

**CONSULTATION ON THE NORTHERN IRELAND
CLINICAL EXCELLENCE AWARDS SCHEME
2012-2013 AND 2013-2014**

RESPONSE QUESTIONNAIRE

CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read Appendix 1 about the affect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: ceawards@dhsspsni.gov.uk

Written: Human Resources Directorate
DHSSPS
Room D1
Castle Buildings
Stormont Estate
Belfast, BT4 3SQ

Responses must be received no later than 5pm on Monday 16th February 2015.

I am responding: as an individual

on behalf of an organisation

Name: Dr AD Dwarakanath

Job Title: Secretary, Royal College of Physicians of Edinburgh

Organisation: This response is provided by the **Federation of the Royal Colleges of Physicians of the United Kingdom** (Royal College of Physicians of Edinburgh, Royal College of Physicians of London and the Royal College of Physicians and Surgeons of Glasgow).

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E-mail: s.collier@rcpe.ac.uk

Please indicate which option you wish to support by ticking the appropriate box.

Option 1

Option 2

Allocate **new** Clinical Excellence Awards
In the normal manner for the 2012/13
and 2013/14 years.

Allocate no **new** Clinical Excellence
Awards for the 2012/2013 and
2013/14 years.

You may, if you wish, give reasons to support your option.

The Federation of the Royal Colleges of Physicians of the United Kingdom welcomes this opportunity to contribute to the consultation on the future of Clinical Excellence Awards (CEAs) in Northern Ireland. The CEAs scheme was designed to recognise exceptional and often time consuming contribution to the health service. We believe that failure to continue the scheme may be a disincentive to clinicians, many of whom are working in excess of their contracted hours to provide patient care and contribute to service development, improvement and innovation both in a local, national and international context.

While awards continue in other parts of the UK the current position provides a reason for continued problems with recruitment in Northern Ireland. A generation of more recently appointed consultants have missed out on awards, given to their more senior colleagues locally, and their peers in other parts of the UK. This is an unfair inequity which needs to be addressed.

CEAs are essential to attract and retain top quality consultant staff to work in Northern Ireland. Within the province there are unfilled consultant posts in specialities which were previously oversubscribed, including cardiology, chest medicine and gastroenterology, including posts in teaching hospital and tertiary referral centres. Conversely there is now high consultant mobility, both from post to post within the province, and also by current consultants moving outside Northern, both to Great Britain and out with the UK. Medical students graduating in Great Britain, and postgraduate doctors training outside Northern Ireland rarely return to the province for consultants' posts.

It is not good practice to demotivate and alienate local consultants who may be tempted to look to other systems (in particular England, where the continued CEA award system results in significantly higher salaries, but also to the Republic of Ireland where salaries of hospital consultants are much higher in the public health system) where their efforts may be better rewarded. Other national changes to the health service including to pensions have already impacted negatively on consultant good will.

There has also been a move away from the previously agreed 7.5/2.5 PA consultant contracts in Northern Ireland. Although consultants are appointed on to 10 PA

contracts these are often 8/2 or 8.5/1.5 contracts, with the result that teaching, research and service management and innovation are often done outside normal service hours, and without remuneration for these activities. These are the areas which in the past have been criteria for CEAs.

The Department would also welcome your views on the following Human Rights and Equality questions.

Q1: If no new Clinical Excellence Awards are made in respect of 2012/13 and 2013/2014, is this likely to have an adverse impact on any group of people in terms of the nine equality dimensions?

Please tick

Yes No

If you answered “yes”, please state which group(s) and the reasons why:

Those traditionally less well represented as award holders – women, those with disabilities and ethnic minorities - will continue to be disadvantaged under the current arrangements. A fresh awards round offers the opportunity to correct some of these imbalances, as effort has been made to attract these groups into the consultant workforce.

As noted above, younger consultants are disadvantaged compared to their peers elsewhere in the UK, and to more senior colleagues who have received awards. As already discussed, those resident in Northern Ireland are at a disadvantage compared to those in other parts of the UK.

Q2: If no new Clinical Excellence awards are made in respect of 2012/13 and 2013/14, are you aware of any indication or evidence that this may have an adverse impact on equality of opportunity or good relations?

Please tick

Yes No

If you answered “yes”, please state the reasons why and suggest how these might be mitigated:

As indicated above, the loss of CEAs has and will continue to mean inequality of opportunity for younger consultants compared with their senior colleagues who received awards in the past, and their peers in other parts of the UK.

The document states that *'in the event that no new awards were to be made, this would enable any associated funding to be redirected to support provision of frontline service delivery'*. It does not indicate how any 'associated funding' would be redirected. It would be a concern if the funding was not redirected to increasing the consultant workforce to help with the provision of frontline care.

Q3: If no new Clinical Excellence awards are made in respect of 2012/13, and 2013/14; does this afford the opportunity to promote equality of opportunity and/or good relations?

Please tick

Yes No

Please outline your reasons:

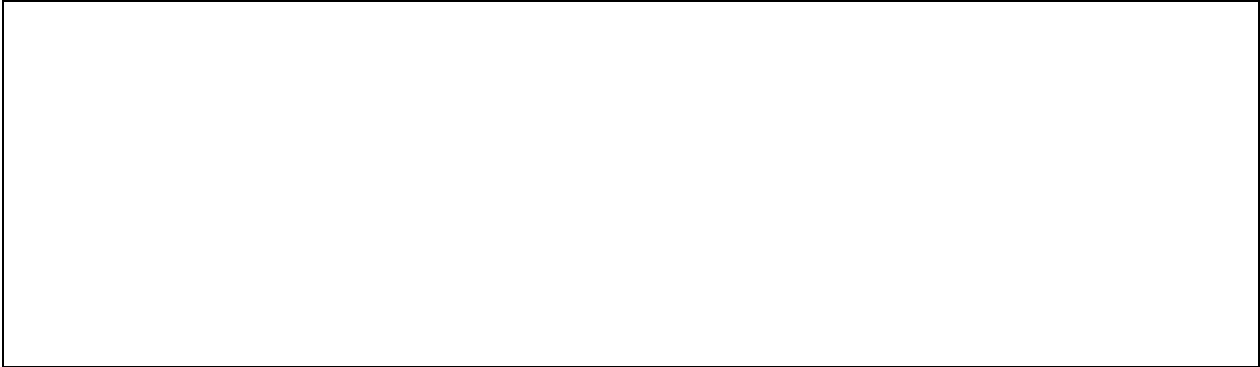
If there are no new awards then this could damage equality of opportunity both within Northern Ireland and in comparison to the rest of UK.

Q4: If no new Clinical Excellence awards are made in respect of 2012/13 and 2013/14, are any potential human rights violations likely to occur?

Please tick

Yes No

Please detail below:



Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at:

<http://www.informationcommissioner.gov.uk/>