1 July 2013

Shirley Rodgers
Deputy Director Workforce
Health Workforce and Performance Directorate
Ground Floor Rear
St Andrew’s House
Edinburgh
EH1 3DG

Dear Shirley,

CONSULTATION WITH KEY STAKEHOLDERS ON THE DOCTORS’ AND DENTISTS’ REVIEW BODY REPORT ON CLINICAL EXCELLENCE AND DISTINCTION AWARDS

Thank you for your letter dated 11 April 2013 asking the Academy of Medical Royal Colleges and Faculties in Scotland as a key stakeholder to provide views on the DDRB Report.

At the Meeting of the ‘Scottish Academy’ held on 25 June 2013 the members agreed to support and endorse the attached paper which has been prepared by the 3 Royal Colleges in Scotland.

We would welcome opportunity to contribute to further dialogue on this important issue. If you have any further queries please do not hesitate to get in touch.

Thanks again and best wishes,

Dr John R Colvin
Chairman

Att: Response from 3 Scottish Colleges
Scottish Royal Colleges Joint Response on DDRB Review of Award Scheme for NHS Consultants Dec 2012

Introduction
The Scottish Academy requested a joint response on the above review from the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of Edinburgh. A preliminary meeting was convened, held at the RCSE on the 29th April, attended by Mr John McGregor (RCPSG), Prof James Garden and Mr R Jeffrey (RCSE) and Dr John Wilson (RCPE). Dr Wilson had circulated those attending the meeting beforehand two short papers, one summarising the recommendations of the DDRB (16 in all) and the other dividing the issues raised by these recommendations into those likely to represent common ground and those which might require further discussion before a consensus view might be reached.

Outline
The group felt it was essential for the future of NHS Scotland to address the current anomaly which pertains, with the Awards process frozen in Scotland but continuing in England & Wales. It was agreed that it should be a UK wide scheme, with continuing access to NHS and clinical academic consultant staff. All group members agreed that it would be sensible to link the assessment process to appraisal, although it would be important to develop measurable targets, and that work which was achieved over and above the job plan should be considered. It was agreed that the greatest levels of performance and commitment to the NHS should be recognised and that it was crucial that the contributions to the work of the Royal Colleges should continue to be recognised. There was unanimity around the concept of transparency and equity. As part of this, we thought that the forms of successful applicants should be published along with details of any professional income that already attract additional remuneration, such as Deanery sessions, management roles, private practice etc, which should be declared in all applications.
We accepted the concept of simultaneous local and national award holding, while recognising that those identified at national level would be very likely to have already been awarded at local level.

Concerns
The group was concerned that annual review of awards was not the best way forward. The amount of work generated both for assessors and applicants would be quite disproportionate to any advantage that might accrue, and service developments and leadership initiatives would take much longer than one year to evaluate. It was felt that the review period should be a minimum of three years. There was concern voiced within the group at the disproportionate representation that currently exists in the higher awards by clinical academics, and it was agreed that a substantial leadership role in the NHS had to be evident in any nomination. A clear concern emerged within the group that the awards system might be used by senior management to reward co-operation around budgets and targets, rather than innovation and excellence of clinical care. As such, it was agreed that it was appropriate to have management represented on awards committees but that recommendations should ultimately be made largely by clinicians and lay members.
The group agreed that it was appropriate for the CEO to have input and be able to comment on the suitability of an award but did not feel that the CEO be required to “sign off” the award at national level. The concept that awards should be non-pensionable was accepted, given the current taxation disincentives to accumulating a pension fund. Lastly, all group members shared serious concern around the concept of a Principal Consultant. If the intention was to promote some senior clinicians, probably in the latter third of their careers, who might reduce their contributions to general medical/surgical and specialty provision in order to take on the tasks of team leadership and development of specialty provision, this could be a positive step. It should not be construed, however, as a route of encouraging compliance with policies that did not directly enhance patient care.

Further suggestions
There should be wide consultation of the clinical body over the question of domains and weightings within the assessment form. This issue lies at the core of the awards system and, in keeping with the principles of equity and transparency referred to above, it would be appropriate to seek the views of all those eligible. The concept of linking the awards to performance, activity, quality of patient care and patient feedback is sound. This finds further resonance in strong representation on committees by lay members, and some members of the Lay Advisory Committees within the Colleges could be a useful resource. The group felt that the clinician members of the committees, whether representing the Colleges or the body of NHS consultants, would require to be award holders.

Summary
- Fair and transparent
- Linked to Appraisal
- UK wide tariff
- Wide consultation over domains and weighting aiming for
- a specific application form & scoring system for NHS Scotland
- Reward clinical excellence, as assessed by patients and peers rather than by management
- Consider 3 yearly review

May 2013