

## 3. The assessment criteria

### 3.1 Highlighting achievements in five key areas

- 3.1.1 Clinical excellence is about providing high-quality services to the patient. It is also about improving the clinical outcomes for as many patients as possible by using resources efficiently and making services more productive. Applicants need to show our assessors evidence of how they have made services more efficient and productive, and improved quality at the same time, as well as demonstrating their role as an enabler and leader of health provision, prevention and policy development and implementation.
- 3.1.2 Applicants do not need to show they have achieved over-and-above expected standards in all 5 domains – a lot will depend on the type and nature of their post.

### 3.2 Assessing applications

- 3.2.1 Our [Guide for Assessors](#) has comprehensive information about how we score an application. As part of the assessment process, sub-committee members score the domain sections of each application. A score of:
- **10** means the application is excellent
  - **6** denotes work that is 'over and above' contract terms
  - **2** means the applicant meets their contract terms
  - **0** means the applicant has have not met their contract terms or there is not enough information to make a judgement.

### 3.3 Domain 1 – delivering a high-quality service

- 3.3.1 In this section, applicants should give evidence of what they have achieved when it comes to:
- providing a safe service
  - making sure their service has measurable, effective clinical outcomes, based on delivery of high technical and clinical standards of service
  - giving patients a good experience
  - consistently looking for and introducing ways to improve their service .

- 3.3.2 They should explain which activities relate to their clinical services where they are paid for by the NHS, and to other aspects of their work as a consultant or academic GP.
- 3.3.3 Applicants should include quantified measures if they can – like outcome data. They need to reflect the whole service they and their team provide. They should use indicators for quality improvement or quality standards, and other reference data sources in England or the Healthcare Standards for Wales, specifically where they can give performance data against indicators for their specialty.
- 3.3.4 For good patient experience, applicants should show how they have ensured their patients are cared for with compassion, integrity and dignity and how they have demonstrated commitment to patients' safety and wellbeing.
- 3.3.5 Their evidence could show:
- their excellent standards for dealing with patients, relatives and staff – including surveys or collated 360-degree feedback to show how they gave patients dignity in care and won their trust
  - their excellent work in preventative medicine and public health, for example, in alcohol abuse, stopping smoking and preventing injury
  - that they use NHS resources effectively
- 3.3.6 They should give evidence of the quality and breadth of their service from audits or assessments by patients, peers, their employer, or outside bodies. It will not affect their chances if there is less evidence available in their specialty.

### **3.4 Domain 2 – delivering a high-quality service**

- 3.4.1 In this section, applicants should show how they have significantly improved the clinical effectiveness of their local services, or a related clinical service in the wider NHS. This includes making services better, safer and more cost effective.
- 3.4.2 They should make their evidence as measurable as they can, giving dates for all activities. They should make their personal contribution clear, not just their department's contribution. They should give specific examples of any changes they made after the results of an audit or contributed to as part of governance reviews. They should be clear how these activities contributed to wider change in the NHS.
- 3.4.3 Evidence could, for example, cover the impact of the applicant's work on:

- developing and running audit cycles or plans for evidence-based practice to make the service measurably better
- national or local clinical audits and national confidential enquiries
- developing and using diagnostic and other tools and techniques to find barriers to clinical effectiveness, and ways to overcome them and implement new ways of working
- analysing and managing risk – this could include details of specific improvements or how they lowered risk and improved safety
- providing a better service, with proof of the effect it has had – for example, how their service has become more patient-centred and accessible
- improving the service after speaking to patients
- redesigning a service to be more productive, efficient and better quality
- developing new healthcare plans or policies
- large reviews, inquiries or investigations
- national policies to modernise health services or professional practice .

### **3.5 Domain 3 – leadership and managing a high-quality service**

3.5.1 In this section, applicants should show how they have made a significant personal contribution to leading and managing a local service, or developing national or international health policy.

3.5.2 They should describe the impact they have had and outcomes they have generated in the specific roles they list. Their evidence can include, but is not limited to, proof of:

- their effective leadership techniques and processes – giving specific examples of how they improved the quality of care for their patients and where other parts of the NHS may have benefitted
- change management programmes or service innovations they have led – showing how they made the service more effective, productive or efficient for patients, public and staff
- excellent leadership in developing and providing preventative medicine, including working across organisational or professional boundaries with other

agencies, like local councils and the voluntary sector, demonstrating the outcomes or impacts that have been delivered

- how they helped staff or teams improve patient care – giving specific examples, like mentoring or coaching (if they work in England, they could mention the guidance on talent and leadership planning)
- any ambassador or change champion roles, for example if they got involved in public consultation or their job involved explaining complex issues and how this translated into changes in practice
- how they developed a clear, shared vision and desire for change – for example, showing how they invested in new ways of working and handled behaviour that got in the way and delivered the change desired
- how they helped staff into senior leadership roles by removing barriers, encouraging diversity and achieving equality and inclusion outcomes
- how they contributed to developing patient-focused services
- achievements through any committee membership (membership alone is not enough)
- the effects of their team leadership where they had full or joint responsibility or took turns with other leaders
- any leadership role to do with clinical governance, including developing and implementing policies or services or implementing change programmes.

3.5.3 Applicants should include evidence of their contribution, the source of any data they give, and relevant dates.

### **3.6 Domain 4 – research and innovation**

3.6.1 In this section, applicants should give evidence of how they have contributed to research and/or supported innovation. This includes developing the evidence base for measuring how quality has improved.

3.6.2 In the section on references, they should give details of achievements like published papers.

3.6.3 They should explain what they have achieved to date and what they hope to achieve, and give supporting evidence. For example, giving details of new evidence-based techniques, innovative systems or service models they have

developed that others have adopted. They should explain how they have found better ways to deliver benefits. And at the same time, kept waste to a minimum and stayed flexible and open to change.

3.6.4 They could also explain how they have improved public engagement in research and innovation or encouraged new ways of thinking when it comes to improving patient services.

3.6.5 They should describe the actual or potential effect of their research (including laboratory research) and any new techniques they have developed and their benefits on:

- health service practice
- health service policy
- developing health services

3.6.6 For this they should also include how their research is relevant to the health of patients and the public.

3.6.7 They could give details of:

- large trials or evaluations (including systematic reviews) they have led or co-investigated, and published in the last 5 years
- how they have contributed as a research leader, and how they have helped and supervised other people's research

3.6.8 They could include other examples of their status in their chosen research fields and what impact their work has had. For example, if they are:

- a member of any review boards of national funding agencies
- office bearer for learned societies or professorships

They could also:

- list any grants they have personally – not just department grants
- describe peer-reviewed publications, chapters or books they have written or edited – list their editorial activity for each one (for example, senior editor)
- give details if they played a major part in research studies in more than one centre, for example personally recruiting lots of people to large clinical trials

- include evidence of outstanding research that has led to new ways of preventing illness and injury

### **3.7 Domain 5 – teaching and training**

3.7.1 In this section, applicants can give evidence to show their contribution to teaching and training.

3.7.2 They should give evidence of the impact of excellent work they have done in any of the following categories. We do not expect them to give examples for all categories.

a. Quality of teaching

This can be any medical undergraduate teaching, particularly if this is outside their job plan. They should give evidence of student feedback or other teacher quality assessments that show their students' views as well as how their teaching has had a positive impact on healthcare.

b. Leadership and innovation in teaching

This might include evidence of:

- developing a new course
- innovative assessment methods
- introducing new learning facilities
- writing successful text books or other teaching media
- contributing to postgraduate education and life-long learning
- contributing to teaching in other UK centres or abroad
- developing innovative training methods

c. Scholarship, evaluation and research

Evidence could include:

- presentations
- invitations to lecture

- peer-reviewed and other publications on education
- education in other health and social care professions
- d. Teaching the public – for example about good health and disease prevention.
- e. College or university success in teaching audits

Applicants should explain if they helped a college or university succeed in regulatory body and quality assessment audits for teaching. This could include undergraduate or postgraduate exams or supervising postgraduate students.

- f. Personal commitment to developing their teaching skills

They could include evidence of Higher Education Academy membership and any courses they have done.

- g. Unrecognised or non-mainstream contributions

This could be any other teaching or educational commitment and workload that is not recognised in other ways.

- h. Excellence and innovation in teaching about preventing illness and injury

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Advisory Committee on Clinical Excellence Awards

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