

Clinical Excellence Awards (CEAs) Briefing

Introduction

The Department of Health (the Department) is seeking views on reforms to the Northern Ireland Clinical Excellence Awards Scheme (CEAs). Deadline for submission of response is 13 February 2024.

Prior to the consultation being announced, BMA NI had been engaged in discussions with the Department of Health and employer representatives in an attempt to help develop a revised scheme for CEAs, which would be beneficial to as many of its members as possible. Some of the proposals of the Department tie in with what we asked for, such as ensuring that those who worked less than full-time would receive the full award and not a portion of this as previously. However, we remain concerned that the scheme, as proposed by the Department, will not meet the Department's aims of rewarding excellence and as a tool to promote retention and recruitment of the consultant workforce.

What are CEAs?

CEAs were an agreed part of the consultant contract in 2004 that was adopted across all devolved nations. They recognise and reward NHS consultants who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

It is important to note that the pay scales in 2004 were adjusted to allow for the scheme to operate.

Purpose of Awards

CEAs are given to recognise and reward the exceptional personal contribution of consultants who show commitment to achieving the delivery of high-quality care to patients and to the continuous improvement of Health and Social Care. It is also for consultants who make major contributions to teaching, training, or research. Ultimately, both patients and the service benefit considerably from an awards scheme as it encourages excellence in delivering patient care.

CEAs are there to recognise work carried out by consultants that is over and above that which is remunerated in their contract. In addition, they are run through a competitive process ensuring quality and excellence for our patients.

Therefore, the primary purpose of merit awards has always been to encourage excellence, innovation, teaching, and research at the highest level of medical care so that all patients in Northern Ireland have the best possible healthcare under the NHS.



How did we get here?

In 2009-10 CEAs in Northern Ireland were ‘paused’ as part of the public sector pay freeze. Following the cessation of the pay freeze in 2012, applications for awards were opened in 2012/13 and 2013/14, but no new awards were granted. In 2014 a consultation was launched by the Minister for Health to determine whether awards should be made for these years. BMA responded indicating these awards should be restarted. However, as the Minister made the decision not to allocate new awards the scheme was essentially suspended.

An overview of the proposed new scheme

The proposed new reward scheme will also be a two-tiered award scheme with lower and higher awards but with the levels reduced from 12 to six with three levels in each tier. The award amounts have also been reduced and are no longer pensionable and are time limited.

The consultation document also asks [at Para 6.5] whether the new scheme should be expanded to other senior doctors. This is somewhat disingenuous, as our SAS colleagues when negotiating their 2021 new contract decided not to have an award scheme but to put all funding into the pay scales, equally. If this is to be extended to others, then the pay scales would need to be adjusted to release the funding for this to be extended.

Several of the key components of the proposed scheme are outlined below, along with our view on the proposals:

Scheme proposals	BMA NI View
Eligibility: consultants must be in permanent posts for three years before being able to apply	BMA NI would recommend that one year is appropriate
Ratios: this is the number of consultants who are eligible to apply. DoH are proposing that once the scheme is fully operational this will be 25%, making a ratio of 0.25.	BMA NI is recommending that this is at least 50% or a ratio of 0.5. We are of the view that CEAs can act as an incentive to attract and retain consultants in Northern Ireland and therefore should be open to as wide a group as possible.
<p>The awards will no longer be lifetime or pensionable and will be paid as an annual lump sum for each year the award is held</p> <p>There will be lower awards and higher awards:</p> <ul style="list-style-type: none"> • Lower awards – held for three years <ul style="list-style-type: none"> • Level 1 £5k, • Level 2 £10k • Level 3 £15k 	<p>These rates are based on the CEA scheme as it is currently operating in England.</p> <p>BMA NI will be asking the DDRB to include the rates of the CEAs in their recommendations on pay.</p> <p>Wales and Scotland have revised their schemes over the years, but all follow similar principles.</p>

<ul style="list-style-type: none"> • Higher awards – held for five years <ul style="list-style-type: none"> • Level 1 £20K • Level 2 £30k • Level 3 £40k 	
<p>Transition periods – current award holders: The DoH are proposing that once the scheme is fully operational, current award holders will cease to receive their award after 5 years.</p>	<p>BMA NI’s view is that the awards are contractual for current holders and cannot be changed unilaterally. Withdrawing these would constitute a breach of contract for these individuals.</p>

Funding

BMA NI’s view is that as CEAs were built into the initial pay scales, the money should be reinstated from 2009-10, the last time new awards were made. The intention was to have a dedicated CEA pot of money which would be recycled from those no longer in receipt of CEAs, for example those who have retired. This would enable new consultants to apply for an award. This has not happened, and we understand that the budget has been subsumed into Trusts/departmental overall budgets.

Getting access to accurate data is difficult, but BMA NI estimates that in 2009 –10, 50% (686) of the consultant workforce held either local or national CEAs an overall cost of £14 million to the Department.

We estimate that this would equate to an estimated cost of over £26 million in 2020-21. This means that many consultants are not being recognised or rewarded for demonstrating excellence in their field of medicine. Collectively consultants are missing out on £26 million of funding from their pay envelope.

We are disappointed that information on funding for the scheme has not been forthcoming; the consultation simply states, “The budget for the revised scheme will be determined by Ministers for the Department of Health and Department of Finance based on affordability,” and our view is this is not sufficient or acceptable. There needs to be greater transparency and reassurance that funding for a new scheme is guaranteed.

Promoting equality and diversity

As no new CEAs have been awarded since 2009-10, updated information on the equality characteristics of award holders is limited. What we do know from the report in 2009-10 was that:

- the average age for higher awards is 52, age is not recorded for the lower awards
- the gender composition has decreased to 6.9% (7.35%in 2008/09). Female consultants hold 24.2% of the lower awards. Women represent 28% of consultants.

- for community background for the higher awards, 11 declared that they were from the Protestant community and three from the Catholic community. For lower awards, 42.5% went to Protestants, 38.8% to Catholics and over 16% did not declare or their community background was not known.¹

The Department must monitor and publish data on applications for awards, but also those who are awarded CEAs. This will enable the Department and trusts to identify and target consultants to ensure equal application across the equality characteristics. In addition, positive action measures are available not only under Section 75 but also the anti-discrimination employment legislative provisions covering sex, race, disability, sexual orientation, religion and political opinion.

Next steps

It is important that individual consultants submit a personal response, even a few lines in support of the scheme and via email. If you have some personal experiences of applying for or are in receipt of an award but have been prevented from applying for a higher award your views will be extremely useful as well.

Providing a template letter will not work as the Department will be count these as a single response. Should we need to challenge this in the future we can point to the number of supportive responses received.

You can complete the online response form (<https://consultations2.nidirect.gov.uk/doh-1/consultation-on-reforming-the-northern-ireland-cli/consultation/intro/>) or just email your views to this address: ceaconsultation@health-ni.gov.uk

BMA NI will be submitting a response to the consultation. Our overall position would be that the proposed scheme will not reward excellence or be sufficiently enticing to encourage consultants to seek employment in Northern Ireland or stem the flow of members seeking to retire early or work elsewhere.

¹ DHSSPS (2010) Northern Ireland Clinical Excellence Awards Committee, Annual Report 2009/10