

Membership Organisation Guide

About this guide

This guide is to aid Membership Organisations, such as Royal Colleges and their Faculties, Professional Membership and Specialist Societies in coaching their members who are NHS consultant doctors, dentists and academic GPs who are applying for National Clinical Impact Awards.

Detailed information of how our scheme operates, its rules and governance is available on our website in our guides for applicants on the [guidance page](#).

Any questions can be directed to the Advisory Committee on Clinical Impact Awards (ACCIA) Secretariat accia@dhsc.gov.uk.

Read this guide before setting up any coaching or review programme, as there are strict rules about providing input to someone else's form. The application must always be the applicant's own work and any review, coaching or any other kind of supportive activity should follow these rules.

You are strongly encouraged to have a written process for how your organisation will manage any requests for reviews, and how those providing any such review will operate according to this process. This includes management of advice to applicants and conflicts of interest in applicants or reviewers.

Applicants must have submitted their application to ACCIA by 11:59pm on 15 April 2024. Any applications received after this time will not be considered so please ensure any reviews you provide are commensurate with these timelines.

Introduction

About ACCIA and the Clinical Impact Awards scheme

The Advisory Committee on Clinical Impact Awards (ACCIA) runs the national Clinical Impact Awards scheme for the Department of Health and Social Care (DHSC) in England. ACCIA also provides governance for awards for the Welsh Government.

ACCIA does not have any say in local awards in England or commitment awards in Wales. For more information about these awards, applicants must contact their employers.

English health ministers agree a limited number (up to 600) of new awards each year in England, so the selection process is very competitive. Three levels of award are available in England, from lowest to highest:

- National 1 (N1)
- National 2 (N2)
- National 3 (N3)

In Wales additional awards are made and there is also a lower level (National 0) exclusive to Wales.

The awards last for 5 years and have an annual, non-pensionable value of £10,000 (N0), £20,000 (N1), £30,000 (N2), £40,000 (N3). Pay protection arrangements operate for those applicants who have an existing legacy National Clinical Excellence Award. These are detailed in our full guidance documents.

Consultants can apply for a new award at any time after they have completed a full year in an eligible role, in a permanent NHS contract (fixed term and locum contracts are not eligible). Applications need to show what has been delivered that has made an impact at a national level, over and above the expectations defined in an applicant's job plan. As a result, it is essential that applicants make their job plan clear.

What the national scheme rewards

The national scheme rewards consultants or academic GPs who deliver national impact above the expectations of their job role or other paid work. They specifically recognise the dissemination and implementation of that work and its impact on the wider NHS and public health. Applicants do not need to hold any local award or a previous NCEA to be eligible to for a national impact award.

To apply, applicants need to give evidence of impact across the 5 domains described above. Only the evidence in these domains is scored – the other parts of an application are not scored but provide context for the assessment of the evidence within the domains. Evidence that is repeated across domains will not score points in more than one domain.

Work in other countries is not directly relevant for an award, so is not considered on its own. If applicants can show that their overseas work has helped the NHS and the

health of the public directly or has had a direct reputational benefit for the NHS overseas, it may be supported. We do not give awards for standalone overseas work.

If an applicant successfully gains an award, it will last 5 years, backdated to 1 April 2024. For NCEA holders under transitional arrangements, awards will last 5 years from 1 April 2025.

More information about ACCIA and the NCIA scheme can be found on the [ACCIA home page](#), including:

- a list of all national award holders
 - personal statements from people who have received a new award
 - the members of our main committee and our sub-committees
 - a guide for applicants – with a supporting ‘quick guide’
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- a guide for assessors on how to assess and score applications
 - annual reports about each awards round
 - summaries of the minutes for the main committee’s meetings

Who can apply for an award

To apply for an NCIA, a doctor or dentist needs to be a fully registered medical or dental practitioner on the General Dental Council (GDC) special list, General Medical Council (GMC) specialist list or GP register.

The applicant must be:

- fully registered with a licence to practise
- a permanent NHS consultant or academic GP in a permanent clinical academic role in higher education at the same level as a senior lecturer or above

Applicants must have met both conditions for at least one year, on 1 April in the award year in which they are applying.

Application details

Filling in the application

A consultant must fill in their own application form – nobody else can do it for them and Membership Organisations cannot and must not edit or provide detailed comments on wording of applications.

Membership Organisations can provide assistance and general guidance with applications using this guidance, but must not proofread, review or directly critique any part of an application. Applicants can indicate on their form if they have sought advice from any such organisations.

From 2023, the process whereby some applicants received citations and rankings from Membership Organisations (previously known as National Nominating Organisations) has been discontinued. This is because allowing some, but not all, applicants to include additional information, does not align with ACCIA's equality objectives.

Job Plan

It is vitally important that the job plan is clear, as it allows assessors to determine the extent of the paid role. It acts as a benchmark for what would be expected within such a role.

Applicants should use the job plan to cover:

- The number of direct clinical care, academic, supporting professional activities, additional programmed activities, and total programmed activities that are specified in their agreed job plan.
- Specific details of activities covered by the paid contracted PAs and whether they are paid from the NHS, an academic institution, or another source. Any changes in the last 5 years should be explained.
 - PA numbers can be rounded up or down to one decimal point and the numbers provided in each field must add up to the total provided. Where information in this section is inconsistent it can make it harder for those scoring applications to assess what should be considered over and above their job plan.
 - Extenuating circumstances that will affect the evidence can be included here if desired.
- Any other paid sessions and any additional responsibility or other payments received.
- Any unpaid sessions
- Any additional income from wider roles outside the job plan; explaining how it relates to evidence in the application (or if it does not).

We do not expect to see the amount of any additional payment received but will check industry databases for any payments. We expect applicants to be transparent about what activities they may have received payments for within the last 5 years.

The evidence domains

There are 5 domains for applicants to tell us about their contributions and provide supporting evidence:

1. Developing and delivering a high-quality service
2. Improving the NHS through leadership
3. Education, training and people development
4. Innovation and research
5. Additional impact, in which applicants can provide other evidence, particularly if it relates to published NHS or other relevant health objectives

In all the domains, applicants should consider providing evidence of national impact relating to equality, diversity and inclusion.

There is a single online application form for all awards, so every applicant can highlight their contributions in the same way.

Our regional sub committees score each application on the strength of the evidence. The individual scores are combined and then all applications within each region are ranked. Based on the number of awards available our main committee will recommend applicants for national awards to health ministers, for final approval. Our regional subcommittees contain a mix of lay, employer and professional scorers. It is essential that applications are written in accessible language for lay scorers to understand the evidence presented.

General advice for supporting applicants

You should advise members who may come to you for advice to start their application early. They should be encouraged to make you aware they are intending to apply as early as possible so as not to miss opportunities for additional supportive reviews.

Scoring of applications has, since 2022, been on a non-stratified basis, with all applications being treated equally in their assessment. There are no longer any renewals. Online applications are submitted for competitive scoring in the first instance to one of 13 regional sub-committees or to the DHSC / Arm's Length Body committee. There are separate arrangements in place for applicants in Wales and for the Ministry of Defence.

Clinical impact is about providing high quality services to patients that go beyond the applicant's immediate remit. These should demonstrate how they improve clinical outcomes for as many patients as possible, use resources efficiently and make national services more productive.

Applicants need to show evidence of how they made these 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
- implementation

Assessors need to be sure all achievements are relevant and need to know when they occurred, or if these activities are continuing or stopped. It is essential that the dates of achievements are clear, as without dates they will not be scored highly. When reviewing any applications, we strongly advise emphasising this point.

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 and job role. Excellent local or regional impact can score well if it has been disseminated and had an expanded impact on the wider NHS. This is especially true when national and international impacts are directly linked.

Our assessors score the domain sections according to the following:

- 10 = an application is excellent with clear and sustained national and or international impact
- 6 = the work is over-and-above contract terms and has at least a regional impact beyond the local area
- 2 = the applicant has met the terms of their contract or may have contributed more, mainly within their locality
- 0 = the applicant has not met the terms of their contract, no dates within the last 5 years are present in the domain, or there is not enough information to make a judgement

You may wish to direct your members to the [2022 personal statements](#), where they will be able to see examples of the calibre of work expected to be successful in the NCIA scheme.

Your role as a Membership Organisation

Encouraging applications

There is an opportunity to play an active role in encouraging your eligible members to apply for an award – ensuring that you have paid due consideration to any encouragement or supportive review for applications fairly representing the demographics of your eligible membership. We may ask you to confirm you have procedures in place to ensure equality and diversity for national CIA applications.

The new ACCIA IT system will allow for better monitoring and reporting on the diversity of applicants for CIAs by organisation.

Applicants can request review from any number of relevant membership organisations. As a Membership Organisation, you may wish to conjointly provide guidance and assistance to applicants with other affiliated or Membership Organisations in your specialty to augment the quality of applications. There is no limit to the number of applications you are able to provide guidance to.

Proof reading, editing, critique and review are strictly forbidden

Should you decide to support applicants, we recommend you develop and provide specific processes to work to, together with other relevant bespoke support tools and checklists. The number of tools to use and the reach within any specialty is up to each organisation to determine.

You may wish also to build awareness within your wider membership to involve non-eligible trainees (close to or with a CCT) of the awards for those who may potentially make future applications.

Applicants are requested to indicate which organisations they have sought advice from.

Suggested tools

Communications

- Prominent links of ACCIA guides on websites with easily accessible links
- Targeted email communications to eligible members
- Posters
- Links to ACCIA website nominal rolls. These are searchable by specialty and can also be separately linked to personal statements for these applicants or for specialty.
- Links to case examples from ACCIA and other organisations, highlighting successful applicants whose work showcases their impact and highlights the diverse background and experiences of award holders. This includes diversity of age, gender, ethnicity, specialty, and geography.

Checklists

- Critical success factors / Common mistakes in applications
- Have applicants read the guidance?
- Clarity of activities in Job Plan and that the number of paid PAs is clear and sum to the total PAs stated
- Inclusion and description of any additional paid and unpaid work
- Ensuring dates are present for all evidence and are clear and within the last 5 years
- Explanation of impacts and outputs as opposed to activities and inputs
- Ensuring evidence is national and not local with clarity of how the impact described is over and above the expectations of their job and how it has expanded beyond their locality
- Avoid repetition
- Avoid acronyms that may mean nothing to non-specialists
- Speciality-specific quality and activity metrics for benchmarking

Training

- Links to ACCIA webinars and recordings and the hosting of dedicated Membership Organisation meetings or training webinars to highlight and encourage applications
- Links to guidance documents
- Dedicated training resources specifically linked to aspects of the specialty or Membership Organisation. Adapting core ACCIA resources

Annex: Summary of domains

Domain 1: delivering and developing a high-quality service

In this section, dated, benchmarked evidence of what has been achieved should be present, specifically in relation to:

- providing and developing a safe service with measurable, effective clinical outcomes, based on delivery of high technical and clinical standards of service that provide a good experience for patients. To gain a higher score, applicants will need to demonstrate how they have cascaded their practice more widely to colleagues who have then implemented improvements based on the experience
- consistently looking for, and introducing, ways to improve their service; sharing the learning and seeing it embedded in wider NHS or national or international practice

Applicants should explain which activities relate to their clinical services where they are paid by the NHS, and to other aspects of their work as a consultant.

Applicants should include quantified measures – like outcome data – where they can. These need to reflect the whole service they and their multi-professional team provide and how they have collectively disseminated their experience. Applicants should use validated indicators for quality improvement or quality standards, and other reference data sources in England, or the Health and Care Standards for Wales, ideally providing performance data against benchmark or national indicators for their specialty, showing local and wider improvements as a result of their work.

For good patient experience, applicants should show how they ensured patients are cared for with compassion, integrity, and dignity, and how they have demonstrated commitment to their safety and wellbeing and have disseminated approaches more widely.

Further information on evidence that applicants could provide for this domain and some examples can be found in the applicants' guide.

Domain 2: leadership

In this section, assessors will look for a significant personal contribution and its subsequent impact within the last 5 years in leading and developing a service, health policy or guidelines with national or international impact. Consider work that had delivered against objectives within the 'NHS Long Term Plan'.

Applicants should describe the impact and outcomes generated in the specific roles they list. They should also include evidence of contribution, the source of any data and relevant dates, including evidence of personal leadership in the impact of change management and service innovations. National impact through committee membership should reflect the personal contribution and the impact of any output. Membership of committees alone is not sufficient evidence.

Further information on evidence that applicants could provide for this domain and some examples can be found in the applicants' guide.

Domain 3: education, training, and people development

In this section, evidence can show contributions over the last 5 years to wider education and training across the professions and to patients. If any training or lecturing is externally or separately remunerated, this should be stated.

We do not expect examples for all categories – the list set out below is not exhaustive and further detail can be found in the applicants' guide. Give evidence of the impact of work that supports the 'NHS People Plan' or falls into any of the following categories:

- teaching
- leadership and innovation in training
- educating and informing patients and public
- college or university success in teaching audits
- personal commitment to developing teaching skills
- unexpected or non-mainstream contributions

Further information on evidence that applicants could provide for this domain and some examples can be found in the applicants' guide.

Domain 4: innovation and research

This section is intended to look at innovation and its impact in any relevant setting and may include evidence relating to activities and their impact not traditionally considered as research. It can include new care pathways that have been developed and implemented, improved ways of working and process efficiencies that have been adopted widely, demonstrably making more cost-effective use of NHS resources. It can also include benefits of digital technology or other activities from projects with external partners that have demonstrated a benefit to the wider NHS, or that support the GMC's objectives of promoting research for doctors.

Applicants must be clear what evidence is over-and-above any research, academic or other expectations of their role and give evidence of the wider impact of the research and/or innovation together with dates of the work, dates of publication or presentation if relevant, and dates of its impact. This includes developing the evidence base for measuring how quality has improved.

–On a separate line, applicants should explain what they have achieved in the last 5 years and how their innovation or research has quantifiably improved health outcomes. They must give supporting evidence.

They should be clear how their research is relevant to the health of patients and the public and the clinical relevance and impact of any publications cited.

Domain 5: additional national impact

This domain gives applicants an opportunity to provide evidence of wider beneficial impacts over the last 5 years, that have not been captured elsewhere on their form in domains 1 to 4. They can also demonstrate the wider effect their work has had in areas

that are national clinical priorities. In some cases, this may relate to work within their job plan, but as is the case in other domains, applicants should endeavour to demonstrate impact 'over and above' the expectations of outcomes for which they are already paid. There is added value if appropriate metrics can be included and, as usual, accurate dating is critical.

This domain can include work for charitable organisations, and work with a more direct patient or public focus, for example fostering patient involvement in research, or informing patient groups of new developments in disease management or prevention. Expanding upon (but not repeating) the national impact of research work or educational activities mentioned in (but not repeating) domain 4 or domain 3 can score well. This is particularly true if it is clear how the impact of the work has been reinforced through social media or other channels, and how it has demonstrably influenced the quality of healthcare delivery or preventative medicine regionally or nationally. However, applicants must not merely repeat or list activities that have been described elsewhere on the form, as repeated evidence will not score any points. This domain could also describe work on how applicants have addressed health and workplace inequalities and delivered interprofessional team building and new ways of working.

Particularly important areas are NHS priority disease areas, or other areas where there is outstanding need, or identified health inequalities or disparities. Unpaid innovative work with health and social care providers outside the NHS may also be cited in this domain, but clear evidence of positive impact must be provided.

The detailed applicants' and assessors' guide will contain further information on the domains and examples of evidence that applicants could provide. We would suggest familiarising yourself with this guidance in order to fully support applicants from within your organisation in line with ACCIA expectations.