

THE MINISTRY OF DEFENCE CLINICAL EXCELLENCE AWARDS SCHEME

Rules and Guidance for Applicants

2011 Round

May 2011



MINISTRY OF DEFENCE

**Headquarters
Surgeon General**

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Part 1: Introduction

About the MOD Clinical Excellence Awards Scheme

1.1 The MOD Clinical Excellence Awards Scheme rewards individuals who consistently perform 'over and above' the high standard already expected of a consultant or academic GP in their post, including their military role.

1.2 The awards are available at 4 levels; bronze, silver, gold and platinum, and are offered to those exceptional individuals who are able to demonstrate the following achievements locally, nationally and internationally:

- Demonstrate sustained commitment to patient care and wellbeing, or improving public health;
- Sustain high standards of both technical and clinical aspects of service whilst providing patient-focused care;
- In their day-to-day practice demonstrate a sustained commitment to the values and goals of the DMS, by participating actively in annual job planning, [observing the private practice Code of Conduct] and showing a commitment to achieving agreed service objectives;
- Through active participation in clinical governance contribute to continuous improvement in service organisation and delivery;
- Embrace the principles of evidence-based practice;
- Contribute to knowledge base through research and participate actively in research governance;
- Are recognised as excellent teachers and/or trainers and/or managers;
- Contribute to policy-making and planning in health and health care;
- Make an outstanding contribution to professional [and military] leadership;
- Contribute to demonstrable improvements in the field of military medicine.

Please note: consultants and academic GPs applying for awards are not expected to meet every objective; much will depend on the nature of each post.

1.3 The MOD CEA scheme is a national scheme offering 4 levels of award as outlined above. The MOD does not run a separate employer-based awards scheme, as is the case in the NHS, where there are a total of 12 levels of award¹.

¹ Levels 1-8 are awarded locally and Levels 10-12 (Silver, Gold and Platinum hereafter) are awarded nationally. Level 9 can be awarded locally or nationally (Bronze hereafter).

Important Changes in 2011

1.4 Whether or not you have applied for a CEA before, it is important you read the guidance and step by step guide (part 13) before completing your application. There have been some significant changes to the scheme this year, summarised as follows:

- All applicants must include a **copy of their job plan** with their application
- All applicants must include the last **10 years of their career history** on their application form (not a 5 year history as previously was the case)
- All applicants must include **dates relating to activities and outputs** in their application form
- If you are applying to renew or upgrade an existing CEA, you must fill in the **same application form** as for new applicants - there is no longer a different form to complete
- If an applicant exceeds the **word limit** on any domain, this information will not be considered.

This guide, all necessary application forms and guidance on providing supporting citations can be obtained on the Clinical Excellence Intranet site:

<http://defenceintranet.diiweb.r.mil.uk/DefenceIntranet/Library/CivilianAndJointService/BrowseDocumentCategories/Health/SecondaryHealthCare/ClinicalExcellenceAwardscea.htm>

Any queries should be directed to HQ Surgeon General (contact details at the end of this document).

Timeline for 2011 Scheme

1.5 If a consultant or academic GP believes they meet the criteria to apply for a Clinical Excellence Award, having read the assessment criteria contained in this guide, they need to complete an application form, stating which level they are applying for.

1.6 The application form must be completed, signed and sent with any external citations and a copy of their job plan to their Medical Director General by Friday 29th July 2011. Any applications received after this date will not be accepted. The Medical Director General will then verify the form, and send to the committee for consideration.

1.7 The MOD CEA committee will score all application forms (not the job plan or citations) and take the final decisions on which DMS consultants will receive awards. Details of the committee can be found in part 15.

1.8 All applicants will be notified of the outcome of their application in December 2011.

Part 2: Eligibility

Who can apply for an award?

2.1 Individuals can apply for a MOD Clinical Excellence Award if they are a serving Regular member of the Armed Forces or a MOD civilian and:

a) A **fully-registered medical practitioner**, who is included on the specialist register of the GMC, been appointed as a consultant and who has at least one year's experience at consultant level on 1 April in the award year, holding a medical or dental qualification. This includes consultants serving as clinical teachers, researchers or academics within the DMS.

b) An **academic general practitioner (GP)** holding a substantive post as a clinical academic at the equivalent of senior lecturer level or above, with a higher education institute and/or the Medical Research Council. Individuals will only be eligible if their single Service Medical Director General or the Defence Post-Graduate Medical Dean considers that their duties and responsibilities equal those of consultant clinical academic staff.

Academic general practitioners can apply for awards, provided they:

- > are registered;
- > work at least half their hours as an academic GP;
- > are a practising clinician providing some direct DMS [or NHS/both] services;
- > undertake at least five programmed activities or equivalent session time that benefits the DMS [or NHS/both], including teaching and clinical research.

c) A **consultant or academic GP employed as the Defence Postgraduate Medical Dean**

d) A **consultant or academic GP employed as the Medical Director Joint Medical Command.**

e) A **consultant serving in command of medical units** retains eligibility for CEAs, account being taken of their clinical work and of their contribution as commanders.

f) A **consultant almost exclusively in medical management**, may remain eligible for awards provided that they have an active consultant contract to ensure you continue to remain clinically current in your specialty.

2.2 In order to qualify for an award, applicants must have been employed in the DMS on the 1 April in the award round year. The award will be backdated to 1 April.

Annual appraisal process

2.3 Eligibility for a CEA is dependent on participation in the annual appraisal process. The Medical Director General citations will be required to indicate that appraisal has been undertaken within the 12 months leading up to the nomination. The MODCEAC will not be seeking information about the appraisal itself. If for any reason, an appraisal has not taken place in the last 12 months,

individuals should explain the importance of this to their Commanding Officer/Medical or Clinical Director – who if required must explain to the MOD CEA why that individual has not had an appraisal in that time.

Consultants and academic GPs nearing retirement

2.4 Clinical Excellence Awards ensure that distinguished and experienced consultants are properly recognised and rewarded while continuing to work for the DMS. While there is no upper age limit for applications, MODCEAC aims to reward continuing, sustained contributions, and so does not expect applications from consultants or academic GPs intending to retire in the near future.

Who is not eligible to apply for MOD awards?

2.5 Consultants serving in full-time general management posts or staff appointments and who do not undertake work in their specialty as a consultant or General Practitioner as part of their duties are not eligible for CEAs.

2.6 Consultants at 2* rank and above are not eligible to apply for a new award. However, consultants who are already in receipt of an award and are subsequently promoted to 2* rank will continue to receive their award until the normal 5 year review point, at which time their award will cease and their pay will mark time as explained in the FAQ section in part 14.

2.7 Consultants who move out of medical management into general management without a specific clinical leadership role are not eligible for clinical excellence awards.

2.8 members of the Reserve Forces or locums are not eligible to apply for an MOD CEA.

Which Scheme are members of the Reserve Forces eligible for?

2.9 Service in the Reserve Forces can be used in applications for the NHS CEA scheme, either employer based or National. ACCEA (Advisory Committee on Clinical Excellence Awards) fully supports and recognises contributions by NHS Consultants and Academic GPs to medical and dental Service in the Reserve Forces. (See part 15 for ACCEA contact details).

2.10 There is no special domain for providing evidence in the military environment within the NHS application forms. The reservist should present their military environment evidence in the domains set out in the ACCEA guidance for national awards, or those of the Primary Care Trusts (PCTs) for employer-based awards. For example if an individual has undertaken research in the military environment and had a publication reviewed by their peers, evidence could be entered under the domain heading of 'research and innovation'. This is because it is the clinical/medical aspects that are being considered in a military context.

2.11 It is for each NHS PCT to decide the weight applied to a reservist's military contribution whilst mobilised; the reservist should consult with their PCT

for any scoring advice. Of course this is the same with all evidence submitted, some PCTs may place more weight on certain evidence, and other PCTs may not. Applications for a national award are covered by the ACCEA guide

2.12 Applicants who are members of the Reserve Forces are encouraged to seek a citation via their Commanding Officer. Individuals should ensure that they provide sufficient time to allow their CO to complete a citation, and to submit to the appropriate single Service Medical Director General or the Director of Defence Dental Services, to meet ACCEA's closing dates.

Who is not eligible to apply for NHS awards?

2.13 Regular or MOD civilian consultants and academic GPs are not eligible to apply for NHS national or employer-based CEAs even when embedded in NHS Primary Care, secondary care or acute trusts.

Part 3: The application process

Making an application

3.1 Completed application forms must be sent (in MS Word or PDF format preferably) to the appropriate MDG, with all signed and scanned citations (see part 15 for contact details) and a completed equalities monitoring form by the deadline of Friday 29th July 2011. Anything received after this date will not be accepted. Only this year's form will be accepted – older versions will not be accepted.

3.2 HQ SG will collate all applications for scoring by the committee. However, sole responsibility for ensuring that all paperwork is fully completed and signed rests with the applicant.

Job Plan

3.3 You must include a copy of your job plan with your application form. The job plan will not be 'scored', but may be used by assessors to corroborate evidence stated by applicants in the main body of the application form. (this is a new requirement for 2011).

Supporting Citations

3.4 Individuals must provide a citation from their Medical Director General or Director, Defence Dental Services. Any factors such as ongoing Service or personal circumstances will be considered by the MDG before a citation is provided for the MODCEAC.

3.5 In addition, individuals are strongly advised to provide an independent citation in support of their application, using MODCEA Form F. Applicants may submit up to three citations from an individual, university or professional body to support their application; sources of support include:

- A fellow consultant
- Associate Dean
- Chairman of the DMS Specialty Board in his/her specialty
- Universities and research institutes
- A Royal College or Faculty formally recognised as a member of the Academy of Medical Royal Colleges
- Chief Executive or Medical Director of their parent NHS Trust
- Specialist societies and other bodies such as the BMA or BDA.

3.6 Individuals are advised that additional weight will be given to their application when they are supported by a Royal College, Chief Executive or Medical Director. However, only the evidence contained in the application or renewal form will be assessed and scored by the committee: a citation should not be seen to replace in any way, the information that the applicant must outline in their application.

3.7 It is important that any citations provided in support of applicants are correctly completed and signed, and where appropriate, countersigned. If citations are not signed, they will not be included for consideration by the MODCEA committee.

3.8 Separate supporting citations from different individuals or bodies must not share identical wording. Such practice adds no value whatsoever and any such duplicate citation will be ignored.

Disciplinary or professional proceedings

3.9 Applicants must inform HQ SG separate to the application form, or at any time after it has been submitted, if they are subject to any disciplinary or professional proceedings. The Surgeon General will inform other members of the MODCEAC of any such proceedings that are underway, only in the event that that individual is provisionally awarded a MODCEA. The MODCEAC will then await the eventual outcome of any proceedings prior to formally offering the individual an award so that any appropriate action may be taken promptly and in consultation with the MDG and the applicant.

Part 4: The decision-making process

The Preliminary Stage

4.1 All completed applications are sent by HQ SG to all members of the preliminary MODCEA committee, who will first score each application in strict accordance with the 'Assessors Guide' (form B). The committee meet to discuss each candidate based on the aggregate scores achieved. Applications that are not deemed by the preliminary committee to meet the criteria will be discounted at this stage. The committee will also consider and discuss any individuals whose awards are recommended for downgrade, withdrawal or mark-time withdrawal. All committee discussions are strictly confidential.

4.2 The outcome of the preliminary meeting will be a prioritised list of recommendations for award, to be taken forward to the final MODCEA committee meeting. It will also include a list of recommendations on any withdrawals or downgrades, and HQ SG will write to these individuals to summarise the initial recommendation by the committee, offering them the opportunity to make a written submission for the consideration of the full MODCEA committee meeting.

The final stage

4.3 The final MODCEA committee will discuss the recommendations on the priority list compiled at the preliminary meeting, as well as any recommendations for withdrawal/downgrade/mark-time withdrawal and agree the final list of awards for the 2011 awards round.

4.4 As part of the quality assurance process, the final MODCEAC may ask to see those applications from the preliminary meeting that were not deemed to meet the criteria. In addition, checks may be made to see if an individual is being investigated by the GMC/GDC before a final committee decision.

Notification of awards

4.5 After the final selection meeting, the Surgeon General will write to all applicants. If applicants wish to receive feedback on their application, they can ask their MDG. If applicants wish to appeal the decision, they can do so (see part 9).

4.6 HQ SG will advise the Director of Civilian Personnel to notify them of awards within their Service/area.

4.7 The list of applicants granted awards in the most recent application round is also published on the Surgeon General's Intranet site (see part 15 for link)

Part 5: Assessment Criteria

Applicants are assessed over 8 domains, as well as being asked to provide a personal statement, and include their job plan.

Introduction: How are applications assessed?

5.1 Applications are assessed based on achievements across 8 domains. The domains should be used to draw attention to the most important examples of the applicant's local, national or international work. For award holders applying for a higher level, the information provided must emphasise achievements since the previous award was granted –It is important that applicants should:

- a) Show how their work has delivered demonstrable outcomes, state what those outcomes are, and how they have contributed to the continued progress in clinical excellence in the Defence Medical Services and/or in the NHS.
- b) Refer to their most recent and specific achievements, and give dates and external evidence to back this up, rather than citing overall developments over a career
- c) Not rely on supporting citations to show examples of their work as the committee are not able to score against citations; citations will only be used to corroborate the applicant's evidence, and
- d) Ensure that evidence is included in the relevant domain, as assessors cannot consider evidence from other domains.

CEAs are designed for individuals who are performing **over and above** the level normally expected of a consultant or academic GP in their role. However, it is understood by assessors that achievements depend on the nature and type of post, and that it is not always possible to perform over and above in every domain.

What is the MOD CEA Committee looking for?

5.2 Applicants should remember that assessors evaluate the evidence submitted not the reputation of the applicant. Work cannot be assessed unless it is included in the application form.

5.3 MODCEAC puts particular weight on objective markers of excellence especially where they constitute independent benchmarks against which applicants' can be judged. Not all specialties have such benchmarks but remember to include them where available.

5.4 Listing posts rather than achievements in the posts make it very hard for assessor to give credit for contributions. Therefore, it is important that applicants set out clearly what they have achieved, and more specifically, the elements they have been responsible for, with evidence that these have been of high quality and benefit.

5.5 Applicants must include dates, otherwise it is difficult for assessors to identify when their achievement occurred.

Scoring

5.6 Domains are scored by the MODCEAC using the following ratings:

Rating	Score
Demonstrating an exceptional level of work over contractual commitment	10
Over and above contractual commitment	6
Meets contractual commitment	2
Has made no assessable commitment	0

5.7 Specific guidance on scoring is provided to assessors – see the MODCEA ‘Guide for Assessors’ (form B) for more information.

The Personal Statement

5.8 The personal statement section sets the scene for the assessors. Individuals should give four points summarising their case for an award, focusing on their most significant achievements and most important examples of their work (word limit of 150 words).

5.9 Personal statements are not scored by assessors.

Domain Guidance

5.10 For the benefit of applicants, some examples are provided below for each domain – these are extracted from, or adapted from actual answers provided by successful candidates for MOD CEAs from previous years. Answers provided should be put into context and more specific detail provided than the examples given below.

Domain 1- Commitment to achieving agreed objectives – Max 200 Words

Applicants should provide evidence of how they have achieved their objectives and indicate the level of difficulty.

Applicants should summarise both their Service and NHS objectives, with programmed or other activities relevant to NHS, as agreed with their employer. They should include a short summary of their working week for each post held, e.g. consultant surgeon, clinical director, senior lecturer, or specialist society officer (this is not a comprehensive list) and whether this work is paid or unpaid.

Under the ‘evidence of achievement’ column, the applicant is required to articulate clear outcomes from their objectives, and to highlight any extra effort that was required to achieve the objectives, the extra pressures placed on the role and the individual, and new methods introduced to enhance working methods. Give any evidence of the quality and quantity of service, such as arises out of audit or assessment by patients, peers or outside bodies.

Examples

"In May 2010, I organised a national audit on the quality of preoperative records against national standards. I supervise 3 students for higher medical degrees".

"As a clinical scientist I do two sessions in the operating theatre, a teaching ward round and clinical research in five hospitals with 24 hour responsibility for the patients on my clinical trials"

"For 7 years I have regularly exceeded my consultant post commitment in order to provide out of hours interventional care for emergencies on a 1:2 basis"

"An audit carried out in March 2011 by the local health authority found the following evidence of overachievement of objectives: [relevant quote from audit document]".

Domain 2 - Clinical governance and improvement in service organisation and delivery

Applicant's evidence should show how they have significantly enhanced clinical effectiveness (quality assured, safety and cost effectiveness) of their local service(s) or related clinical service widely within the NHS or DMS.

Audit or research evidence should be given showing the improvements to effective clinical outcomes; these audits or research need not have carried out by the applicant. Applicants should indicate the elements they have been responsible for, either alone or in a team, with evidence that these have been of high quality and benefit.

This could, for example, cover information about the following:

- developing and completing relevant audit cycles leading to demonstrable service improvements;
- developing and/or applying tools to determine barriers to clinical effectiveness and their resolution;
- analysis and management of risk; this may include examples of specific improvements, reduced risk or enhanced safety;
- improved service delivery, with a demonstrable effect (for example, how has the service become more patient-centred and accessible);
- innovation in service delivery, with a demonstrable effect (Is there evidence of improved outcomes or the introduction of major prevention, diagnosis, treatment innovations or care models?);
- development of new health or healthcare plans or policies;
- major reviews, inquiries or investigations;
- national policies to modernise health services or professional practice;
- exemplary standards in dealing with patients, relatives and all grades of medical and other staff - this may include reference to validated patient or carer surveys or feedback on the service.

Examples

“In June 2009, I initiated an audit on waiting times for xxx treatment which demonstrated the existing service did not meet DMS standards. This evidence was used to implement an improved service, and led to an improvement of xx percent in rehabilitation times by June 2011”.

“I play a leading role in the regions’ general surgery service; training fellow consultants, developing an educational programme for specialist registrars and auditing the impact of xxx specific treatment I developed. This has resulted in mortality figures for this treatment below the national average”.

“I was invited to become an expert panel member on a joint NHS/DMS and pan-government panel on influenza”.

Domain 3 – Principles in evidence based practice

Applicants should use this section to briefly outline how they have applied evidence based practice to improve patient care

This could, for example, cover information about the following:

- Evidence of research carried out on a specific issue, which is then developed and leads to better patient care
- Examples of applying strategies to implement evidence based practice with demonstrable evidence of take up;
- Information on published work where outcomes from evidence based practice have led to changes in ways of working
- Excellence in the delivery of professional commitments - this may include reference to validated performance or outcome data (ideally presented in comparative terms), reference to external or peer review reports assessing the quality of the consultant's service, or the demonstrated usage of evidence-based practice.

Examples

"I undertake clinical duties at a GP training practice. In 2009 for Education & Training the practice was rated as being 4% above the average in England".

"I implemented xxx procedure on deployment in Afghanistan in Jan 2008: evidence published by xxx showed the effectiveness of, and surgical need for this procedure, and in 2010, it was introduced in the UK".

"xxx project – Jan 2010" - an analysis of published cases, UK military experience and UK trauma data and comparison with NHS management guidelines; joint work between DMS and professional society in this area led to changes in pre-deployment training from Jan 2011 onwards".

"I have developed 3 new surgical techniques based on research carried out [insert title, dates, and summary of research] – these have been validated by audit and patient satisfaction surveys in improving outcomes".

Domain 4 – Contribution to the knowledge base through research

Applicants should start this section of the form by outlining their research aims and activity in one sentence – for example “*my research is clinically orientated and addresses problems arising due to chronic pulmonary disease.*”

For some applicants, research will form a major part of the contribution that they make to the NHS or DMS that is “over and above” what would be normally expected of them and they may wish to state that this is their focus.

Applicants must then detail their achievements to date with supporting evidence, such as:

- peer-reviewed publications, chapters or books written/edited – please indicate editorial activity;
- grants held;
- other markers of standing in chosen research field(s) such as office bearer of learned societies or visiting professorships;
- significant participation in multi-centre research studies, for example high levels of recruitment to clinical trials;
- contribution to the research and supervision of others;
- actual or potential impact of the research on health service practice, health service policy or on the development of health services;
- new techniques or service models developed and which have been adopted by others.

Examples

“My research is focused on primary health care delivered at the front line of operations. Results from research carried out in 2008-10 to review the training needs of medical officers providing this care has been published as follows: *“Primary healthcare at the Frontline; British Medical Journal: Volume 1, Number 1, Jan 2012.” A. Smith (Ed).*

“I have contributed significantly to the area of public health through the following list of peer-reviewed and external publications [insert relevant list of publications, titles and dates]

“Joint research and trials carried out with UCL and the MDHU into xxx surgical techniques in Apr 09 – Mar 10 has led to new adaption of new practices [include reference to published work]”

Domain 5 – Recognition as exceptional teacher or trainer or manager

Applicants should use this section to show the high teaching standards they have reached, using examples of innovation in teaching, student feedback evidence, or in wider contributions to the profession of teaching.

Teaching and training are an important aspect of a consultant's career, and the development of junior colleagues is assumed by MODCEAC to be a part of the ordinary consultant role. For some applicants, teaching and training will form a major part of the contribution that they make to the NHS or DMS that is "over and above" what would be normally expected of them and they may wish to state that this is their focus.

Evidence of excellence should focus on some examples of the following, but does not have to include all areas mentioned below:

- **Quality of teaching** - medical undergraduate or postgraduate teaching, evidence of student feedback and other forms of teacher quality assessment that show student's views. Also could include institutional success in regulatory body or quality assessment audits of teaching in which you have played a key role. This could include examinations or supervision of students.
- **Leadership and innovation in teaching** – developing new courses, textbooks or other teaching media, introducing new learning facilities or assessment methods, contributing to teaching in other UK centres or abroad
- **Scholarship, evaluation and research contributing to national or international leadership in the educational domain** – lecture invitations, presentations, peer-reviewed and other publications on educational matters, contribution to education of other health & social care professions
- **Evidence of personal commitment to developing teaching skills** – Higher Education Academy membership, courses completed etc.
- **Evidence of unusual teaching and educational commitment** and workload not recognised in other ways.
- **Involvement with the wider Armed Forces leading to increased awareness, prevention and management of disease/injury.**

Examples

"I have delivered the following national and international lectures on my area of expertise: [state dates and lecture titles]"

"I have developed a new training programme for the supervisors of General Duties Medical Officers. This significantly helps manage the risk of employing doctors in roles for which they are not experienced" [state dates and novel elements of training]

"I have 10 hours student contact hours per week. In 2010, my teaching was rated an average of 4.5 out of 5 in student feedback".

Domain 6 – Contribution to policy making and planning in healthcare

Applicants should present evidence of the ways in which they have made a substantial personal contribution in national or international (including NATO or other international military organisation) health policy development or planning.

Information in support could cover for example:

- development of new policies or plans for health or health care;
- major reviews, inquiries or investigations;
- Armed Forces/national/international (including NATO or other international military organisation) policies aimed at modernising health services or professional practice.
- For each post give, in one sentence, evidence of any outstanding contributions that you have made.
- Evidence of contribution to a national or international board or advisory body (although membership itself is recognised as a marker of high professional status, details of contribution should still be included by applicants)

Examples

“In May of 2009 I drafted and submitted protocols on xxx to be introduced locally on operations and also for acceptance as formal standard operating instructions across all three single Services. These protocols were adapted in Dec 2009, and have clarified roles and led to better understanding on this issue”.

“In 2008 I completed a strategic review of services at the trust and have worked with the board to deliver a comprehensive new package of services enabling the trust to become a lead centre for xxx speciality”.

“In August 2010 I was asked to join a DH advisory group at short notice to look at national vulnerabilities in particular specialties – I brought recent operational experience of planning in this area to the group”

Domain 7: Contribution to improvement in military medicine

Applicants should focus on presenting evidence of achievements in the field of military medicine at Unit, Service, Armed Forces, national or international² level not covered in the first six domains which are over and above what would normally be expected in their post.

This should not simply consist of a list of operational deployments as these are considered to be an integral part of the DMS role.

Applicants must ensure they do not breach any security regulations when presenting evidence of their military experience. Should an applicant feel that their application is unduly compromised by virtue of the security constraints, they should bring this to the attention of their chain of command.

Applicants should present evidence of their achievements in the field of military medicine, for example:

- clinical improvement
- operational improvements
- development of advances in care

Examples

“On deployment in 2008, I developed a number of protocols around xx which have now been adapted”. This contribution has made a lasting and measurable contribution to the survival of a number of military casualties”. [state protocols, outcomes and impact].

“I focus on the training of and support for Junior Medical Officers on deployment in the DMS – contributions to this have included the introduction of new deployment-focused training modules for all medical officers [include dates and examples of adoption] – I have also lectured at national conferences on this area of work in 2008 (BMA Training conference), 2009 (NATO International Medical Conference)”.

“I re-established the need for all military secondary care clinicians to update in xx pre deployment, and established a course to meet this need. Since introduced in 2010, xx clinicians have now received training in this area”.

“I was a senior contributor to the 2010 BATLS manual, which forms the basis for military pre-hospital care, and has contributed to the increase in military survival rates”.

² Including NATO or other international military organisations

Domain 8 - Leadership

In this domain, applicants should provide evidence of their leadership skills, both military and clinical, where they have managed and led a team to success; highlight the way in which success was achieved. They must show how they have distinguished themselves as an effective leader above and beyond competent standards expected by the DMS.

Information in support could cover for example:

- excellence in leadership of the team for which the consultant has sole, rotational or shared responsibility;
- leadership role in relation to clinical governance;
- coaching or mentoring others encouraging them to develop broader skills;
- creating an environment which gives others the freedom to contribute and deliver.

Examples

“From my appointment in 2006, I improved manning in my speciality by xx %. I improved communication within the cadre through regular meetings, I involved consultants with developing speciality equipment modules and organising clinics”.

“My experience in publishing research and reports has enabled me to mentor and support others in my team to do the same; this has led to 5 of them publishing articles”.

“I was appointed Clinical Director for XX in 2009 – this involved leadership of a large team, conducting civilian & military appraisals, and taking responsibility for the readiness of personnel and equipment for operations. I received positive feedback in appraisal and from the team”.

Part 6: Change in circumstances

6.1 The following changes to individuals' circumstances may affect the payment of their Clinical Excellence Award or Distinction Award. It is the individual's responsibility to inform HQ SG as soon as possible.

Change in specialty

6.2 If an award-holder ceases to practice in the specialty for which the award was granted, the circumstances of the case will be subject to review by the Surgeon General and, if he considers that there may be grounds to question the continuation of the award, by the MODCEAC.

Working in general management

6.3 In the case of a consultant who ceases to practice in the specialty for which the award was granted and moves into a full or part-time general management post, the arrangements for protecting the full monetary value of any award held will be a matter for prior discussion and agreement between the Surgeon General and the award holder.

6.4 Where an award holder returns to clinical work after a period in a full-time general management position, the award may be reinstated provided the award holder returns to a similar post in the same specialty. However, if an award holder undertakes full time general management for a period in excess of one year, the question of the continuation of the award will be subject to review by the Surgeon General and, if he considers that there may be grounds to question the reinstatement of the award, by the MODCEAC.

Unpaid leave

6.5 The payment of an award shall cease during any period of unpaid leave. If the leave is for a period in excess of 1 year, the question of the reinstatement of the award will be subject to review by the Surgeon General and, if he considers that there may be grounds to question the reinstatement of the award, by the MODCEAC.

Exchange appointments

6.6 If an award holder is posted to an exchange appointment, he or she will be eligible for consideration for an award during the period of the exchange, subject to meeting the conditions for an award in the usual way. Any existing award may continue for the duration of an exchange, subject to the usual conditions, including the normal 5 year review.

Prolonged absence from the DMS

6.7 In the case of award holders who have not practiced their specialty within the DMS for a period in excess of 1 year, the question of the reinstatement of the award will be subject to review by the Surgeon General and, if he considers that there may be grounds to question the reinstatement of the award, by the MODCEAC.

Leaving the DMS during an award round

6.8 Payment for MOD CEA awards is backdated to 1 April of that awards year.

6.10 No new or increased award can be granted in the 2011 round if a consultant's employment in the DMS ends before 1 April 2011.

6.11 Consultants sometimes leave the DMS before the awards round is completed. Individuals who submit a completed application by the closing date and are still in their DMS post on 1 April are eligible to apply. If successful, the award will be backdated to 1 April and payable until the date of leaving DMS.

Effect of retirement on Clinical Excellence Awards

6.12 On retirement, awards cease. Consultants who are re-employed after retirement do not retain eligibility for payment of their award.

Extensions of service beyond normal retirement date

6.13 Award-holding consultants who continue to serve in the DMS beyond their normal retirement date in a consultant post in the same specialty, and continue to meet the criteria for holding an award, may continue to be paid their award where this is agreed by the Surgeon General in consultation with the other members of MODCEAC. This is subject to the provision that, where the award has been held for 4 years or longer, its renewal must have been agreed by the MODCEAC under the 5 year review provisions. Payment of an award may continue to the maximum age of 70 subject to the award being confirmed at 5 year intervals.

Part 7: Applying for higher level awards

Existing CEA holders

7.1 Individuals who already hold a CEA can apply for a higher level of CEA. Any new award would replace an existing one, not be held in addition (e.g. if an individual has a bronze award, and successfully applies for a silver award, they would get the value of the silver award – not the combined total of both). The same application form is used for both new awards and higher levels.

7.2 The guidelines for applying for a higher level award are as follows:

Level already held:	Level that can be applied for:
No award	Bronze Award
Bronze Award	Silver Award
Silver Award	Gold Award
Gold Award or an A Distinction Award ³	Platinum Award
B Distinction Award	Either a Silver or Gold Award ⁴

Distinction Award holders

7.3 Individuals who already hold a Distinction Award⁵ are eligible to apply for a CEA. If they are successful, they will no longer receive payment from any previous award.

Applying for review *and* higher level awards

7.4 Individuals who are due for review of a CEA and also wish to apply for a higher level CEA will be considered for the higher award first, and if that application fails, will then be considered for review at their existing level. Holders of a Distinction Award who apply for a higher level CEA and are also due for a review must again complete the application form, and will be considered in the same way.

7.5 It is important that for an application at a higher award level to succeed, the evidence submitted must date from the most recent 5 year period relating to the review period, not over a career. It must also demonstrate performance of a higher level than previously shown.

³ In some cases the MODCEAC may decide that an individual holding an 'A' distinction award should receive a Gold CEA rather than a Platinum CEA.

⁴ Individuals who hold a B Distinction Award may apply for either a Silver or Gold Award. The normal progression would be from B to Silver. Individuals who are considering applications for a Gold Award are encouraged to discuss the appropriate level with their Medical Director General.

⁵ The Distinction Awards/Discretionary Points Awards systems preceded the introduction of the MOD Clinical Excellence Awards

Part 8: Review and withdrawal of existing awards

Reviews of CEAs

8.1 MOD Clinical Excellence Awards and Distinction Award are subject to review every 5 years. All award holders must submit a review application every 5 years. HQ SG will endeavour to notify individuals to remind them when their review is due. **However, it is the individual's responsibility to ensure that their review application is submitted at the correct time.**

8.2 The review is undertaken in the fourth year of receipt (or renewal) of an award so that any decision to withdraw or downgrade an award can be put into effect five years from the date on which the award was first paid or last reviewed. For example, the review of those awarded a CEA in 2005 took place in the 2009 awards round.

8.3 The five-year review ensures that MODCEAC only rewards individuals who continue to meet the performance standards required. In reaching a view on renewals, MODCEAC also consider any adverse findings from complaints, disciplinary or professional proceedings. Awards can be reviewed at any other time

Applying for review of an existing CEA or Distinction Award

8.4 To apply to review a CEA or Distinction Award, applicants must complete the standard application form (the same form as for new applicants) setting out how they meet the criteria for holding an award at the appropriate level. When applying for renewal individuals should demonstrate, by reference to any **achievements since the original award or last review**, how they continue to meet the criteria for the Scheme.

8.5 Award holders should focus on activity and outcomes within the five-year period leading up to the review, only including information on earlier activity to demonstrate how their contributions have evolved. Then they must follow the same process of providing citations and a supporting citation from their MDG as for new applicants.

8.6 MDGs have a duty to inform the Surgeon General who will inform the MODCEAC Chairman and consult other whether any action should be taken if issues around performance have been raised during the last 5 year period. This can take place at any time during the 5 year cycle and is not restricted to the year in which review is due.

8.7 Following consideration by the MODCEAC at the final meeting of all applications for renewal of awards, the Surgeon General will write to individuals to inform them of the outcome of their review.

Can award holders apply for a review of their existing award *and* a higher award?

8.8 Yes – see Part 7 for how to apply for a higher award.

What happens if a review is unsuccessful?

8.9 If, following a review, it is considered that the award holder no longer merits an award, MODCEAC can withdraw or downgrade it. Before such cases are considered by the MODCEAC, the HQ SG will explain the reasons to the award holder and provide them with an opportunity to make a written submission. MODCEAC will then make a final decision.

How will the withdrawal of an award affect salary?

8.10 There is a system of salary protection for awards that are downgraded or withdrawn. The financial value of the former award will be frozen until the individual's basic pay (plus the value of any lower award if the original award was downgraded) has caught up with their mark-time earnings.

8.11 In exceptional circumstances MODCEAC may completely withdraw an award and its financial component. 'Exceptional circumstances' include, but are not limited to: those individuals erased from the GMC register, individuals who have been subject to disciplinary action by the GMC or GDC, or by their single Service.

What if the individual is expected to retire soon after a review?

8.12 If an award holder's expected retirement date follows the five-year review limit by only a short period (up to six months), MODCEAC may use its discretion to renew the award until that date, even if this results in an extension slightly beyond the limit.

Part 9: Appeals

Grounds for an appeal

9.1 Any formal complaint about the procedures leading to award of MOD CEAs is taken extremely seriously by HQ Surgeon General.

9.2 Where procedures have not been followed, or there is evidence of the process not being objective, applicants may appeal for a review. The following would be considered grounds for an appeal:

- The relevant committee did not consider material duly submitted to support an application (i.e. application and citations).
- Extraneous factors or material were taken into account.
- Unlawful discrimination based on, for example, gender, ethnicity, age, service.
- Established evaluation processes were not followed correctly.
- Bias or conflict of interest on the part of a committee.

9.3 Applicants cannot appeal because they disagree with the collective judgement of MODCEAC. The type of issue that would not give grounds for appeal is:

- To appeal against the fact that the substance of the application was judged insufficiently strong to merit an award in the absence of reason to believe that there were such procedural failings.

The Appeals process

9.4 Any appeal must be lodged within four weeks of the award winners being announced.

9.5 The appeals process operates as follows:

- All applicants will receive a letter from the Surgeon General following the application process to advise them of the outcome – this will advise applicants that they have the right to appeal the decision. They then have 4 weeks from the date of the letter to write to the Chair of the MODCEA to present an appeal outlining their reasons for believing the decision-making process was flawed
- All appeals will then be investigated by the Chair in consultation with the Surgeon General, who will assess whether or not the individual's application has been dealt with fairly and in accordance with the rules of the CEA system. If having investigated, they believe there is no case to answer, they will write to the individual, who then has the opportunity to make further representations in writing if they wish.
- If, however, they believe there are grounds for looking more closely into an appeal a sub-committee (from the main MODCEAC) will be asked to come together to assess the appeal and make a decision which they will then report to the individual. The sub-committee will usually proceed on

the basis of the paperwork, without hearing oral evidence or representations. However, the chair will consider any written applications for an oral hearing by the individual.

- If the sub-committee decides to uphold the individual's appeal, they will determine what action follows on a case by case basis. If the panel is not able to suggest a specific resolution, the full MODCEAC will be asked to re-assess the individual's application and to take a decision.

Part 10: Pensionability and Transfers

Pensionability

10.1 A CEA awarded to a military consultant or academic GMP is not pensionable under the Armed Forces Pension Scheme 1975 or 2005. However, a CEA awarded to a civilian consultant or academic general medical practitioner can be pensionable provided the individual is a member of the NHS Pension Scheme⁶. CEAs awarded to individuals who are members of the Principal Civil Service Pension Scheme (this applies to the 1972, 2002 and 2007 sections) are not pensionable.

Transfers - general

10.2 It was originally intended that NHS and DMS CEAs would be transferable between the two services. However, given the non-pensionability of the DMS awards, it has been agreed with the Department of Health that there should be no automatic transferability of awards between the DMS and the NHS.

Transfers from the NHS to the DMS

10.3 Individuals can apply to transfer their awards across from the NHS; any application will be assessed on a case by case basis by the Surgeon General. An applicant holding a CEA who wishes to join the MOD as a military consultant should submit an application for a CEA to SG to be considered out of committee. The award of an MOD CEA would be subject to the individual meeting the appropriate criteria and the availability of awards. Any award transferred into the DMS will become non-pensionable if joining as a military consultant, but pensionable if joining as a MOD civilian consultant providing they are a member of the NHSPS.

Transfers from the DMS to the NHS

10.4 Individuals can apply to transfer their awards across from the DMS; however, the application will be assessed on a case by case basis by ACCEA.

Transfer from military consultant to MOD civilian consultant

10.5 Consultants will only be allowed to retain their award if their move from military to civilian consultant within the DMS is seamless (i.e. they applied for the civilian post whilst still in the military employ). The consultant will continue to receive the award until the normal 5 year review point at which point they will have to justify renewal of the award on the basis of achievements since being employed as a civilian consultant. The award will become pensionable, from the date of employment as a civilian, provided that the individual joins the NHSPS.

Transfer from MOD civilian consultant to military consultant

10.6 Consultants will only be allowed to retain their award if their move from civilian to military consultant within the DMS is seamless (i.e. they applied for the military post whilst still in the civilian employ). The consultant will continue to receive the award until the normal 5 year review point at which point they will have to justify renewal of the award on the basis of achievements since being employed as a military consultant. On joining the Armed Forces the individual would become a member of the AFPS 2005, and therefore the award will become non-pensionable, from the date of employment as a military consultant.

⁶ The Civilian Consultants T&C advises at Schedule 14, Pension arrangements, that enhancements to basic salary by way of any discretionary points, distinction awards or clinical excellence awards will be pensionable in the NHSPS.

Part 11: MDG Citations – how to complete

11.1 You **must** provide a supporting citation from your Medical Director General, Director Dental Services, or equivalent⁷ when applying for a CEA. This includes renewals as well as new applications.

11.2 Great attention is paid to the MDG's citation since this is the formal statement of their view of the merits of an applicant. It will be used to corroborate the applicant's evidence. It is essential that any factors such as ongoing Service or personal difficulties are assessed by the MDG before a citation is provided for the MODCEAC.

11.3 MDGs are asked to comment on how the applicant has contributed under each domain and confirm whether or not their contribution is '**over and above**' what is ordinarily expected of an individual in their post. Then they are asked to indicate the overall level of support they give to the application.

11.4 MDGs are asked to declare whether the applicant has completed a Joint Appraisal review. MDGs are also asked to inform the SG HQ if the applicant is subject to any past or pending disciplinary action if not already notified by the applicant. SG HQ will retain this information, and will inform the MODCEAC Chair and members if that individual is prioritised for discussion at the final MODCEAC meeting.

Timeline for getting an MDG citation

11.5 You must provide your MDG or equivalent with your completed application form and any other completed nomination citations as well as a copy of your job plan. It is your responsibility to ensure that you submit your application fully completed, signed and countersigned (electronic signatures are acceptable) with all nominations to your MDG by the deadline: Friday 29th July 2011.

11.6 On completion of the MDG's citation your MDG will send the final application pack to HQ SG – and provide you with a copy of their citation, to ensure openness in the process.

⁷ Where an applicant does not come under the auspices of any MDG, a citation will be sought from the most appropriate person in their chain of command (for example Commanding Officer of the applicant's hospital).

Part 12: External Citations – how to complete

Providing external citations

12.1 Providing external citations offers applicants an opportunity to enhance their application, by providing an external perspective on achievements. Supporting citations are not compulsory but can add value to an application. Applicants are able to provide up to 3 citations in addition to the required citation from their MDG.

12.2 The citations should highlight succinctly the most important reasons why the applicant merits a CEA, drawing attention to the record of achievement across the range of the domains in the application. It should not simply repeat information from the application form. The citation may be from a professional body, or external academic organisation, and should focus on the level of recognition, reputation and achievements of the applicant; most likely in connection with their speciality.

12.3 Separate supporting citations from different individuals or bodies must not share identical wording. Such practice adds no value whatsoever and any such duplicate citation will be ignored.

Timeline for getting an external citation

12.4 You must complete and sign your application form, then send to the individual or organisation you are seeking a citation from. Guidance for them on how to complete the form is included with the MODCEA 'Form F'. If you are seeking citations from more than one source, a signed copy of your original form is satisfactory.

12.5 Once they have completed your citation they may consider it appropriate for a senior officer or representative (for example. President or Chief Executive) of the nominating body to countersign the nomination (however this is not compulsory).

12.6 Then they should return their signed citation to you, and you are then responsible for submitting the application and all other paperwork to the appropriate MDG by the deadline. **If the citation is not signed either electronically or physically, it will not be considered.**

Part 13: step by step application guide*

Step 1

Obtain all the necessary forms and read all the guidance notes. Make sure they are the 2011 forms as older forms won't be accepted



Step 2

Contact individuals regarding any independent citations you wish to submit with your application to check they are happy to do this – you may also wish to show them a copy of the guidance notes



Step 3

- Complete the application form, using the guidance notes to make sure that:
- all 8 domains are fully completed, and refer to your achievements over and above your contractual expectations
 - you provide the most important examples of your achievements with dates.
 - Where possible, provide objective evidence showing the quality of your work
 - Do not exceed the word limit



Step 4

Check the appropriate box regarding disciplinary issues etc in the declaration section, and sign and date.



Step 5

If you are seeking independent citations, send your completed and signed form (or copy if you are sending to more than one individual/organisation) to the relevant person to complete their citation and return to you.



Step 6

Pass the completed and signed form to your Commanding Officer, Medical Clinical Director or Line Manager to complete their declaration section.



Step 7

Scan (PDF or other suitable format) your application form, job plan, and any independent citations and email to your MDG by Friday 29th July 2011. If you do not meet this deadline, your application will not be considered.

*Renewals – if you are applying to renew an existing award, you must only refer to achievements over the previous 5 years since you were last awarded a CEA – and not refer to overall career achievements. You should complete the same application form. You should demonstrate, by reference to any achievements since the original award or last review, how you continue to meet the criteria for the Scheme; only include information on earlier activity to demonstrate how your contributions have evolved.

Part 14: Frequently Asked Questions

Q. How much are the MOD awards worth?

A. The value of CEAs from 1 April 2011 are:

Bronze:	£18,859	B level distinction award ⁸ :	£16,126
Silver:	£29,670	A level distinction award:	£40,315
Gold:	£40,967	A plus level distinction award:	£60,470
Platinum:	£57,912		

The value of the awards has remained the same since 2010.

Q. How many awards in total can be awarded?

A. The top limit on the number of CEAs allowed is 38 at any one time. The breakdown of these into platinum, gold, silver and bronze is not fixed but is decided by the committee.

Q. From when are they payable?

A. Awards are payable from 1 April 2011. Since awards will not be finalised until late 2011, payment will be backdated.

Q. How is the number of awards calculated?

A. The number of awards available for allocation each year depends on:

- a. the number of existing award-holders who have left the DMS during the year up to 30 September 2011
- b. the number of existing award-holders whose awards have been re-graded or withdrawn.

Q. Is there a relationship between age and the granting of awards?

A. There is no lower age limit for award. However, applicants will normally have a number of years experience as a consultant before they can expect to be considered. The MODCEAC would normally expect candidates for a Bronze award to have 10 years experience as a consultant, while those applying for a Silver award will normally have an additional 5 years experience, Gold applicants a further 5 years and so on. These are not hard and fast rules, nor does it preclude consultants with less experience than this from applying – each case is considered on its merits.

Q. How are the awards announced?

A. Decisions for the 2011 round will be taken at the MODCEAC meeting to be held in the autumn. All individuals granted an award, or whose existing award has been renewed, and those who have been unsuccessful will be notified in writing by the Surgeon General in late December/early January. A list of award recipients will also be posted on the Surgeon General's intranet CEA page. At the same time, the HQ SG will take the necessary action to ensure that retrospective payment is implemented.

⁸ The MOD Distinction awards pre-dated the current Clinical Excellence Awards Scheme

Part 15: Useful contacts

HQ Surgeon General's Office

The MOD Scheme is administered and managed on the MODCEA Committee's (MODCEAC) behalf by HQ Surgeon General (HQ SG). Any enquiries should be addressed to:

Fay Rankine
 HQ Surgeon General
 Coltman House, DMS Whittington
 Lichfield, WS14 9PY

Tel: 01543 434232

Email external: fay.rankine878@mod.uk

Email internal: SG_SCCorpSvcs-Perspay@mod.uk

Intranet site for MOD Clinical Excellence Awards:
<http://defenceintranet.diiweb.r.mil.uk/DefenceIntranet/Library/CivilianAndJointService/BrowseDocumentCategories/Health/SecondaryHealthCare/ClinicalExcellenceAwardscea.htm>

Single Service Medical Director General and Director Defence Dental Services contact details

<p>Medical Director General (Navy) Surgeon Rear Admiral Lionel Jarvis Main Building Level 7, Zone E Main Building, Whitehall London SW1A 2HB</p> <p>Contact: MA – Major Chris Howe Telephone: 0207 807 0469 Email: SGD-ACDSHEALTH-MA@mod.uk</p>	<p>Director General Army Medical Services Major General Mike von Bertele Army Medical Directorate Former Army Staff College, Slim Road, Camberley, Surrey GU15 4NP</p> <p>Contact: MA DGAMS - Major Victoria Moorhouse Telephone: 01276 412941 Email: AMD-DGAMSMA@mod.uk</p>
<p>Director General Medical Services (RAF) Air-Vice Marshal Chris Morris Air Command, Room 33, Lancaster Building, RAF High Wycombe HP14 4UE</p> <p>Contact: PS/DGMS (RAF) – Sgt Stuart Fellows Telephone: 01494493879 Email: Air-healthCOSDGMSPS@mod.uk</p>	<p>Director, Defence Dental Services Air Commodore Tim Brown Whittington Barracks Lichfield Staffs WS14 9PY</p> <p>Contact: EWO/DDS – Billy Connelly Telephone: 01543 434609 Email: SGJMCDDS-CoordEWO@mod.uk</p>

Other Clinical Excellence Awards Schemes in the UK

NHS England, ACCEA Secretariat

Department of Health
Area 06 22A, Skipton House
80 London Road, SE1 8UH
<http://www.dh.gov.uk/ab/ACCEA/index.htm>

NHS Wales

Clinical Excellence Awards Scheme
<http://www.wales.nhs.uk/clinicaexcellenceawardsscheme2010>

NHS Scotland

The Scottish Advisory Committee on Distinction Awards Secretariat
Scottish Health Service Centre, Crewe Road South
Edinburgh, EH4 2LF
<http://www.sacda.scot.nhs.uk/index.htm>

NHS Northern Ireland

The N.I. Clinical Excellence Awards Secretary,
Room D2.14, Castle Buildings
Upper Newtownards Road
Belfast BT4 3SJ
Tel: 028 9052 2817
http://www.dhsspsni.gov.uk/index/hss/clinical_excellence_awards_scheme.htm

Members of the 2011 MODCEA Committee

Chairman of ACCEA for England and Wales⁹(Chairman)
Medical Director of ACCEA for England and Wales (Vice-Chairman)¹⁰
Representative of an ACCEA Sub-Committee (external layperson)
Representative of the Academy of Medical Royal Colleges
Surgeon General
Medical Director General (Naval)
Director General Army Medical Services
Director General Medical Services (RAF)
Commander, Joint Medical Command
Director Service Personnel Policy, MOD
Director Defence Dental Services
Medical Director Joint Medical Command
Member of HQ Surgeon General's Secretariat (Secretary)

⁹ The Chairman of ACCEA is **Professor Jonathan Montgomery** who is Professor of Healthcare Law at the University of Southampton and Chairman of the Hampshire PCT and the chair of the Human Genetics Commission

¹⁰ Dr David Lindsell is currently a radiologist at the Radcliffe Hospital where he chairs one of the 3 divisions with the responsibility for women and children's services, radiology, pathology, pharmacy and therapies. He is also the Warden at the Royal College of Radiologists with the responsibility for education and training of radiologists.