in new LCEA	£90,480	£90,480	£90,480	<ul style="list-style-type: none"> The third-year costs from the 2019 round and the second-year costs of the 2020 round should be deducted from the 2021 minimum investment. The third-year costs from the 2020 award rounds should be deducted from the 2022 minimum investment sum
	Equivalent number of new (single value) LCEAs	30	30	30	
D) Trust offers: <ul style="list-style-type: none"> three-year awards in year one two-year awards in year two one-year awards in year three 	Minimum investment in new LCEA	£90,480	£90,480	£90,480	<ul style="list-style-type: none"> None
	Equivalent number of new (single value) LCEAs	30 (each award payable for 3 years)	30 (each award payable for 2 years)	30 (each award payable for 1 year)	

Examples: These examples assume 100 consultants are eligible each year. It uses the current CEA award unit value (£3016) which is subject to DDRB recommendations that are accepted by the government. The only on-costs should be employers' national insurance which is not included in the costings.

Scenario		2018 round	2019 round	2020 round	2021/2022 round-Financial implications
E) Trust offers: <ul style="list-style-type: none"> 50% of awards for 1 year 30% for two years 20% for three years 	Minimum investment in new LCEA	£90,480	£135,720	£208,104	Costs deducted in 2021 for: <ul style="list-style-type: none"> The three-year awards made in 2019 and 2020 The two-year awards made in 2020 Costs will need to be deducted in 2022 for: <ul style="list-style-type: none"> The three-year award from 2020
	Equivalent number of new (single value) LCEAs	30	45	69	

Example range

The information in this table is an illustrative example based on the previous points-based system.

Example range - interim arrangement				
Points awarded	Duration (years)	Total Points	Total value of award	Annual cost to employer
3	3	9	£27,144	£9,048
3	2	6	£18,096	£9,048
3	1	3	£9,048	£9,048
2	3	6	£18,096	£6,032
2	2	4	£12,064	£6,032
2	1	2	£6,032	£6,032
1	3	3	£9,048	£3,016
1	2	2	£6,032	£3,016
1	1	1	£3,016	£3,016
Value of single annual CEA point¹	£3,016			

¹ There are nine levels of award that can be awarded locally. Points awarded for levels 1-6 are of single value (£3,016) and points awarded for levels 7-9 are of double value (£6,032).

Annex 2: Award round definitions

The award round

- Should normally open in April of the awards year.
- Applications will include work undertaken since the last award or from their first substantive consultant appointment if not in receipt of an award until 31 March of the awards year. If the previous award, or first consultant appointment was more than five years ago, applicants may include evidence from that date but concentrate on evidence in the last five years.
- The EBAC will normally be constituted in April-May of the awards year and aim to assess applications by June-July.
- The results of award rounds will be announced by the end of August and paid no later than September as a lump sum.
- For example, the 2019 award round will assess work up to 31 March 2019, should open in April 2019, the EBAC be constituted by April/May 2019, applications be assessed by June/July 2019, results announced August 2019 and paid by September 2019.



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