SCOTTISH ADVISORY COMMITTEE ON
DISTINCTION AWARDS

GUIDE TO THE
NHS CONSULTANTS’
DISTINCTION AWARDS SCHEME
(SCOTLAND)

2002 AWARDS ROUND
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FOREWORD

This is the Guide to the NHS Consultants’ Distinction Awards Scheme for the 2002 Awards round. It explains the purpose and structure of the scheme, and how it operates in Scotland.

Although the discussions of awards committees, like those of many bodies such as appointment committees which have to select between individuals, are confidential, the process by which they work and the criteria they apply must be transparent and clearly understood. It is the purpose of this Guide to achieve that. We welcome constructive comments and suggestions for further improvement. This year’s Guide includes a revised Curriculum Vitae Form and Guidelines for completing same and Flowcharts showing the forms needed for nominations.

We would wish to emphasise important points that we ask all consultants and others with an interest in the scheme to bear in mind.

1. Distinction Award-holders are to display, and maintain, very high standards of conduct and professional competence, taking account of guidance issued by the General Medical Council and the General Dental Council where appropriate.

2. There are fewer awards than the number of candidates who satisfy the criteria each year. Not all can get them, so there must be competition and SACDA has to decide which individuals have the best case for the number of new awards they are able to make each year.

3. It is necessary for committees to balance the work of consultants in many different fields. This includes academic and service achievements, taking into account the various types of employer and work environment. As is made clear in the criteria in Annex A to this Guide, a spread of contribution to the NHS is generally expected.

4. No process which involves making judgements of this kind can be above disagreement, and those looking at the outcome of SACDA’s decisions may not always agree with every judgement made. Often this will be because they do not have all the information available to the Committee. SACDA will do its very best to ensure that each consultant is considered thoroughly and that decisions are reached in a fair and impartial way.

5. Since self nominations were introduced in the 1999 Awards Round, a number of consultants nominated by this route alone have secured distinction awards. Consultants who feel they meet the criteria as shown in Annex A to this Guide should not hesitate to Self Nominate unless they know they have already been nominated.

The Guide will, as in previous years, be distributed to Chief Executives and General Managers of all NHS employers in Scotland to be made freely available locally to all consultants and others with an interest in the scheme. The text of the Guide, together with the SACDA CV and Citation (Nominator and Employer) Forms, will also be placed on the Scottish Executive Health Department Web Site (SHOW), for access via the internet. The website address is http://www.show.scot.nhs.uk/sacda/

Michael E A Innes
Chairman

Peter W Brunt
Medical Director
HOW THE GUIDE IS ORGANISED

1. This guide explains the purpose of the NHS Consultants’ Distinction Awards Scheme and how it will operate in Scotland during the 2002 awards round commencing on 1 October 2001.

2. The Guide is in two parts, with supporting Annexes:-
   (i) Part One (Sections 1 to 5) contains a description of the scheme: its purpose, values, numbers of awards, age limits, and how awards are funded; who is eligible for awards; how the scheme is structured and how data is collected.
   (ii) Part Two (Sections 6 to 12) contains a full description of the process: the nomination arrangements; the process for deciding B and A awards; the process for deciding A+ awards; an explanation of the criteria for awards and what awards committees look for; the arrangements for reviewing awards; the standards of propriety and the provisions governing conflicts of interest applying to members of awards committees and the awards round timetable.
PART ONE

THE SCHEME
SECTION 1: INTRODUCTION TO THE SCHEME

This section explains the background to the scheme, its purpose and its relationship to the NHS consultants’ discretionary points scheme.

Background to the Scheme

1.1 The NHS consultants’ distinction awards scheme was first established in 1948. With effect from 9 November 1998, the Scottish Advisory Committee on Distinction Awards (SACDA) has been established which acts on behalf of Scottish Ministers in deciding which individual medical and dental consultants in the NHS in Scotland are to receive awards.

Purpose of the Scheme

1.2 The basic purpose of the distinction awards scheme is to reward outstanding professional work. The scheme covers consultants working in the National Health Service, in district general hospitals, in teaching hospitals, in academic medicine and research institutes and in the public health field. It regards all consultants working for the NHS, whether employed on full-time, part-time, maximum part-time, or honorary contracts, as potentially eligible. It will not countenance any discrimination of any kind, whether on grounds of gender, of ethnic origin or any other factor. Its criteria are individual merit and the contribution made to the care and health of patients. That contribution will usually include work at regional or national or international level, which is over and above what, would be expected of a consultant working in a particular post, as well as full satisfaction of the local contract of employment. The criteria for awards are set out in Annex A, and explained in Section 8.

The Discretionary Points Scheme

1.3 Discretionary points and distinction awards are separate schemes with payments decided under separate arrangements. For information, the value of discretionary points is set out in paragraph 2.3 of Section 2 and Annex B. To be considered for a distinction award it is not essential that a consultant should hold any discretionary points - though usually most consultants who are nominated for a distinction award will be in receipt of at least some. The system of discretionary points is outside the remit of SACDA.

England & Wales

1.4 There will be broad consistency in the underlying principles and operation of the schemes in Scotland and England and Wales. Wherever appropriate this Guide incorporates the same wording as the England and Wales Guide.
SECTION 2: VALUES, NUMBERS, AGE LIMITS AND FUNDING

This section gives information on the value of distinction awards, the numbers in payment, the age limits for awards, how they are paid from 1 April, and how they are funded.

Value and Total Number of Awards

2.1 The value of awards is decided by Ministers in the light of the recommendations by the Review Body on Doctors’ and Dentists’ Remuneration. Awards are paid with salary and are pensionable. The total expenditure on B, A and A+ awards in Scotland in 2000/01 was around £15 million, including the national insurance and pension contributions payable on the awards.

The scheme is highly competitive, with many more nominations than awards. By retirement, around 25% of consultants will hold an award.

2.2 The numbers, values and estimated percentages of A+, A and B awards in payment in Scotland at 30 September 2000 are set out in the table below:

<table>
<thead>
<tr>
<th>GRADE</th>
<th>NUMBER OF AWARDS</th>
<th>% OF TOTAL CONSULTANT BODY</th>
<th>VALUE (1/4/01)</th>
<th>SALARY + AWARD TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>35</td>
<td>1.1%</td>
<td>£62,815</td>
<td>£128,935</td>
</tr>
<tr>
<td>A</td>
<td>115</td>
<td>3.6%</td>
<td>£46,285</td>
<td>£112,405</td>
</tr>
<tr>
<td>B</td>
<td>256</td>
<td>8.1%</td>
<td>£26,450</td>
<td>£92,570</td>
</tr>
<tr>
<td>Total</td>
<td>406</td>
<td>12.8%</td>
<td></td>
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</tr>
</tbody>
</table>

2.3 The basic salary scale range for consultants as at 1 April 2001 is £50,810 - £66,120. The Discretionary Points scheme extends the consultants’ salary range by eight steps of £2,645 each up to a maximum of £87,280. Distinction awards are paid in addition to consultants’ basic salaries and subsume the value of any discretionary points held previously. Thus it is not possible to hold a distinction award and discretionary points.

2.4 The value of consultants’ salaries, distinction awards, and discretionary points were uprated on 1 April 2001 (see Annex B for revised rates applicable from that date).

MPT/PT Consultants

2.5 Consultants employed on maximum part-time contracts will be paid 10/11ths of the full value of the award. Consultants employed on other part-time contracts will be paid on a pro-rata basis. For example a consultant with a five session contract will be paid 5/11ths of the full value of the award.

Honorary NHS Contract Holders

2.6 For whole-time clinical teachers and research workers holding honorary (unpaid) NHS consultant contracts, there are special provisions governing the assessment of NHS work and the proportion of awards payable (see paragraph 3.1.2 of Section 3, and Annexes C and D or E as appropriate).
Number of Awards Available for Allocation Each Year

2.7 The number of awards available for allocation by SACDA each year depends on:

a. Resignations, retirements and deaths of existing award-holders;

b. Elevation of existing award-holders to a higher award, thus freeing the previously held award for re-allocation;

c. Movements to and from England, Wales and Northern Ireland;

d. Additions to the total numbers of awards decided in the light of recommendations by the Review Body on Doctors’ and Dentists’ Remuneration. The SACDA Chairman and Medical Director give evidence together with the ACDA Chairman and Medical Director annually to the Review Body on the numbers of awards required, taking account of the increases in the numbers of consultants regarded as potential award-holders.

Age Limit for Awards

2.8 The age limit for the granting of awards is 62. Practitioners who reach age 62 during the awards round (i.e. for the period 1 October - 30 September) will remain eligible for awards. Thus, for the 2002 awards round (i.e. commencing on 1 October 2001), consultants born on or after 1 October 1939 will be eligible for consideration for an award. Payment of an award may continue until age 70 providing the consultant remains employed in a substantive consultant appointment, and subject to any award granted in or after the 1989 awards round being confirmed by formal review at five-yearly intervals (see Section 9).

Payment From 1 April 2002

2.9 All awards granted in the 2002 awards round are backdated so as to be payable from 1 April 2002.

Funding of Awards

2.10 All B, A and A+ awards are funded from a central budget managed by the Directorate of Finance of the Scottish Executive Health Department. Payments from it are made annually to employers via their host Health Boards to meet the costs of awards held by consultants they employ. Separate guidance on the details of the central funding arrangements is issued annually to Finance Directors of all NHS employers.
SECTION 3: ELIGIBILITY

This section explains who is eligible and who is not eligible for awards.

Who is Eligible?

3.1 The following provisions govern eligibility for distinction awards:

3.1.1 Doctors and dentists must hold a medical or dental qualification, be fully registered, and be employed as a consultant by one of the following NHS employers: a Health Board, a Special Health Board, an NHS Trust, a Special Hospital and other NHS Employers with nationwide responsibilities - see Annex I. Consultants must have reached the maximum point on the consultant basic salary scale.

3.1.2 Clinical teachers and research workers employed by a University or the Medical Research Council are eligible if they hold honorary (unpaid) NHS consultant contracts, provided they devote an assessable amount of time to NHS work which can be verified by their NHS employer. The definition of NHS work for this purpose is set out in Annex C. For whole-time clinical teachers and research workers there are special provisions regarding the proportion of award payable. It is determined as set out in paragraphs 78 to 86 of the Terms and Conditions of Service of Hospital Medical and Dental Staff and paragraphs 65 to 70 of the Terms and Conditions of Service of Doctors in Public Health Medicine and the Community Health Service, the text of which is in Annexes D and E. The main provisions are set out in paragraphs 81 to 85 (HMD) and 67 to 70 (PHM); paragraphs 78 and 86 (HMD) and 65 to 66 (PHM) relate specifically to joint appointments with one authority or more and with the Medical Research Council and/or a University, which together constitute whole-time employment.

3.1.3 Consultants in Public Health Medicine (including Directors of Public Health), Dental Public Health and Community Child Health are eligible.

3.1.4 Consultants employed as Postgraduate Deans or Deputy/Assistant Postgraduate Deans in medicine and dentistry are eligible on the basis of their work in such posts. Undergraduate Deans, who hold an NHS clinical contract are also eligible.

3.1.5 Consultants employed as part time Medical Directors who also undertake clinical sessions.

3.1.6 Consultants working as clinical directors of NHS Trusts retain their eligibility for distinction awards, account being taken of their clinical work and of their contribution as clinical director, irrespective of any additional remuneration they may receive for undertaking these additional management responsibilities.

3.1.7 Consultants employed in the Scottish Executive Health Department who retain NHS remuneration arrangements are also eligible for consideration.

Consultants Employed on Trust Contracts

3.2 Consultants in NHS trusts continue to be eligible for distinction awards whether they remain subject to nationally determined terms and conditions of service or to terms agreed between them and the individual Trust.
3.3 As indicated in “NHS Trusts: a working guide” (NHS Management Executive, HMSO 1990), Trusts are free to agree contractually with individual consultants to offset the cash value of any distinction award in whole or part against a higher salary or bonus, i.e. that any higher salary or bonus will be paid on condition that this additional remuneration will be offset against the cash value of any future distinction award. Where any such additional remuneration was less than the value of the distinction award, the consultant remains entitled to the difference.

Who is Not Eligible?

3.4 Consultants employed in the following categories are not eligible for distinction awards:

3.4.1 Locum consultants

3.4.2 Consultants employed in full-time general management positions, such as Chief Executives or General Managers. Where the position is a part-time one, and the individual continues to undertake clinical work as a consultant under a separate clinical contract, he or she will continue to be eligible in the same way as any other part-time consultant, with any award paid on a pro-rata basis.

3.4.3 In the case of a consultant who 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 employer and the consultant. Where an award-holding consultant returns to clinical work after a period in a full-time general management position, the award will be reinstated, subject to approval of the Chairman and Medical Director of SACDA, provided the consultant returns to a similar post in the same specialty.

3.4.4 Consultants employed as Medical Directors with no clinical sessions appointed after 31 October 2001.

3.4.5 Academic General Practitioners are not eligible in any circumstances for their work as GPs. However, they may be considered by SACDA if they hold an NHS contract and practise as a consultant in a recognised specialty. Only the NHS work done in that specialty under that contract can be taken into account; work undertaken as an academic GP will be regarded as separate and cannot be taken into account.

3.4.6 Consultants who reach 62 prior to the commencement of the awards round i.e. on or before 30 September (see paragraph 2.8).

Changes in Circumstances

3.5 The following changes in circumstances may affect payment of, or eligibility for, awards.

Change in Specialty

3.5.1 If an award-holder ceases to practise in the specialty for which the award was granted, the circumstances of the case will be subject to review by the Chairman and Medical Director of SACDA and, if they consider that there may be grounds to question the retention of the award, by SACDA.
Unpaid Leave

3.5.2 The payment of an award shall cease during any period of unpaid leave.

Secondments

3.5.3 If a consultant is seconded full-time to a post with a non-NHS employer, he or she will not be eligible for consideration for an award during the period of secondment. Any existing award will be regarded by SACDA as suspended for the duration of the secondment and subject to review at the end of the secondment. The arrangements for protecting the monetary value of any award held during the period of secondment will be a matter for prior discussion and agreement between the employer(s) and the consultant as part of the terms of the secondment.

Prolonged Absence from NHS Service

3.5.4 In the case of consultants who have not practised their specialty within the NHS for a period in excess of one year, the question of the reinstatement of their award will be subject to review by the SACDA Chairman and Medical Director and, if they consider that there may be grounds to question the reinstatement of the award, by SACDA.

Effect of NHS Employment Ending Before 1 April 2002

3.5.5 As awards granted in the 2002 awards round are payable from 1 April 2002 (see paragraph 2.9 of Section 2), no new or increased award can be granted in the 2002 round if a consultant’s employment in the NHS ends before 1 April 2002.

Re-employment after Retirement: Effect on Entitlement

3.5.6 Award-holding consultants who, after retirement or partial retirement for pension purposes, are re-employed in a substantive NHS consultant appointment in the same specialty may continue to be paid for their distinction awards where this is agreed by the practitioner and the Health Board or Trust as part of the terms of the re-employment. This is subject to the provision that the continuation of the award must have been agreed and confirmed by the Chairman and Medical Director of SACDA and, if they consider that there may be grounds to question continuation of the Award, by SACDA. This will be subject to the normal provisions for pro-rata payment of the award where re-employment is on a part-time basis. Payment of an award may continue until age 70, subject to all awards granted in, or after, the 1989 awards round being confirmed at five-yearly intervals.

3.5.7 Before SACDA can consider a particular case, the employer must submit a full job description which inter alia will allow assessment of the re-employment against the published criteria (see Annex A). The review will be undertaken by the SACDA Chairman and Medical Director.

3.5.8 Consultants who are re-employed on a locum basis do not retain eligibility for payment of a distinction award, although Trusts are free to take a consultant’s former award-holding status into account in determining the remuneration arrangements for such employment.

Re-employment after Retirement: Effect on Pension

3.5.9 Once an individual has opted to receive early payment of pension benefits any continuing further employment will not be pensionable in the NHS Pension Scheme. This principle
applies equally to any increased distinction awards payments.

Notification of Changes to SACDA Secretariat

3.6 The SACDA Secretariat accesses information on all award-holders and all eligible consultants by extracting data from the Medical Manpower (MEDMAN) database maintained by the Information and Statistics Division (ISD) of the Common Services Agency. The accuracy of the Nominal Roll of consultants and all other information extracted is dependent on NHS Trusts and Health Boards submitting information to ISD via ISD(M)27 forms and census returns timeously. Consultants who are re-employed in substantive posts should be included in the returns made by employers to ISD. Consultants who are re-employed on a locum basis should not be included.

3.7 Employers should notify ISD of all changes to a consultant’s contract (leavings, retirals, changes in specialty, secondments, unpaid leave, prolonged absence from the NHS, re-employment after retirement) on a regular basis (at least monthly) to ensure that the data used by the Secretariat is accurate. In the case of clinical academic staff, the accuracy of the Nominal Roll is ultimately dependent upon universities informing the appropriate NHS employers that honorary consultants’ circumstances have changed or are about to change, and to do so well in advance of the end of each academic year (30 September).

3.8 The Secretariat will request that NHS Trusts and Boards submit, in writing, by the end of June 2002 notification of all those consultants and honorary consultants who will be terminating their contracts, or who are to become ineligible for awards through a change in their contracts, on or before 30 September. This information should be noted on ISD(M)27 forms.
SECTION 4: STRUCTURE OF THE SCHEME

This section explains the structure of the scheme; the committees, the organisations and individuals involved and the role they play in deciding who gets awards.

Overview

4.1 The scheme is based on a system of peer review with employer and lay input. The scheme is administered by the Scottish Advisory Committee on Distinction Awards (SACDA).

SACDA Secretariat

4.2 SACDA is supported by a Secretariat based within the Common Services Agency for the National Health Service Scotland, in Edinburgh. Enquiries, including those to the SACDA Chairman and Medical Director, should be addressed to the SACDA Secretariat, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF, Tel 0131 623 2540, Fax. 0131 623 2518.

ACDA (England and Wales) Secretariat

4.3 The ACDA Secretariat is based within the National Health Service Executive. Enquiries, including those to the ACDA Chairman and Medical Director, should be addressed to the ACDA Secretariat, Room 2N35D, Quarry House, Quarry Hill, Leeds, LS2 7UE, Tel 0113 254 5921, Fax 0113 254 5798.

SACDA Remit and Terms of Reference

4.4 SACDA acts on behalf of the Scottish Ministers and takes the final decisions on which NHS consultants will receive awards. It considers recommendations for B and A awards put forward by the Chairman and Medical Director after their Regional meetings in Scotland. SACDA decides A+ awards after considering nominations put forward by medical colleges, by employers and by the current A+ holders in Scotland.

4.5 The terms of reference of SACDA are as follows:

“To determine the names of consultants engaged in the National Health Service in Scotland who are to be awarded distinction awards.”

SACDA Membership

4.6 SACDA has 14 members, including the Chairman and Medical Director. Members are appointed by Scottish Ministers on the advice of the Health Appointments Advisory Committee and include nominees from the Academy of Medical Royal Colleges and Faculties in Scotland; members nominated by the Scottish Committee for Hospital Medical Services representing the general body of consultants in Scotland; NHS employers who are nominated by the Trust Chairmen’s Group; and lay members. Members of SACDA are appointed as individuals, not representatives of any specialty or employer. The Chief Medical Officer and the Head of the Health Department in Scotland are ex officio members. The Chief Dental Officer in Scotland and the Chairman and Medical Director of the Advisory Committee on Distinction Awards (ACDA) in England and Wales are observers ex officio. The composition of SACDA is shown in Annex F.

4.7 Details of individuals appointed to serve on the Committee may be obtained by writing to the Secretariat. Details of the membership of SACDA will be published in the SACDA Annual Report.
Chairman of SACDA

4.8 The Chairman of SACDA is Mr Michael E.A. Innes a Member of the Criminal Injuries Compensation Appeals Panel and a Member of the Immigration Appeal Panel. He is a Chartered Certified Accountant, a former Director of merchant bank S.G. Warburg and from 1995 to 1998 a Member of the Review Body on Doctors’ and Dentists’ Remuneration (appointed until 31 October 2002).

Medical Director of SACDA

4.9 The Medical Director of SACDA is Professor Peter Brunt a recently retired Physician with Grampian University Hospitals NHS Trust. He is Vice Chairman of the Medical Council on Alcoholism and until recently Physician to HM the Queen in Scotland (appointed until 31 October 2003).

SACDA – Method of Working

4.10 SACDA is responsible for identifying and considering possible candidates for awards in all specialties, taking account of nominations for B, A and A+ awards put forward by employers (NHS and University), Royal Colleges and Faculties, and other organisations and individuals.

SACDA assesses self-nominations and doctors and dentists under the 10 year review procedure (paragraph 4.15) and identifies a short list of nominations for B and A awards to be considered at Regional Awards meetings.

4.11 SACDA at Regional Awards meetings (paragraph 4.16) considers nominations from all sources (including those short listed under the preceding paragraph) and short lists of nominations are identified for SACDA to consider at its Preliminary Meeting. At its final meeting, SACDA decides its recommendations for B and A awards and ranks these in priority order. (The nomination arrangements for A+ awards are detailed in paragraphs 7.4.1-7.4.3).

4.12 The Secretariat will advise the Senior Regional Advisers in the Eastern, North/North-Eastern (for the combined meeting of the North-Eastern and Northern Regions), South-Eastern and Western Regions at the beginning of each awards round of the estimated number of nominations required from Senior award-holders in each region. To that list other nominations must be added from other sources. These can only be estimates as the exact number of awards available for re-allocation will not be known at this stage. The final figures depend on however many retirements and resignations occur and on movements of award holding consultants into and out of Scotland during the awards round at each level, and on the recommendations of the DDRB on the numbers of additional awards to take account of changes in the consultant population.

Influences on the Distribution of Awards

4.13 The criteria are those listed in Annex A of the Guide as defining distinction and meritorious service, SACDA is charged with monitoring the results of deliberations on the geographic spread of awards, the distribution between specialties, gender, ethnic minorities etc. These considerations are not of themselves operative in a particular case if the published criteria are not met, as judged by SACDA.

Committee Deliberations
4.14 All discussions and correspondence relating to individual consultants are confidential to SACDA and to all those invited to attend its meetings. The Committee expects that all who take part in awards meetings at Regional level will respect the confidential nature of the discussions.

**Self Nomination and 10 Year Review and Nominations by Individual Consultants Review Meeting**

4.15 Self nominations, consultants under the 10 year review process and nominations by individual consultants on behalf of colleagues for B and A awards will be considered at a meeting held by a sub-committee of SACDA.

The meeting will be chaired by the SACDA Chairman or the Medical Director. SACDA members are appointed to the sub-committee by the SACDA Chairman and Medical Director.

The sub-committee should take account of the CV’s submitted by the nominated or reviewed consultants and the citations from employers and any other parties and a short list of nominations agreed for consideration at the appropriate Regional Award meetings (paragraph 4.16).

**Regional Awards Meetings**

4.16 Nominations for B and A awards will be considered by Regional Awards Meetings in May-June. The four Regions of Scotland for this purpose are: Western, South-Eastern, Eastern and the Northern and North-Eastern Regions combined. The lists of Health Boards and Trusts included in each Region and of employers of consultants with nationwide responsibilities are shown in Annex I.

4.17 Regional Awards Meetings will be chaired by the SACDA Chairman or Medical Director.

4.18 A sub-committee of SACDA, responsible for the collection of nominations for consideration by the full SACDA, attend all Regional B and A awards meetings. SACDA members are appointed to the sub-committee by the SACDA Chairman and Medical Director.

4.19 The Regional Advisers will assist the Committee during the Regional Awards Meeting. Consultants who hold A+ and A awards in the Region are entitled to attend. A B award-holder in a specialty that might otherwise not be represented may be invited to attend by SACDA, after consultation with the Senior Regional Adviser, for the discussion of nominations for B awards (but not for A awards).

4.20 The Secretariat attends all the Regional Awards meetings.

4.21 Local award-holders (subject to paragraph 4.19) and employers are given an opportunity to comment on the merits of all nominated consultants under consideration in terms of the criteria for awards (see Annex A).

4.22 Immediately following completion of the discussions involving local award-holders and employers the SACDA sub-committee, accompanied by the Regional Advisers, will then have a separate meeting. The sub-committee should consider the relative merits of nominated consultants taking account of the CV’s submitted by the consultants and the citations from employers and other parties as well as the opinions of local award-holders and employers expressed at the Regional Awards Meeting. Short lists of nominations for B and A awards should be agreed for consideration along with those from other regions at the SACDA’s Preliminary Meeting.

**Role of the Consultants at Regional Awards Meetings**
4.23 The role of the consultant members at Regional Awards meetings is to have taken soundings within their own and related specialties, and in other specialties, and/or advise on the award-worthiness of individual consultants for consideration by the SACDA sub-committee. The Regional Advisers will be responsible for co-ordinating this aspect in preparing the Regional Awards meetings.

4.24 Consultants participating in any part of the process for Distinction Awards should not speak to a name at a Regional Award meeting unless that Consultant holds the same level of award (or a higher award) as is under consideration; unless in the case of Medical Directors deputising for senior management at the Regional Awards Meeting the prior approval of the SACDA Chairman has been obtained.

Role of Employers’ Representatives at Regional Awards Meetings

4.25 The role of NHS employers’ representatives at Regional Awards meetings is to represent, and act as a channel for, the views of employers generally within the region. They will need to have taken soundings amongst employers to ensure that employers are satisfied that the claims of individual consultants and honorary consultants are not being overlooked, and that employers’ views about the award-worthiness of individual consultants nominated are known.

4.26 It will be for the SACDA Chairman to determine the most appropriate arrangements for representing the views of employers at the regional awards meetings. These might include, for example, named members representing groups of employers geographically or by type (e.g. Health Boards, Acute Trusts, Primary Care Trusts) or a combination of these, so as to provide a clear focus and channel of communication for employers’ views. The detailed arrangements will ensure that NHS employers are informed of the fact that a nomination has been made in respect of consultants or honorary consultants, and that Regional Awards meetings have the benefit of employers’ views before nominations are finalised.

Regional Advisers

4.27 Regional Advisers are senior award-holders (see Annex O) who are employed in the Region; they may be NHS consultants or honorary NHS consultants. They are appointed as Regional Advisers for a three-year term by the SACDA Chairman after consultation with the Medical Director. They take a full part in the Regional B and A awards meetings in their Region, and are in attendance at the final meeting of SACDA. The numbers of Regional Advisers in the four Regions of Scotland are detailed in Annex F.

4.28 If the awards scheme is to be operated fairly, the independence of Regional Advisers must be respected. They must not be seen as advocates for particular specialties or individuals. While it is a perfectly proper exercise of their function to give general advice about the awards scheme, and to assist consultants with questions of procedure (such as presentation of CV forms), they must be careful to avoid becoming sounding boards for causes or grievance and should be visibly neutral in discussions at preliminary, regional award and other meetings. An exception may be appropriate where no one is available to speak on behalf of a nominated consultant (perhaps because of the nature of the specialty) and where the absence of factual information may disadvantage his/her case.

Preliminary Meetings within the Scottish Regions (sometimes referred to as Specialty Group Meetings)

4.29 It is for the award-holding consultants within each Area to decide their procedures for identifying possible candidates for awards. Also NHS employers of consultants and honorary consultants in each Area should decide their procedures. Both these potential sources of nominations need to have completed their local discussions sufficiently early in the awards year for nominations, with SACDA Citation Forms and CV Forms, to be submitted by 1 March to the Secretariat for later consideration at Regional Awards meetings.

4.30 For discussing professional nominations, SACDA suggests that local meetings will be best arranged after consultation with the Senior Regional Adviser: one of the Regional Advisers may be the most appropriate
person to chair these meetings. For employers’ nominations from within an Area, arrangements for co-ordinating discussion will be for the Chairmen of NHS Trusts and Health Boards within that Area to agree among themselves.

4.31 SACDA is not involved in determining the conduct of preliminary meetings, whether conducted on an Area-wide or Region-wide basis or on a specialty basis within an Area or Region.

4.32 Whatever procedures are adopted locally, the guiding principle for the conduct of preliminary awards meetings should be that of compiling reliable information about the performance of consultants whose claims to be nominated are going to be considered. For such discussions to be unbiased and objective, the confidential nature of these meetings must be respected.

Progression of Nominations

4.33 Before Regional Awards meetings, the Secretariat will issue the SACDA Citation Forms and CV Forms for nominees to all those listed in paragraphs 7.3.3 – 7.3.8. The deadline for the return of these forms is stated at the bottom of each form. After all Regional Awards meetings have been held, the Secretariat prepares lists of those nominations for B and A awards that have been short-listed for further consideration by SACDA. At SACDA’s final meeting, recommendations for B, A and A+ awards for consultants in Scotland are decided upon based on the latest information about the numbers of awards available for allocation.

Notification of Outcome of Nominations

4.34 In October, the details of awards granted to individual consultants by SACDA at its final meeting and details of those nominations which were unsuccessful will be notified by the Secretariat to the Regional Advisers and NHS employers holding the consultant’s or honorary consultant’s contract. The NHS employers will notify all these consultants appropriately.

4.35 Trusts’ Chief Executives must advise the Secretariat in writing that they have received notice of new awards and that recipients and unsuccessful nominees have been informed. No information will be released about any new awards granted by SACDA before the notifications to NHS employers. Any enquiries by individual consultants should be directed to the employer that holds his or her NHS contract as a consultant or honorary consultant. Individual consultants who wish to obtain copies of the awards list should obtain these from their employer (e.g. Trust, Health Board, State Hospital etc.).

Publication of Award-Holders

4.36 The names of B, A and A+ award-holders will be published in the SACDA Annual Report. The SACDA Annual Report, detailing the outcome of the 2001 awards round, will be issued under cover of a letter from the Scottish Executive to all NHS employers, to be made freely available locally to consultants and others with an interest in the scheme. It will also be published on the following website:

http://www.show.scot.nhs.uk/sacda
SECTION 5: COLLECTION OF DATA

This section explains how data on individual consultants are collected and verified by the SACDA Secretariat and the timetable for this.

5.1 The SACDA Secretariat collects the following information on consultants for use by awards committees:

- Name
- Date of Birth
- Gender
- Ethnic Origin
- Specialty
- Contract Type
- Number of Sessions
- Employer(s)
- GMC/GDC Number
- Year of appointment to consultant grade
- Level of award/number of discretionary point(s) held
- Year of award/point(s) granted

(Failure to provide complete information on the CV Form may result in a nomination not being considered.)

Verification of Information

5.2 The arrangements for updating/verifying this information on individual consultants are:

**June**

Lists of consultants will be issued to employers with requests to indicate by **30 June 2002** which consultants have retired or left, or will be retiring or leaving by 30 September 2002, (to identify the numbers of awards available for allocation by SACDA at its final meeting).

Due date for return of retirement information.

Lists of consultants issued to employers for providing data about discretionary points awarded from 1 April.

**30 September**

Due date for return of data about discretionary points awarded from 1 April.

Nominal Roll of Consultants

5.3 In November, the Secretariat will issue the relevant extracts from the updated national Nominal Roll to the Royal Colleges and Faculties and other professional bodies. This will include the information notified to the Secretariat as a result of the 30 September Nominal Roll verification exercise. Copies of the relevant parts of the Nominal Roll will also be issued to Postgraduate Deans and Deans of Medical Schools, as well as to NHS Trusts and Health Boards, to be made available for scrutiny by individual consultants and honorary consultants.
PART TWO

THE PROCESS
SECTION 6: INTRODUCTION TO THE PROCESS: FROM NOMINATION TO DECISION BY SACDA

This section gives a broad overview of the process for deciding awards, which is amplified in the rest of this Part.

B and A Awards

6.1 In broad terms, the process for deciding B and A awards is as follows:-

6.1.1 Consultants are nominated. They can be nominated by a variety of organisations and individuals. Consultants can also nominate themselves for an award: these will be considered on an equal basis with those nominated by other routes.

6.1.2 SACDA considers the nominations received from all sources, together with the views of the employer, and draws up a prioritised list of recommendations. As a result of the self nomination and 10 year review processes, (see paragraphs 7.3.12 and 7.6.) SACDA will also consider those eligible who have not otherwise been nominated to ensure good cases have not been overlooked.

6.1.3 During their programme of regional meetings, the Sub-Committee responsible for the collection of nominations (including the SACDA Chairman and Medical Director) participate in discussion on each nomination supported at the meeting having regard to their experience across the country as a whole, to equity, particularly across specialties, and the extent to which the evidence demonstrates satisfaction of the published criteria.

6.1.4 Informed by these discussions, once the final numbers of awards available is known, the SACDA Chairman and Medical Director will draw up the final lists of recommendations to be put forward to the full SACDA.

6.1.5 SACDA considers the recommendations and then makes a formal decision.

A+ Awards

6.2 In broad terms, the process for deciding A+ awards is as follows:-

6.2.1 Nominations are put forward principally by three main nominating groups: The Medical Royal Colleges, NHS Employers and the current A+ award-holders in Scotland. Consultants can also nominate themselves for an A+ award. The Academy of Medical Royal Colleges and their Faculties in the U.K. has set out guidelines to its members for submission of nominations. Information can be obtained from the Academy’s Secretariat (see Annex H).

6.2.2 The nominations are considered by a sub-group of SACDA which will include or comprise the Chairman, the Medical Director and the Chief Medical Officer for Scotland, who will reach a collective view and compile their recommendations to SACDA.

6.2.3 SACDA will then consider all the nominations received, together with the views of the short-listing sub-group, and take the final decisions.
SECTION 7: NOMINATION ARRANGEMENTS

This section explains the arrangements for submitting nominations for awards: the individuals and organisations that can submit nominations; the SACDA CV, Nomination Citation, and Employer Citation that are used and how they should be completed; how to submit them, including the requirement for nominating bodies to rank their nomination lists; how individuals may submit letters in support of a consultant’s case for an award; and the deadlines for submitting nominations and letters. It also explains the 10 year Review and Special Reviews processes.

7.1 WHO CAN NOMINATE

The following can nominate consultants for awards:

7.1.1 Individual consultants, who may nominate a colleague or themselves

7.1.2 NHS employers

7.1.3 Postgraduate Deans

7.1.4 Undergraduate Deans of Medical and Dental Schools

7.1.5 Royal Colleges and Faculties

7.1.6 Other relevant professional bodies

7.1.7 Local senior award-holders

7.2 THE NOMINATION FORMS AND THEIR COMPLETION

The Nomination Forms

7.2.1 The forms required are set out in flowcharts in Annex J. All nominations, which must be made on the forms for the current year’s awards round as revised and reissued annually shall consist of:

a typewritten SACDA Curriculum Vitae (CV) Form (Annex K) completed by the consultant concerned (forms should not be altered or extended in any way and additional documentation, such as personal CVs, should not be included and will not be considered);

except in the case of self nominations, nominations by NHS employers, 5 yearly, 10 year and Special Reviews, a typewritten SACDA Nomination Citation Form (Annex L), completed by the nominating organisation or individual

a typewritten SACDA Employer Citation Form (Annex M) signed or countersigned by the Chief Executive/Chairman of the consultant’s NHS employer holding the consultant’s or honorary consultant’s contract.

7.2.2 No nomination will be accepted, from whatever source, without these forms, fully completed, signed and dated.
Notes on Completion

7.2.3 Each of the forms has detailed guidance on completion set out in the accompanying Notes on Completion (see Annexes K, L and M). Those who complete them should also pay particular attention to Section 8 of this Guide.

Supply of Forms

7.2.4 Copies of appropriate Citation Forms and CV Forms will be supplied to the employers of NHS consultants and honorary consultants as well as to nominating bodies at the beginning of each awards round. Further copies may be obtained on request from the Secretariat or, from the Scottish Executive Web Site (SHOW), (for access via the Internet), and on the NHSweb.

Completion of Curricula Vitae (CV) Form

7.2.5 The CV Form must be typewritten (between 9pt and 12pt), signed and dated. Only the Form shown in Annex K in this year’s guide may be used; personal CVs or forms which differ from the CV Form will not be accepted. A copy of the SACDA CV Form must be forwarded to the employer by the consultant to allow completion and submission of an Employer Citation Form to the SACDA Secretariat by the relevant date indicated on the CV Form. It is the responsibility of the NHS employer to submit the Employer Citation Form timeously to the Secretariat without which the nomination will not be considered.

7.2.6 Consultants may be asked to provide a completed CV Form, to support a nomination put forward on their behalf, by more than one organisation or individual during a particular awards round. The consultant must ensure that only one version of the CV Form is prepared for any particular awards round, and that this is not amended for any separate nominations put forward during that awards round.

Inclusion of All Relevant Data

7.2.7 SACDA Members rely heavily on the contents of CV Forms and Citation Forms for their initial assessments, and these will provide a common starting point for their consideration of the relative strengths of the claims of different individuals for awards, before the Regional Awards meetings. Consultants should take care in completing the CV Forms, so as to ensure that they fully and fairly reflect their work and wider contributions to the NHS. If significant data, or if the detailed information requested (such as the dates of various duties) is omitted from the CV Form, the case for an award may be substantially undermined.

7.2.8 SACDA have a responsibility to take into account all relevant matters in reaching their decisions, and this must include any past or current matters of a disciplinary kind. The attention of consultants is drawn to the advisability of openness in regard to such matters. In the light of the guidance issued by the GMC and GDC on Good Medical Practice and on Maintaining Standards of Professional and Personal Conduct, particular attention will be paid to any departure from the professional standards expected of a doctor or dentist subject to those regulatory bodies.

7.2.9 Consultants who move to appointments in Scotland from consultant appointments in England and Wales should note that the ACDA Secretariat will not transfer personal information about them to Scotland. They should be prepared to complete a CV Form for SACDA.
Relevance of Documentation from Previous Years’ Considerations

7.2.10 Previous years’ CV and Citation forms or letters of support are not reconsidered or re-circulated, and each round’s documentation is self-contained. Copies of a previous year’s CV forms are not returned.

7.3 THE ARRANGEMENTS FOR SUBMITTING B AND A AWARD NOMINATIONS

7.3.1 In November, the Secretariat will formally invite nominations, from all categories listed below, to consist of completed Citation Forms and CV Forms. The deadline for submission of nominations to the Secretariat is 1 March 2002.

7.3.2 All nominators, including nominations in relation to honorary contracts, from any of the categories listed below, must ensure that they advise the nominee’s NHS employer of the intention to nominate so the NHS employer can forward its views of the nomination to the Secretariat on an Employer Citation Form. It is the responsibility of the NHS employer to submit the Employer Citation Form timeously to the Secretariat without which the nomination will not be considered.

Specialty Group Meetings

7.3.3 Normally through the Senior Regional Adviser, at or immediately following the Specialty Group meetings a nominator of a consultant will be identified.

Royal Colleges and Faculties

7.3.4 The Secretariat will invite nominations from the following Scottish Royal Colleges:-

- The Royal College of Physicians of Edinburgh
- The Royal College of Physicians and Surgeons of Glasgow
- The Royal College of Surgeons of Edinburgh
- The Scottish Dental Faculties

7.3.5 The Secretariat will likewise formally invite nominations from the London-based Royal Colleges and Faculties that are members of the Academy of Royal Colleges and Faculties as listed below:-

- Royal College of Anaesthetists
- Royal College of Obstetricians and Gynaecologists
- Royal College of Ophthalmologists
- Royal College of Pathologists
- Royal College of Psychiatrists
- Royal College of Radiologists
- Royal College of Paediatrics and Child Health
- Faculty of Dental Surgery, Royal College of Surgeons of England
- Faculty of Occupational Medicine of the Royal College of Physicians, London
- Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom
- Faculty of Accident and Emergency Medicine

Nominations from Royal Colleges and Faculties, or where preparation of nominations is delegated to a specialty group in Scotland, must be ranked in numerical order of priority within Scotland and within that specialty group.
Other Professional Bodies

National Employers

7.3.6 The Secretariat will formally invite nominations from the following nationally based employers:-

- Common Services Agency
- Health Education Board for Scotland
- Medical Research Council
- Mental Welfare Commission
- Scottish Ambulance Service NHS Trust
- Scottish Council for Postgraduate Medical and Dental Education
- Scottish Health Advisory Service
- Special Hospital Board for Scotland (State Hospital, Carstairs)

_Nominations must be ranked in numerical order of priority within Scotland._

NHS Employers of Consultants and Honorary Consultants

7.3.7 The Secretariat will invite Chairmen of NHS Trusts, Health Boards to consider, in consultation with other Chairmen within the Area, whether they wish to submit nominations for awards. Copies of these nominations will be transmitted to SACDA and to the Regional Advisers for the appropriate Region.

_Nominations must be ranked in numerical order of priority._

Undergraduate and Postgraduate Deans

7.3.8 The Secretariat will formally invite nominations from the following:-

- Deans of Medical Schools
- Deans of Dental Schools
- Postgraduate Deans.

The Professions in Scotland

7.3.9 Committees representing the medical and dental professions in Scotland may submit nominations to the SACDA Medical Director via the representatives of the general body of consultants on the committee. The Secretariat will transmit copies of these nominations to SACDA and to the Regional Advisers for the appropriate Region.

Individual Consultants on behalf of Colleagues

7.3.10 Individual consultants who wish to submit nominations for B and A awards on behalf of colleagues, should send them to the SACDA Medical Director by 1 March 2002.

Nominations not Processed

7.3.11 If a nominator proposes to nominate but cannot or will not complete the process, that nominator should notify the consultant in sufficient time to allow time for self-nomination if desired.

Self Nomination
7.3.12 Individual consultants who wish to nominate themselves should send a completed CV form to the SACDA Medical Director by 1 March 2002 with a covering letter clearly indicating that the consultant wishes to nominate himself or herself for an award.

7.3.13 Consultants who nominate themselves must ensure that they advise their NHS employer of their intention to nominate.

7.4 THE ARRANGEMENTS FOR SUBMITTING A+ AWARD NOMINATIONS (other than Self Nomination – see Paragraphs 7.3.12 and 7.3.13)

7.4.1 In November invitations will be sent to the Presidents of the Royal Colleges and Faculties (paragraphs 7.3.4 and 7.3.5), NHS Employers and to all current A+ award-holders in Scotland.

7.4.2 For A+ nominations, the Citation Forms and CV Forms should be forwarded to the Secretariat. The closing date for receipt of A+ nominations is 1 March 2002.

7.4.3 All nominators must ensure that they advise the nominee’s NHS employer of the intention to nominate so the NHS employer may forward its views of the nomination to the Secretariat on an Employer Citation Form. It is the responsibility of the NHS employer to submit the Employer Citation Form timeously to the Secretariat without which the nomination will not be considered.

7.5 LETTERS OF SUPPORT

7.5.1 Individuals, including consultant colleagues, sometimes wish to write in support of a consultant’s case for an award. Such letters should be sent to the SACDA Chairman or Medical Director by 1 March 2002. They add to but do not replace formal nomination.

7.5.2 If they are to be helpful to the candidates and to SACDA, they should not simply repeat what is already known but should reinforce, with additional evidence, or add to what has been already presented.

7.6 10 YEAR REVIEWS

7.6.1 Any consultant who has not been granted an award within the previous ten years, counting from the date of first substantive appointment as a consultant, or whose B or A award has not been increased in the previous ten years, will be offered special consideration to ensure that his or her case for an award or a higher level of award is not being overlooked. The review will be carried out by SACDA in the tenth year after appointment/upgrading. NOTE: To fulfil the above, SACDA will review consultants appointed or last awarded in 1992, just as for the 2001 awards year the 1991 cohort was reviewed. Any consultant outside the 1992 cohort who wishes to be reviewed should self nominate. The 10 year review process confers no special privilege on those under consideration.

7.6.2 The Secretariat will seek completion of a CV Form from each consultant whose award is scheduled for review under these arrangements, for return by 31 January 2002. The Secretariat will also seek completion of an Employer Citation Form from the NHS authority holding the consultant’s or honorary consultant’s contract, for return by 1 March 2002.

7.7 SPECIAL REVIEWS

The Purpose of Special Reviews
7.7.1 There is no formal system of appeal against the non-receipt of an award. Any consultant who feels he or she may have been overlooked (for example those who work on several sites or in smaller specialties) should Self Nominate. If a consultant believes that there are special circumstances of which SACDA may have been unaware, he or she may write to the Secretariat to ask for a review of his or her case by the SACDA Chairman and Medical Director. Special Reviews are only intended to be used on the rare occasions where, for instance personality differences or personal bias may be thought to be operating against a consultant, or health problems exist. It is understood that a consultant may not wish to place such matters on his or her CV form. The SACDA Chairman and Medical Director will consult as necessary on whether a request for a Special Review will be accepted. Their decision is final.

Special Reviews are not intended to be used, and will not generally be accepted where all of the relevant factors can be expressed without difficulty on the SACDA CV form.

Forms and Timetable

7.7.2 Requests for a Special Review must be supported by a CV Form and an Employer Citation Form submitted to the Secretariat by 15 February 2002. Where a request is submitted after 15 February 2002, the consultant may, unless otherwise ineligible, resubmit the request for consideration in the following awards round. The request, the CV Form and the Employer Citation Form will be transmitted on receipt to the SACDA Chairman and Medical Director, who may refer the matter to a SACDA Meeting.

Repeated Requests for Special Reviews

7.7.3 Special Reviews will not normally be granted less than three years after one has been undertaken, and only then if new and relevant factors which have come to notice since the previous review can be clearly demonstrated. Consultants have the option of self-nomination if they wish to receive consideration after a shorter period.

Notification of Outcome

7.7.4 The consultant will be informed of the action taken and the outcome of a Special Review by the SACDA Chairman only at the conclusion of the awards round.

Unsuccessful Nominations

7.7.5 A consultant nominated for an award whose nomination is unsuccessful may write to the SACDA Medical Director and ask for the reasons why he or she was unsuccessful. It should be recognised that the very limited number of awards available in any one year against the number of nominations received means that, in many cases, this will be because others have been judged to have a stronger case.
SECTION 8: THE CRITERIA FOR AWARDS: WHAT AWARDS COMMITTEES LOOK FOR

This section explains the criteria for awards; what awards committees look for when considering B and A award nominations, and other factors they will take into account; and the fact that a very high standard is required for A and A+ awards.

The Criteria

8.1 The Criteria for awards, is set out in Annex A.

ESSENTIAL POINTS THAT ASSIST AWARDS COMMITTEES’ APPROACH TO THEIR DECISIONS

8.2 The essential points of these criteria that assist awards committees’ approach to their decisions, and that consultants will wish to bear in mind if they are being nominated for an award or are looking at the decisions of awards committees, are:

- awards are given for outstanding professional work
- they are not seniority payments
- they are for performance over and above what would normally be expected for the position concerned
- the criteria recognise the differing opportunities and expectations for consultants employed in different types of posts or organisations
- they are not restricted, for example, to academic or research contributions, but recognise the consultant’s total contribution to service to patients, teaching and management and development of the service
- a record of achievement is expected across a range of the areas listed in the criteria
- success in only one of these areas will not normally be sufficient
- for the small number of awards available at A and A+ level, a very high standard is required.

What Awards Committees Look For

8.3 Consultants working in teaching hospitals will generally be expected to undertake teaching and to have reasonable academic productivity. In the case of honorary contract holders the academic activity will naturally be expected to be strong - in itself, over and above that normally expected – if it is to be a factor in consideration for an award. Consultants in teaching hospitals, because they tend to be more numerous and have other contractual responsibilities alongside their NHS service contribution, may have less opportunity to take part in local service management. However, leadership in the specialty, both within and outside the local employer’s catchment area, will generally be expected.

8.4 Consultants working in other NHS hospitals or for other types of NHS employer may satisfy the criteria very differently. Again, local leadership and leadership of the specialty within and outside the employer’s own area will generally be looked for. Many consultants who work in such hospitals undertake considerable teaching work and this will be given due weight if recorded. Many also undertake substantial and valuable research, which should also be set out in the CV and Citation Forms. The criterion relating to
achievement of service goals (see criterion in Annex A (6)) may also be of particular relevance in the non-teaching hospital environment. Awards committees will also seek to ensure that consultants in less “visible” specialties and employment situations, who nonetheless make a notable contribution to the NHS and to medical advance, are given full consideration and recognition.

8.5 It will be expected that a consultant’s contracted responsibilities for the NHS must be satisfied as set out in the first criterion in Annex A (1). Satisfaction of the other criteria will depend upon opportunities. Awards committees will have regard to the opportunities for work over and above what is usual in the different environments in which consultants work. Due consideration will be given to meritorious candidates who give a full-time commitment to their NHS workload.

8.6 At B award level, the published criteria set out the minimum standard required. Those recommended for an A award will need to show continuing satisfaction of those criteria, at a higher level. They might normally be expected, for example, to be the Chairman or Vice-Chairman of local and regional and/or national specialist, management, advisory or executive committees, and to be showing substantial leadership in service, teaching and (if appropriate) research. They must in addition continue to satisfy their NHS employer in respect of work undertaken under the whole-time, part-time or honorary contract that they hold, or to have agreed any reduction in their service commitment in consequence of other contributions they make.

**Females and Ethnic Minorities**

8.7 While decisions are based on merit, awards committees will ensure that the claims of consultants from certain groups, such as female consultants, those from ethnic minorities, and from consultants in NHS Trusts, in specialties and other groups in specialties which in the past received a smaller proportion of awards than some others are noted.

**Full-Time Consultants to the NHS**

8.8 Due consideration will be given to meritorious candidates who give a full-time commitment to the NHS.

**Public Health and Dental Consultants**

8.9 SACDA will ensure that consultants in public health and occupational health medicine, and dental consultants including consultants in dental public health, are fully considered on equal terms with all other consultants.

**Age of Consultant and Recency of Previous Award**

8.10 Awards committees will scrutinise with particular care nominations made in respect of relatively young and recently appointed consultants.

8.12 Only in exceptional circumstances will consultants aged less than 40 be granted a B award, and those less than 45 an A award. Such cases, if strongly recommended, will be taken to the Preliminary Meeting of SACDA for full discussion before a final decision.

8.13 It is normally expected that at least three or four years should elapse before any serious consideration can be given to the possibility of upgrading an award from B level to A, or from A to A+.

**Relevance of Discretionary Points Held**

8.14 There is no link between the number or date of receipt of locally awarded discretionary points and eligibility for distinction awards. To be considered for a distinction award it is not regarded as essential
that a consultant should hold any discretionary points - though usually most consultants who are nominated for a distinction award will be in receipt of at least some, since they demonstrate local satisfaction with a consultant’s performance.

A+ Awards

8.15 To be considered for an A+ award the very highest standards will be required. A substantial contribution to leadership of the NHS and/or to the advancement of medical science and health care nationally will be expected at A+ level. An individual’s international standing may be an added factor at this level, but only in conjunction with a contribution that is important to health care in the UK nationally.
SECTION 9: REVIEW OF AWARDS

Introduction

This section explains the arrangements for the five-yearly review of awards: why awards are reviewed; the forms that are used and how they should be completed; how the awards are reviewed; the options available to SACDA; the effect of withdrawal of awards and the additional review provisions available to SACDA.

5-YEARLY REVIEWS

9.1 WHY AWARDS ARE REVIEWED ON A 5-YEARLY BASIS

9.1.1 All awards or increased awards granted from the 1989 awards round onwards are subject to review to ensure that each holder meets the current criteria applicable to the granting of new awards (Annex A). There are two exceptions: (1) those consultants who have left the NHS or who declare in writing that they will have done so (for whatever reason) before the fifth anniversary of their award, and (2) those consultants who have, in the interval, advanced to a higher award (and who will be subject to a five-yearly review in due course).

9.1.2 SACDA will seek professional opinions in writing and the views of employers are also sought. Any action which represents a departure from the standards of professional and personal conduct required under the guidance issued by the GMC and GDC must be reported to and evaluated by SACDA.

9.1.3 Reviews are carried out at five-yearly intervals, and SACDA has the option to review the case of an individual consultant again within 5 years where they have a reservation as to whether the criteria (Annex A) continue to be satisfactorily met.

9.1.4 These arrangements do not apply to any awards or increased awards granted before 1989. For example, in the case of an A award-holder whose award status was upgraded from B to A in 1989, the review would only apply to the A award element.

9.1.5 The review will be undertaken during the fourth year of receipt or renewal of an award, so that any decision to downgrade or withdraw an award can be put into effect five years from the date on which the award was first paid or last reviewed.

9.2 THE 5-YEARLY REVIEW FORMS AND THEIR COMPLETION

The SACDA CV Form

9.2.1 In November the SACDA Medical Director will invite every consultant whose award is due for review to return the appropriate completed CV Form to the holder of his or her NHS contract as a consultant or honorary NHS consultant, by 8 December 2001.

Completion of CV Form

9.2.2 The SACDA CV Form must be typewritten. Only the current SACDA CV Form may be used; personal CVs or forms that differ from the SACDA CV Form will not be accepted.

Inclusion of All Relevant Information
9.2.3 Consultants should ensure they take care in completing the SACDA CV Form, so that it fully and fairly reflects their work and wider contributions to the NHS, and especially new work undertaken since the award being reviewed was granted. They should give just as much attention to its completion as they would do if they were being nominated for a new or higher level of award. The case for continuing an award will be substantially undermined if significant data, or if the detailed information requested (such as the dates of various duties), are omitted from the form. If consultants do not give such attention to completing the SACDA CV form, a further and more detailed review the following year is likely — or the award may be downgraded or withdrawn. Detailed guidance on the completion of the form is set out in the accompanying Notes on Completion (see Annex K).

9.2.4 Awards committees have a responsibility to take into account all relevant matters in reaching their decisions, and this must include any past or current matters of a disciplinary kind, adverse Court decisions concerning a consultant, or adverse conduct or performance decisions of the GMC or GDC. Consultants are urged to be open in such matters, and an appropriate statement should be made in the personal statement section of the SACDA CV form, or confidentially in a letter to the Medical Director.

The SACDA 5-Yearly Review Citation Form

9.2.5 The Chief Executives of NHS Trusts or General Managers of Health Boards that hold the NHS contracts of consultants will be asked to complete an Employer Citation Form (Annex M) setting out their views on the cases for the renewal of B, A and A+ awards from their local perspective. They will be asked to send the originals of the CV Forms to the Secretariat by 21 December 2001 and the Citation Forms also to the Secretariat by 31 January 2002. If the task of completing this Citation Form is delegated to another person, the Chief Executive/General Manager should still countersign the Citation Form and indicate clearly the employing authority’s view on renewal. If renewal is not supported by the employer the reasons must be clearly stated.

9.3 5-YEARLY REVIEWS: HOW B, A AND A+ AWARDS ARE REVIEWED

9.3.1 In all cases, two or more independent professional Citations (See Annex N) from current award-holders will also be sought by SACDA.

Review of B, A and A+ Awards

9.3.2 During each Regional Awards Meeting the names of all award-holders that are in the course of review will be announced to the meeting. Any relevant information which those attending the meeting consider to be useful to SACDA can be presented at that stage, or should be sent under confidential cover to the Medical Director within two weeks of the meeting.

B, A and A+ awards will be reviewed by the SACDA Chairman and Medical Director and they may seek such further written information as considered necessary to assist the SACDA in making a decision. Should there be any cases where they have a reservation as to whether the criteria (Annex A) have been satisfactorily met they will refer these to a meeting of the SACDA Committee. The Committee will consider the consultant’s CV, all citations and any other written information then received and make a preliminary decision as to whether the award be retained or withdrawn/downgraded.

Withdrawal of Awards
9.3.3 If a preliminary decision is taken by the SACDA to withdraw or downgrading an award the consultant’s NHS employer will be informed of this. The consultant will be advised of the preliminary decision and the reasons for it by the SACDA Chairman and a copy of all citations and all other written information received relating to the review will be sent to the consultant. He or she then has the opportunity to put his or her case, in writing, to the SACDA for discussion before a final decision is made by the Committee as to whether the award be retained or withdrawn/downgraded.

9.3.4 When the SACDA Chairman and Medical Director are satisfied that an award should be renewed, the Secretariat will notify the NHS authority that holds the consultant’s or honorary consultant’s contract as a consultant that the award is confirmed for a further five years. The SACDA may also decide to review the case of an individual consultant again within five years if this is considered necessary in an individual case.

Early Warning

9.3.5 SACDA may decide that an individual continues to satisfy the criteria to hold an award but there is an indication in the supporting paperwork that the level of contribution may be decreasing and that in any subsequent review there may not be sufficient to justify continuation of an award. In such cases SACDA will communicate to the consultant these concerns. Such communication is intended to be wholly supportive and not threatening and should not be perceived in any other way.

Effect of Downgrading or Withdrawal of an Award under the 5 Year Review Process

9.3.6 A system of salary protection will be applied if an award is downgraded or withdrawn. The consultant’s salary, including any distinction award held, will be “frozen” until the maximum of the consultant salary scale (plus the value of any lower award if the original award was downgraded) has caught up with his or her “mark-time” earnings. The maximum of the salary scale will be deemed to include any discretionary points previously held by the consultant. A consultant affected in this way will continue to be eligible for reinstatement of his or her award, or for an increased award, if his or her performance subsequently improves. However, in the event of a consultants’ circumstances rendering him/her ineligible for an award the NHS Employer must ensure that payment of the award ceases immediately.

Additional Review Provisions

9.3.7 SACDA may review the award of any consultant at any time and, if appropriate, withdraw it if SACDA is made aware of issues that might bring the continuation of the award into question.

9.3.8 These additional review provisions, as set out in the following paragraphs, are separate from the standard five yearly review provisions. It is intended that these provisions will be used exceptionally, and that they will apply to cases involving serious matters of professional or personal misconduct, or professional incompetence where, in the opinion of SACDA, continuation of the award would undermine confidence in the awards system.

9.3.9 The need to consider review action under these provisions would thus most likely arise as a result of:

- disciplinary action by the employer
- GMC or GDC findings
- criminal conviction
Notification to SACDA: Responsibilities of Employers

9.3.10 Employers should notify the SACDA Chairman in any case involving serious matters of professional or personal misconduct, or professional incompetence, which, if found proven, could bring the consultant’s employment and/or registration into question and where preliminary investigation has established the need for further action.

9.3.11 It should be noted, however, that as a general rule it would be contrary to the principles of natural justice for SACDA to act on the basis of the mere existence of allegations of a disciplinary or criminal kind which may be contested by the consultant and where investigations are not yet complete.

Thus, it would not normally be appropriate for SACDA to take action under these provisions, in relation to such allegations that are still the subject of investigation by the employer under local disciplinary procedures, or by the GMC or GDC, or by the courts.

9.3.12 Where such allegations are under investigation in respect of an award holding consultant, the employer should report that fact on a strictly confidential basis to the SACDA Chairman, keep the SACDA Chairman informed of progress towards a conclusion on the allegations made, and report the outcome.

9.3.13 The consultant should be informed by the employer that this action has been taken.

Consideration of the Need for Review Action

9.3.14 Once a conclusion has been reached on the allegations made, the SACDA Chairman will decide the need for further action under these review provisions after consultation with SACDA members as appropriate.

9.3.15 If no further action is to be taken by SACDA, the SACDA Chairman will notify the consultant and his or her employer.

Referral to SACDA for Review Action

9.3.16 If the SACDA Chairman concludes that SACDA needs to consider whether or not the award should be continued, the SACDA Chairman will obtain such further information as is considered necessary for SACDA to reach a decision.

9.3.17 The SACDA Chairman will inform the consultant that the matter is to be put before SACDA, and invite the consultant to put his or her case in writing to SACDA before a decision is made.

Basis of SACDA's Considerations

9.3.19 The decision which SACDA is required to take is whether or not the continuation of the award is justified. It is not part of SACDA’s role to rehear the evidence or arguments relating to particular allegations. The basis of SACDA’s decision will be whether, in its view, the consultant in question is continuing to satisfy the published criteria for awards.

9.3.20 Recipients of awards are expected to display and maintain very high standards of conduct and professional competence, taking account of guidance issued by the General Medical Council and General Dental Council where appropriate. SACDA must satisfy itself that such standards have been maintained, and that the continuation of the award is justified.
Withdrawal/Downgrading and its Effect

9.3.21 Where SACDA decides that the continuation of the award is not justified, it may withdraw (or downgrade) the award and may withdraw the value of the award (or the relevant element thereof) from the consultant's salary.

9.3.22 Any decision to withdraw or downgrade the award, and any consequent salary reductions, will apply from the date of SACDA's decision.

9.3.23 These reviews will include provision for the withdrawal of the award from salary, if the outcome of the review process is the withdrawal of the award.

9.3.24 These provisions are intended to apply to cases involving serious matters of professional or personal misconduct, or professional competence, where continuation of the award would undermine confidence in the awards system.

Confidentiality

9.3.25 It is very important that discussions at all meetings concerned with the conduct of five-year reviews should remain confidential. The detailed and confidential nature of their content should be respected by all those who are present, if the intended purpose of these reviews is to be achieved. This confidentiality restriction applies to everyone to whom the Secretariat might be asked by the SACDA Chairman or Medical Director to send copies of CV Forms to assist with the conduct of particular reviews.
SECTION 10: STANDARDS OF PROPRIETY AND CONFLICTS OF INTEREST

10.1 Members of SACDA, its Regional Advisers and consultants and others attending its meetings must, at all times, observe the highest standards of confidentiality, impartiality, integrity and objectivity in discharging their responsibilities.

10.2 SACDA must ensure that each case is considered thoroughly, that decisions are reached in a fair and impartial way, and that the decision is an honest one based on the information before them and their best judgement of the merits of each case.

10.3 Members of SACDA, whether appointed as a professional member or as a representative of management, are not appointed as representatives of any individual specialty, organisation or employer. They contribute to decisions on the basis of the particular knowledge and experience they have, but must not act in a partial way or seek to gain an advantage for any individuals or groups of individuals based on their specialty, their employer or any other such factor. They must ensure that all decisions they contribute to, or are asked to ratify, are based on merit, and that the claims of all consultants or groups of consultants are fully considered and judged fairly.

10.4 Members of SACDA are required to declare potential conflicts of interest and withdraw from SACDA or Sub-committee discussions in certain circumstances.

- Where one or more of the consultants under consideration for an award has been nominated by them.

- Where one or more of the consultants under consideration for an award is in the same family, is a partner or is a close professional colleague.

- Where a consultant subject to review is a family member, is a partner or is a close professional colleague and consideration is being given as to whether their award be continued or withdrawn.

- Where any consultant SACDA Member does not hold an A+ Distinction Award and consideration is being given to one or more consultants receiving an A+ Award or an A+ award is subject to review.
SECTION 11: SACDA TIMETABLE

The timetable for the awards round will be as follows:

**October 2001**

The Scottish Executive publishes the new Guide To The NHS Consultants’ Distinction Awards Scheme.

Copies of lists of awards granted by SACDA at its September meeting will be issued to NHS authorities with requests that they notify, by 31 October 2001 any consultant(s) or honorary consultant(s) named in these lists and whose NHS contract(s) they hold that such consultants have been granted award(s) or not.

**November 2001**

CV Forms and appropriate Citation Forms for use when nominating for awards plus guidance on the estimated number of nominations required for the coming year will be issued by the Secretariat to NHS Trusts and Health Boards, as well as to Royal Colleges and Faculties, other national bodies and other professional bodies in medicine that request them. This will include the relevant extracts from the updated Nominal Roll and the list of awards granted by SACDA at its September meeting.

The relevant extracts from the updated Nominal Roll of practitioners eligible for awards sent to NHS Trusts and Health Boards, is to be made available for inspection by local consultants.

SACDA will issue CV Forms to all consultants whose awards are due for 5-yearly Review (for 2002, awards granted in 1993 and in 1998) except those detailed as exceptions in the Guide. The CV Forms are to be completed and returned by the consultants to the NHS authorities that hold their contracts as consultants or honorary consultants by **14 December 2001**.

SACDA will issue invitations to all consultants eligible for 10 year review (for 2002, Date Appointed to Grade 1992 also no upgrade of B & A award since 1992) to submit their CV to the Secretariat by 31 January 2002 for consideration by the Committee.

SACDA will inform all relevant NHS authorities of consultants under 5-yearly and 10 Year Review.

**December 2001**

Employer Citation Forms will be issued for completion by NHS authorities when commenting on consultants whose awards are due for 5-yearly and 10 Year Review.

The updated Nominal Roll of practitioners eligible for awards, guidance on the estimated number of nominations required for the coming year, and relevant lists of consultants with B, A and A+ awards scheduled for 5-yearly and 10 Year Review will be issued by the Secretariat to all Regional Advisers.

SACDA will issue letters and separate citation forms to assessors, (internal and external), selected by the Medical Director requesting they give an assessment of those consultants under 5-yearly review.

**8 December 2001**

Deadline for the return of 5-Yearly Review CV Forms by every consultant whose award is due for 5-yearly Review to the NHS authority that holds his or her contract as a consultant or honorary consultant, for onward transmission by that authority to the Secretariat by **21 December 2001**.
### 31 January 2002

Due date for the return of 5-yearly Review Employer Citation Forms from NHS authorities stating their views about any award-holding consultants whose NHS contracts they hold and whose continued tenure of their awards are under review.

Due date for the return of 5-yearly Review Internal/External Assessments.

Due date for return of 10 year Review CV’s.

### February 2002

Publication of the SACDA Annual Report.

### 15 February 2002

Deadline for the submission of requests for Special Reviews, accompanying CV Form and Employers Citation.

### 1 March 2002

Deadline for submission of all CV’s to Secretariat (except 5-yearly /10-year Reviews).

Deadline for the receipt by the Secretariat of all local nominations and citations emanating from the preliminary meetings held by professional groups of award-holders and by NHS authorities in the Region or Area. It is also the deadline for receipt of nominations and citations from the Royal Colleges and Faculties, from other nominating bodies and any other source of nomination.

Deadline for the receipt by the Secretariat of Employer and Citation Forms (for 10 year reviews).

### 15 March 2002

Deadline for receipt of Employers Citation for all sources of nomination (except 5 yearly/10 year reviews).

### 30 April 2002

Meeting of SACDA review sub-committee to review self nominations, 10 year reviews and nominations by individual consultants.

### May-June 2002

Regional Awards Meetings are to be held during the afternoons on the following dates:-

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Region</td>
<td></td>
</tr>
<tr>
<td>B Nominations</td>
<td>Glasgow</td>
</tr>
<tr>
<td>A Nominations</td>
<td>Glasgow</td>
</tr>
<tr>
<td>Eastern Region</td>
<td></td>
</tr>
<tr>
<td>B &amp; A Nominations</td>
<td>Dundee</td>
</tr>
<tr>
<td>North/North Eastern Region</td>
<td></td>
</tr>
<tr>
<td>B &amp; A Nominations</td>
<td>Aberdeen</td>
</tr>
</tbody>
</table>
South Eastern Region

B Nominations  Edinburgh  10 June
A Nominations  Edinburgh  17 June

Lists of nominations for B and A awards with CV Forms and Citation Forms (Nomination and Employer) and lists of all B, A and A+ awards scheduled for 5-yearly Review will be issued by the Secretariat at least 7 working days before each Regional Awards Meeting to Committee Members and Regional Advisers.

Lists of nominations for B and A awards are sent to the NHS Employers before each Regional Meeting to ensure all names can be commented on by management.

25 July 2002

Preliminary Meeting of SACDA, Scottish Health Service Centre. Preliminary decisions are taken on consultants to receive B, A and A+ awards and any Special Reviews and the 5-yearly Reviews are considered.

Meeting of SACDA attended by Committee members only.

26 September 2002

Final meeting of SACDA.

At this meeting, in addition to any discussion on the final list of recommendations for B, A and A+ awards final decisions would be taken on, 5-yearly and any supplementary reviews. The Regional Advisers have the opportunity to discuss any relevant issues with the Chairman and other members of SACDA. The Chairman and Medical Director of ACDA England and Wales attend as observers.
SECTION 12: ACCESSING INFORMATION AND FORMS

a) How Members of the Public May Obtain Copies of the Guide and Annual Report
Members of the public may obtain copies of the Guide and the SACDA Annual Report by requesting copies in writing or by fax from:

Mrs Linda Middleton
Directorate of Human Resources
Scottish Executive Health Department
Room GW15
St. Andrews House
EDINBURGH
EH1 3DG

Fax 0131 244 2837

b) Accessing Information and Forms via the Internet and the NHS Web

Information Available via the Internet

A copy of the Guide for the Awards Round 2002 with the following information and forms will be available on the SACDA Home Page on the Scottish Health Department Web Site at:

http://www.show.scot.nhs.uk/sacda/

- the Guide to the Scheme
- Annexes include
  - the SACDA Criteria
  - the SACDA Curriculum Vitae Form
  - the SACDA Nomination Citation Form
  - the SACDA Employer Citation Form
  - the SACDA 5-Yearly Review Assessor Citation Form

To enter data: Access “Word 6 version” and scroll through the document to the appropriate annex.
CRITERIA FOR DISTINCTION AWARDS

Distinction awards are granted in recognition of outstanding professional work - often of U.K. and international significance - which involves consultants devoting a substantial part of their time to activities of wider benefit to patient care in the NHS as a whole, including work carried out in the local setting - particularly where this has application nationally.

Awards are not seniority payments, nor are they given to holders of particular types of post as of right. All doctors and dentists are expected to display, and maintain, very high standard of conduct and professional competence, taking account of guidance issued by the GMC and GDC where appropriate. To warrant consideration for an award, awards committees will look for performance over and above what is normally expected in respect of service to patients, teaching and the management and development of the service. In general SACDA will expect a record of achievement across a range of the criteria listed below from consultants nominated for awards; success in only one of these areas will not normally be sufficient.

(1) Professional excellence, which for most consultants will be founded on the sustained quality of the service they provide to patient care, and recognition of leadership;

(2) research, innovation and improvement in the service. The expectations will vary for different groups - eg Health Board or Trust, teaching or district hospital, honorary or NHS contract - and will relate to the differing opportunities in these different environments;

(3) outstanding administrative or management effort, including those who effectively implement innovations, involving activities often of national significance, which will again be related to opportunity and normal expectations. For example, honorary NHS contract holders (e.g. clinical academic staff, research workers), whose duties include a small NHS management content will often not contribute substantially in this area. Consultants working in community and management-based specialties such as public health medicine and dental public health are expected, on the other hand, to secure measurable achievement in service development as part of their normal work, so that they have to be assessed on the basis of above-average effort or contribution;

(4) an outstanding contribution to other forms of service development such as clinical audit, clinical governance, the effective promulgation of evidence based medicine, and external evaluation and audit;

(5) teaching and training; for example, special effort to train junior staff, or taking a leading role in undergraduate teaching or postgraduate medical education (including the establishment of short-term national or overseas training links), especially if undertaken in addition to ordinary duties. Contribution by consultants to training of other NHS staff, and also to public education and health promotion will also be relevant;

(6) outstanding commitment to the achievement of service goals, innovative service delivery, and the sustained delivery of high quality patient care in hard-pressed service areas.

For the small number of awards available at A and A+ level, a very high standard is required. Awards might be recommended for those who are evident leaders in a clinical or scientific field, those with outstanding clinical and managerial skills, those who contribute new ideas of proven worth, those who effectively implement innovations, those who are generally accepted as leaders of the profession in their region and in the country as a whole and those with a national or international reputation.
UPRATED VALUES OF CONSULTANTS’ BASIC SALARY SCALE RANGE, DISCRETIONARY POINTS AND DISTINCTION AWARDS FROM 1 APRIL 2001.

From 1 April 2001

1. The basic salary scale range for consultants from 1 April 2001 is £50,810 - £66,120.

2. The consultants’ discretionary points scale from 1 April 2001 enhances salaries by eight steps as follows:

<table>
<thead>
<tr>
<th>1 Discretionary Point</th>
<th>£2,645</th>
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<tbody>
<tr>
<td>2 Discretionary Points</td>
<td>£5,290</td>
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<tr>
<td>3 Discretionary Points</td>
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<tr>
<td>4 Discretionary Points</td>
<td>£10,580</td>
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<tr>
<td>5 Discretionary Points</td>
<td>£13,225</td>
</tr>
<tr>
<td>6 Discretionary Points</td>
<td>£15,870</td>
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<tr>
<td>7 Discretionary Points</td>
<td>£18,515</td>
</tr>
<tr>
<td>8 Discretionary Points</td>
<td>£21,160</td>
</tr>
</tbody>
</table>

Thereby increasing the consultants’ salary scale to a maximum of £87,280.

3. The full values of consultants’ distinction awards from 1 April 2001 are as follows:

| A+ Award | £62,815 |
| A Award  | £46,285 |
| B Award  | £26,450 |

N.B. Distinction awards are paid in addition to consultants’ basic salaries and subsume the value of any discretionary points held previously. Thus it is not possible to hold a distinction award and discretionary points.
HONORARY NHS CONTRACT HOLDERS: DEFINITION OF NHS WORK

NHS work is defined as follows:

1. the direct care of individual patients or work specifically related to the diagnosis and treatment of individual patients. This should include time spent in the out-patient department, wards and operating theatres or in undertaking examinations including radiological and pathological examinations intended to assist the diagnosis and promote the treatment of a particular patient;

2. NHS based activities of wider benefit to patient care in the NHS as a whole, including work carried out in the local setting which has application nationally;

3. NHS based research which can be specifically related to the diagnosis or treatment of individual patients or of wider benefit to patient care in the NHS as a whole;

4. for consultants in public health medicine and dental public health, NHS-based activities associated with the provision and development of public health medicine and dental public health in the NHS.

It is expected that the NHS employer should be able to verify the amount of time devoted to NHS work as defined above. However, it is important to note the following:

purely teaching duties will not count as NHS work. SACDA recognises, however, that there are a few consultants whose work in undergraduate and/or postgraduate medical education is such that it represents a major contribution to the NHS.
EXTRACT FROM THE TERMS AND CONDITIONS OF SERVICE OF HOSPITAL MEDICAL AND DENTAL STAFF (SCOTLAND) OCTOBER 1994

Teaching and Research

78. Where a consultant holds appointments with one or more authority and with the Medical Research Council and/or a University, which together constitute whole-time employment (excluding any notional half-day contracted under paragraph 16), and where the Medical Research Council or University appointment involves clinical work, the consultant shall have the option of being treated either:

a. as though he or she were employed on a part-time basis with each employing authority. In such a case the provisions of paragraphs 61-66 and 69-75 will apply for purposes of calculating the consultant’s remuneration from the authority; or

b. as though he or she were employed jointly on a whole-time basis.

Where the consultant elects to be treated under b., the salary rate paid by each separate employing authority shall be in accordance with the appropriate rates in the respective fields and the proportions of the whole-time rates payable shall be in accordance with the proportion of time spent in each part of the joint appointment. For the purposes of paragraphs 30-38, 40-42 and 275-315, the consultant shall be treated as if he or she were a whole-time practitioner.

79-80. Unallocated.

Honorary Appointments

81. Holders of clinical posts in medical or dental schools or with the Medical Research Council, and teachers (including part-time clinical professors or heads of university clinical departments) who devote part of their time to hospital work, shall hold honorary (unpaid) appointments with the appropriate authority, but shall receive reimbursement of travelling expenses, expenses of candidates for appointment, subsistence allowances and postage and telephone expenses incurred in the performance of NHS duties. Such practitioners who hold honorary consultant appointments shall, however, be eligible for distinction awards, which shall be paid in accordance with paragraphs 82 to 86.

Whole-Time Posts

82. Whole-time clinical teachers and research workers shall receive a proportion of any distinction award made to them according to the average time per week for which they are engaged in clinical work, as follows:

<table>
<thead>
<tr>
<th>Average number of hours of clinical work per week</th>
<th>Proportion of award payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 or more</td>
<td>The full amount</td>
</tr>
<tr>
<td>17.5 or more but less than 21</td>
<td>80%</td>
</tr>
<tr>
<td>14 or more but less than 17.5</td>
<td>65%</td>
</tr>
<tr>
<td>10.5 or more but less than 14</td>
<td>50%</td>
</tr>
<tr>
<td>7 or more but less than 10.5</td>
<td>35%</td>
</tr>
<tr>
<td>3.5 or more but less than 7</td>
<td>25%</td>
</tr>
<tr>
<td>an assessable amount of clinical work but less than 3.5 hours</td>
<td>15%</td>
</tr>
</tbody>
</table>
Practitioners Engaged in Private Practice

83. Whole-time clinical teachers who are, exceptionally, permitted to engage in private practice and to retain the fees therefrom, or to receive a consolidated sum in return for handing these fees to their employer, shall, for the purposes of determining the amount of any distinction award payable, be treated as part-time clinical teachers and the provisions of paragraph 84 shall apply to them.

Part-Time Posts

84. Part-time clinical teachers and research workers shall be paid fractions of any awards made to them on the same basis as part-time clinicians according to the amount of time spent in clinical work, subject to a maximum of that appropriate for 9 notional half-days.

Teaching Duties Undertaken by Part-Time Consultants

85. Consultants who hold paid part-time appointments with an authority and who undertake teaching duties concomitantly with their clinical work shall be permitted to retain any remuneration they may receive from the University or School in recognition of their teaching duties.

Joint Appointments

86. Consultants who hold appointments of the kind described in paragraph 78 and who have elected to be treated as whole-time practitioners under the provisions of sub-paragraph 78.b. shall, where necessary, also hold honorary appointments with the authority covering access to the hospital for clinical work arising out of the Medical Research Council or University part of the appointment and shall be eligible for distinction awards on the following basis:

a. the amount of the distinction award payable in respect of the contract with the health authority (or authorities) shall be the same fractional proportion of the full award as the salary is of the whole-time consultant salary;

b. the amount of the distinction award payable by the authority (or authorities) in respect of the contract with the University or Medical Research Council shall be calculated in relation to the proportion which, on average, the time spent on clinical work arising from the University or Council contract bears to the total time under that contract, on the following basis:

Where the average time spent on clinical work under the University or Medical Research Council bears the total time under that contract a proportion greater than or equal to:

<table>
<thead>
<tr>
<th>Proportion</th>
<th>Amount of Distinction Award Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/11ths</td>
<td>The full amount</td>
</tr>
<tr>
<td>5/11ths</td>
<td>80%</td>
</tr>
<tr>
<td>4/11ths</td>
<td>65%</td>
</tr>
<tr>
<td>3/11ths</td>
<td>50%</td>
</tr>
<tr>
<td>2/11ths</td>
<td>35%</td>
</tr>
<tr>
<td>1/11th</td>
<td>25%</td>
</tr>
<tr>
<td>an assessable amount of clinical work but less than 1/11th</td>
<td>15%</td>
</tr>
</tbody>
</table>

The amount of the distinction award payable shall be the following proportion of the difference between the value of the full award and the amount payable under a. above:
APPENDIX E


APPOINTMENTS WITH HEALTH BOARDS AND OTHER BODIES

65. Where a community medicine specialist holds appointments with one or more health boards and with the Medical Research Council and/or a university, which together constitute full-time employment, and where the Medical Research Council or university appointment involves work in community medicine, he shall have the option of being treated either:

a. as though he were employed on a part-time basis by the National Health Service, or

b. as though he were employed on a full-time basis by the National Health Service.

Where the community medicine specialist elects to be treated under b. the salary rate paid by each separate employing authority shall be in accordance with the appropriate rate in the respective field and the proportion of the whole-time rate payable shall be in accordance with the proportion of time spent in each part of the joint appointment. For the purposes of the provisions on retention of fees and on expenses (including travelling expenses, mileage allowance, and removal expenses) he shall be treated as if he were a full-time community medicine specialist.

66. Where the community medicine specialist elects to be treated under b. of paragraph 65 and is in receipt of a distinction award the payment in respect of the award shall be assessed on the following basis:

a. The amount of the distinction award payable in respect of the contract with the health board shall be the same proportion of the full award as the salary is of the full-time community medicine specialist salary, and

b. The amount of the distinction award payable by the health board in respect of the contract with the university or Medical Research Council shall be calculated in relation to the proportion which, on average, the time spent on community medicine work arising from the university or MRC contract bears to the total time under that contract, on the following basis:

Where the time spent on community medicine work under the University or Medical Research Council bears to the total time under that contract a proportion equal to or greater than:

<table>
<thead>
<tr>
<th>Proportion of Work</th>
<th>Distinction Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>The full amount</td>
</tr>
<tr>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>40%</td>
<td>65%</td>
</tr>
<tr>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>20%</td>
<td>35%</td>
</tr>
<tr>
<td>10%</td>
<td>25%</td>
</tr>
<tr>
<td>Less than 10%</td>
<td>15%</td>
</tr>
</tbody>
</table>

The amount of the distinction award payable shall be the following proportion of the difference between the value of the full award and the amount payable under a. above:
Honorary Contracts

67. Holders of posts in community medicine in medical schools or elsewhere in universities or with the Medical Research Council (including part-time professors in community medicine or heads of university departments of community medicine) who devote part of their time to work in community medicine in the National Health Service shall be allowed to hold honorary (unpaid) appointments with the appropriate health board.

68. Holders of honorary appointments should receive from the board reimbursement of travelling expenses, expenses of candidates for appointment, subsistence allowances and postage and telephone expenses incurred in the performance of NHS duties.

69. Holders of honorary appointments shall be eligible for distinction awards. Payment of such awards shall be as follows:

   a. Part-time teachers of, and research workers in, community medicine shall be paid fractions of any award made to them on the same basis as community medicine specialists in the National Health Service according to the amount of time spent on work in community medicine in the service.

   b. Subject to paragraph 72 full-time teachers of, and research workers in, community medicine should receive a proportion of any distinction award made to them according to the average time per week for which they are engaged on work in community medicine in the National Health Service as follows:

   Average number of hours in community medicine in the NHS per week:

<table>
<thead>
<tr>
<th>Hours in Community Medicine</th>
<th>The Full Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 or more</td>
<td>80%</td>
</tr>
<tr>
<td>17.5 or more but less than 21</td>
<td>65%</td>
</tr>
<tr>
<td>14 or more but less than 17.5</td>
<td>50%</td>
</tr>
<tr>
<td>10.5 or more but less than 14</td>
<td>35%</td>
</tr>
<tr>
<td>7 or more but less than 10.5</td>
<td>25%</td>
</tr>
<tr>
<td>3.5 or more but less than 7</td>
<td>15%</td>
</tr>
<tr>
<td>an assessable amount of clinical work</td>
<td></td>
</tr>
<tr>
<td>but less than 3.5 hours</td>
<td></td>
</tr>
</tbody>
</table>

70. Whole-time teachers of community medicine who are exceptionally permitted to engage in private practice and to retain the fees therefrom or to receive a consolidated sum in return for handing these fees to their employer shall, for the purposes of determining the amount of the distinction award payable, be treated as part-time teachers of community medicine and the provision of paragraph 69.a. shall be applied to them.
COMPOSITION OF
SCOTTISH ADVISORY COMMITTEE ON DISTINCTION AWARDS

The composition of SACDA is:-

**Members**

Lay Chairman 1

Medical Director 1

Nominees from the Academy of Royal Colleges and Faculties in Scotland 4

Nominees from the Scottish Committee for Hospital Medical Services 2

NHS employer representatives 2

Lay representatives 2

Head of the Health Department in Scotland 1

Chief Medical Officer for Scotland 1

**TOTAL** 14

**Observers**

Chief Dental Officer for Scotland

Chairman, ACDA

Medical Director, ACDA

**Regional Advisers**

The Regional Advisers are senior award-holders appointed on a 3-yearly basis by the Chairman of SACDA. In summary, their remit is to help the committee to perform its tasks and the 13 Regional Advisers are based accordingly, as follows:

The Regional Advisers as at 1 October 2001 are listed in Annex Q.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Region</td>
<td>2</td>
</tr>
<tr>
<td>North/North-Eastern Region</td>
<td>3*</td>
</tr>
<tr>
<td>South-Eastern Region</td>
<td>4</td>
</tr>
<tr>
<td>Western Region</td>
<td>4</td>
</tr>
</tbody>
</table>

* Two based at Aberdeen, one at Inverness

**Secretariat**

This is provided by the Common Services Agency. Correspondence for the Chairman and Medical Director and for the Secretariat should be addressed to:

The SACDA Secretariat
Scottish Health Service Centre
Crewe Road South
EDINBURGH
EH4 2LF
ADDRESSES OF SACDA & ACDA SECRETARIATS

SCOTTISH ADVISORY COMMITTEE ON DISTINCTION AWARDS (SACDA)

SACDA Secretariat
Scottish Health Service Centre
Crewe Road South
EDINBURGH
EH4 2LF

Tel: 0131 623 2540
Fax: 0131 623 2518

ACDA SECRETARIAT

ACDA Secretariat
Room 2N35D
Quarry House
Quarry Hill
LEEDS
LS2 7UE

Tel: 0113 254 5921
Fax: 0113 254 5798
ADDRESSES OF ROYAL COLLEGES, FACULTIES AND THE SCOTTISH COMMITTEE FOR HOSPITAL MEDICAL SERVICES (SCHMS)

Scottish Royal Colleges:

Royal College of Physicians of Edinburgh
Administration Department
9 Queen Street
EDINBURGH EH2 1JQ

Royal College of Surgeons of Edinburgh
11 Nicolson Street
EDINBURGH EH8 9DW

Royal College of Physicians & Surgeons of Glasgow
232-242 St Vincent Street
GLASGOW G2 5RJ

Scottish Committee for Hospital Medical Services
British Medical Association
Scottish Office
14 Queen Street
EDINBURGH EH2 1LL

London-based Royal Colleges and Faculties:

Faculty of Accident & Emergency Medicine
Royal College of Surgeons of England
35-43 Lincoln’s Inn Fields
LONDON WC2A 3PN

Faculty of Dental Surgery
Royal College of Surgeons of England
35-43 Lincoln’s Inn Fields
LONDON WC2A 3PN

Faculty of Occupational Medicine
6 St Andrews Place
Regent’s Park
LONDON NW1 4LB

Faculty of Public Health Medicine
4 St Andrews Place
Regent’s Park
LONDON NW1 4LB

Royal College of Paediatrics & Child Health
50 Hallam Street
LONDON W1N 6DE

Royal College of Anaesthetists
48/49 Russell Square
LONDON WC1B 4JP

Royal College of Obstetricians & Gynaecologists
27 Sussex Place
LONDON NW1 4RG

Royal College of Ophthalmologists
17 Cornwall Terrace
LONDON NW1 4QW

Royal College of Pathologists
2 Carlton House Terrace
LONDON SW1Y 5AF

Royal College of Physicians of London
11 St Andrews Place
Regent’s Park
LONDON NW1 4LE

Royal College of Psychiatrists
17 Belgrave Square
LONDON SW1X 8PG

Royal College of Radiologists
38 Portland Place
LONDON W1N 3DG

Royal College of Surgeons of England
35-43 Lincoln’s Inn Fields
LONDON WC2A 3PN

The Academy of Medical Royal Colleges and their Faculties in the United Kingdom
1 Wimpole Street
LONDON
W1M 8AE

The Academy of Medical Royal Colleges and their Faculties in Scotland.
12 Queen Street
EDINBURGH
EH2 1J
LISTS OF NHS EMPLOYERS WITHIN EACH SCOTTISH REGION AND EMPLOYERS OF CONSULTANTS WITH NATIONWIDE RESPONSIBILITIES

“The words “Region” and “Regional” are based on the five former (pre-1974 reorganisation) Scottish Regional Board Regions, meanings that have been retained for NHS-related use in Scotland for distinction awards purposes only. The Health Boards and NHS Trusts that are comprised within these Regions are listed in this Annex.”

LISTS OF NHS EMPLOYERS WITHIN EACH SCOTTISH REGION (FROM 1 APRIL 1999)

EASTERN REGION

Tayside NHS Board
Tayside Primary Care NHS Trust
Tayside University Hospitals NHS Trust

NORTH/NORTH-EASTERN REGION

Highland NHS Board
Western Isles NHS Board
Grampian NHS Board
Orkney NHS Board
Shetland NHS Board
Grampian Primary Care NHS Trust
Grampian University Hospitals NHS Trust
Highland Acute Hospitals NHS Trust
Highland Primary Care NHS Trust

SOUTH-EASTERN REGION

Borders NHS Board
Fife NHS Board
Lothian NHS Board
Borders General Hospital NHS Trust
Borders Primary Care NHS Trust
Fife Acute Hospitals NHS Trust
Fife Primary Care NHS Trust
Lothian Primary Care NHS Trust
Lothian University Hospitals NHS Trust
West Lothian Healthcare NHS Trust

WESTERN REGION

Argyll & Clyde NHS Board
Ayrshire & Arran NHS Board
Dumfries & Galloway NHS Board
Forth Valley NHS Board
Greater Glasgow NHS Board
Lanarkshire NHS Board
Argyll & Clyde Acute Hospitals NHS Trust
Ayrshire & Arran Acute Hospitals NHS Trust
Ayrshire & Arran Primary Care NHS Trust
Dumfries & Galloway Acute & Maternity Hospitals NHS Trust
WESTERN REGION CONTINUED (SEE NEXT PAGE)

WESTERN REGION
Dumfries & Galloway Primary Care NHS Trust
Forth Valley Acute Hospitals NHS Trust
Forth Valley Primary Care NHS Trust
Greater Glasgow Primary Care NHS Trust
Lanarkshire Acute Hospitals NHS Trust
Lanarkshire Primary Care NHS Trust
Lomond & Argyll Primary Care NHS Trust
North Glasgow University Hospitals NHS Trust
Renfrewshire & Inverclyde Primary Care NHS Trust
South Glasgow University Hospitals NHS Trust
The Yorkhill NHS Trust

EMPLOYERS WITH NATION-WIDE RESPONSIBILITIES

The consultants employed by the authorities listed below, and others with comparable responsibilities that may be established in future, will normally be considered for distinction awards purposes at the appropriate Regional (A or B) Awards Meeting for the Region in which each consultant is based for the day-to-day conduct of his or her professional duties:

Common Services Agency
Health Education Board for Scotland
Medical Research Council
Mental Welfare Commission
Scottish Ambulance Service NHS Trust
Scottish Council for Postgraduate Medical and Dental Education
Scottish Health Advisory Service
Special Hospital Board for Scotland (State Hospital, Carstairs)
B AND A NOMINATIONS FORMS REQUIRED

1. CV Form
   Completed by Consultant

2. Nomination Citation signed by either:
   a. President of Royal College or Faculty or other relevant professional body
   b. Undergraduate/Postgraduate Dean of Medical School
   c. Senior Award Holder
   d. Colleague

3. Employer Citation signed by Chief Executive of NHS Employing Authority that holds consultants’ contract

4. Senior Award Holders (Specialty Groups)

5. Colleague (Special Recommendation)

6. Other relevant professional bodies

7. 10 Year Review

8. Self Nomination

All Nominations require a CV

These Nominations require a Nomination Citation

All Nominations require an Employer Citation
FLOWCHART

1. NHS Employer

2. Royal College or Faculty

3. Current A+ Award Holders

4. Other relevant professional bodies

5. 10 Year Review

6. Self Nomination

**A+ NOMINATIONS FORMS REQUIRED**

1. CV Form
   - Completed by Consultant

2. Nomination Citation signed by either:
   - President of Royal College or Faculty or other relevant professional body
   - Current A+ Award Holder

3. Employer Citation signed by Chief Executive of NHS Employing Authority that holds consultants’ contract

All Nominations require a CV

These Nominations require a Nomination Citation

All Nominations require an Employer Citation
SCOTTISH ADVISORY COMMITTEE ON DISTINCTION AWARDS (SACDA)

GUIDANCE NOTES FOR COMPLETION OF CURRICULUM VITAE FORMS

Consultants must complete a CV form when nominated for an A+, A or B award including when they wish to Self-Nominate. The same form is now used for all SACDA purposes including when an award is subject to review.

No other material of any sort is acceptable — use only this form which is valid for this awards year (commencing 1 October 2001).

SACDA always assess nominees according to the criteria in Annex A of the Guidelines: the CV should therefore address all these categories (though it is, of course, recognised that distinction in all 6 categories will be very rarely achieved.)

The CV is a prime source of information for awards committees — therefore it is worth paying very careful attention to making it informative, comprehensive (without too much ‘dense’ detail) and generally attractive to read.

The form should be typed — disks are available from the Secretariat or alternatively it can be downloaded from the SACDA website: http://www.show.scot.nhs.uk/sacda. The size of sections should not be altered in size.

The use of headings, appropriate underlining and simple explanations is encouraged for ease of reading. Unless very well known (such as BMA) please do not use unexplained acronyms — it is irritating to read if unknown to the reviewer and may mean that the credit is not fully recognised.

It is most important to remember that, in addition to medical members, SACDA also has lay members who may not be familiar with medical terminology.

Concentrate particularly on the preceding 5 years but more distant achievements, especially if of continuing significance, may be included. Dates of all appointments, etc. should always be included.

Section G is very important since it is an opportunity to spell out simply (to reviewers without specialist knowledge) what you feel are your main contributions to the NHS and the significance thereof — especially to direct patient care and to advancing the wider good of the health service. Some consultants, understandably, feel reticent about self-appraisal and ‘blowing one’s own trumpet’ but it is important not to sell oneself short.

NOTE: A copy of the CV form must be forwarded by the consultant to their NHS Employer to allow completion and submission of an Employer Citation form. SACDA has to work to a definite timetable if it is to determine its recommendations for B, A and A+ awards before deciding which should be presented for consideration at the final meeting of SACDA in September 2002. Any CVs and citations that are not returned by the stipulated deadline may result in the nomination not being considered by SACDA. No nomination will be considered by SACDA without an accompanying Employer Citation Form.
**PERSONAL DETAILS**

<table>
<thead>
<tr>
<th>Name (in full)</th>
<th>Date of Birth</th>
<th>Age at 30/09/01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ethnic Origin – please indicate your ethnic origin by placing a tick in the relevant box below.**

- White
- Black
- Caribbean
- African
- Other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

**GMC/GDC Registration Number**

Year First Graded as Consultant

**Specialty**

Date of Present Appointment

**Name of Appt.**

Main Place of Work

**NHS Contract Held by (e.g. NHS Trust name)**

Please tick one or more appropriate boxes

- Full time
- Part-time
- Max Part-time
- Honorary

**Award/Discretionary Points Held**

Year of Award/Most recent Discretionary Points

**PROFESSIONAL QUALIFICATIONS** (List in the space below, with dates):

<table>
<thead>
<tr>
<th>PROFESSIONAL QUALIFICATIONS</th>
<th>(List in the space below, with dates):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SECTION A: (Criterion 1): PROFESSIONAL PROFILE — Main daily activities. This may also include outline of job plan, additional sessions, frequency of “on-call” or cover for others, evidence of team leadership and, in the case of honorary contract holders, clinical sessions.**

---

**SECTION B: (Criterion 2): RESEARCH, INNOVATION AND IMPROVEMENT OF SERVICE**

1. **ON-GOING RESEARCH/RECENT ACHIEVEMENTS**  Include current and recent research grants, special awards, RAE University research ratings etc. where appropriate.

2. **PUBLICATIONS. Research and related activities.**  Please give number of PEER REVIEWED articles — whole career __________  
   — last five years __________

   Please give 3 or 4 RECENT research publications which may indicate merit and significance of work done:

   (Please give full reference details) (Indicate single/multiple authorship)

3. **REVIEW OF SCIENTIFIC WORK — e.g. indicate journals reviewing for.**
4. DEVELOPMENT/APPLICATION of innovative practice especially when relevant to patient care.

**SECTION C: (Criterion 3): ADMINISTRATIVE, MANAGEMENT AND ADVISORY ACTIVITIES:**
Emphasise Chairmanship, Secretaryship, Special roles and major achievements in these roles.

1. **LOCAL ACTIVITIES** — MAIN local committee involvement, clinical directorship, etc.

2. **NATIONAL ACTIVITIES** — Advisory Committees, work for Scottish Executive, UK Government, Royal Colleges, MRC, etc.
### Name: Curriculum Vitae Form 2002 page 3

#### 3. INTERNATIONAL ACTIVITIES — committees, invited lectureships, etc.

#### SECTION D: (Criterion 4): **AUDIT, CLINICAL GOVERNANCE AND PROMOTION OF EVIDENCE BASED MEDICINE.** Involvement in these and related activities (e.g. SIGN) at both **local** and **national** level.

#### SECTION E: (Criterion 5): **TEACHING AND TRAINING:**

1. **UNDERGRADUATE** — (a) teaching load, examinations, (b) Medical/Dental School administration curriculum planning, etc.

1. **POSTGRADUATE AND OTHER PROFESSIONAL TEACHING** — (a) Royal Colleges teaching, Specialist Advisory Committees, etc., (b) Local training, career support, etc.
3. EDUCATIONAL PUBLICATIONS — **BOOKS**: (a) Whole career ___________ (b) Last five years ___________
   (Excluding those in Section B2) (Please give full reference details)
Recent examples (2)

**CHAPTERS**: (a) Whole career ___________ (b) Last five years ___________
Recent examples (2)
SECTION F: (criterion 6): ADDITIONAL CONTRIBUTIONS: especially service development and planning, achievement of service goals, exceptional or unusual clinical commitments, indicate any excessive pressures in disadvantaged or hard-pressed services, activities outside mainstream of medicine WHERE RELEVANT (e.g. health promotion, patient support organisations, charities).

SECTION G: (Criterion 1): OVERALL PERSONAL APPRAISAL: Summarise your contributions to NHS over and above that which would normally be expected for the post and give your perception of the intensity, value and significance of your work especially in the last 5 years. Include any honours, prizes, invitations and other recognition of your work (especially if national or international).

Signature of Curriculum Vitae Writer

Date

Name of Writer of Curriculum Vitae (Block Capitals)

Please return the original form to SACDA:-
(Send a copy to your NHS Employer)

SACDA Secretariat
Scottish Health Service Centre
Crewe Road South
EDINBURGH EH4 2LF

DEADLINES: 5 Year Reviews — to NHS Employer 8 December 2001
(NHS Employer to forward 5 Year Review CV to SACDA by 21 December 2001)

10 Year Reviews — 31 January 2002
Special Review — 15 February 2002
Self Nominations — 1 March 2002

DATA PROTECTION
The information gathered from this form will be used by the Scottish Advisory Committee on Distinction Awards (SACDA), the SACDA Secretariat and the Scottish Executive Health Department in the administration of the Awards Scheme. Limited information relating to award holders is published in SACDA’s annual report. The SACDA Secretariat, Scottish Health Service Centre, is part of the Common Services Agency for NHSScotland.
NOTES ON COMPLETION OF SACDA NOMINATION CITATION FORM

1. Completion of this Nomination Citation Form is required in all cases where a consultant has been nominated for an award from any source of nomination excluding Self Nomination, nominations by NHS Employers, 10 Year Review and Special Reviews. Consultants who have been nominated for an award will have been required to complete a SACDA Curriculum Vitae (CV) Form and the nominator should ensure they have seen and considered the CV completed by the consultant before completion of this Nomination Citation. Where a nomination is from an NHS Employing Authority this form should not be used. Completion of an Employer Citation (Annex M) would be essential.

2. The published criteria for distinction awards are in Annex A to the Guide to the NHS Consultants’ Distinction Awards Scheme. It is strongly advised that nominators completing this Nomination Citation Form should note these criteria carefully, together with the additional points which follow, the advice offered to consultants when completing their CV Form (Annex K to the Guide), and other relevant parts of the Guide to the Scheme.

3. Taking this information into account, nominators should set out, succinctly, their views on the consultant’s case for an award. To the extent this is not set out in the responses to Q1-3 inclusive, this should be referred to under question 5, ‘Other Additional Comments’.

4. The Citation Form should not simply reproduce information that has already been provided in the CV Form, but may highlight important aspects of it.

5. In all of the recognised categories of distinction, it is emphasised that awards are made only for work over and above that normally expected in the post. In the case of teaching hospital consultants it will therefore be expected that in general the teaching and academic activities will be strong. Leadership in the specialty outside the local region will however be looked for. Those working in primarily academic posts (honorary consultant contract holders) will be expected to be making a substantial contribution to research and development, and to be playing their part in supporting the work of the NHS employer in which they are based. In the case of consultants working in other hospitals or for other types of employers the situation may be almost the reverse, in many cases, with the criterion relating to the achievement of service goals being of particular importance perhaps combined with some work towards development and improvement of their own field locally and more widely and often with defined work in management and perhaps teaching. It is accepted that as consultants progress through their career they will tend to be involved in more important local management activities which will receive recognition provided that they are indeed over and above that which would normally be expected of such a consultant. Equally, as consultants come towards the age limit for distinction awards their research contribution may diminish as other leadership activities take more time.

6. Awards committees have a responsibility to take into account all relevant matters in reaching their decisions, and this must include any matters of a disciplinary kind and also any current health issues that are likely to affect the consultant’s professional work. It is essential that the facts relating to such matters are referred to, and a view expressed as to the relevance or otherwise of these to the granting of an award, to assist awards committees in considering information reported to them from other sources. Any such matters or significant developments that arise between the submission of the citation and the SACDA final meeting should be drawn to the attention of the SACDA Chairman or Medical Director.

7. All citation forms must be signed by the person completing the form. For nominations from Royal Colleges etc., if the task of completing this citation form is undertaken by a person other than the Head of a Nominating organisation, the Head of the Nominating organisation should countersign the citation form (for example the President of a Royal College, Dean of the Faculty, etc.).
## NOMINATION CITATION FORM

<table>
<thead>
<tr>
<th>NAME OF CONSULTANT</th>
<th>Employing Authority that holds the contract as a consultant or honorary consultant</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOURCE OF CITATION</td>
<td>Nomination B, A or A+ award (specify the level):</td>
<td>Priority (numerical) if &gt;1 nomination:</td>
</tr>
</tbody>
</table>

This form must be used when nominating for an award except where a nomination is from an NHS Employing Authority. The citation should be confined to the space below, and must be typed. Do not type into the margin, as citations will be bound into a folder together with the consultants’ curricula vitae forms. The citation should describe the strengths of the consultant for an award, or the reasons why the award should be continued. It should not be mainly or solely a summary of the consultant’s curriculum vitae. The citation must be signed and dated by, not on behalf of, its writer.

**IN STRICT CONFIDENCE**

1. **Does the consultant add value to the local team in excess of that normally expected for the post?**
   - Yes/No  
   - *Delete what is inapplicable*  
   - If “Yes” please specify how:

2. **Does the consultant add value to the wider NHS in excess of that normally expected for the post?**
   - Yes/No  
   - *Delete what is inapplicable*  
   - If “Yes” please specify how:

3. **Has the consultant been responsible for any recent service development/led service re-design initiatives for the benefit of patients served by Trusts and/or the wider NHS?**
   - Yes/No  
   - *Delete what is inapplicable*  
   - If “Yes” please provide details:

4. **So far as you are aware, do any of the following apply to the consultant whose citation you are signing?**
   (See para. 6 to Notes)
   a. Criminal Convictions  
   b. Proceedings or determinations regarding professional competence  
   c. Health issues likely to adversely affect his/her professional work  
   - Yes/No  
   - *Delete*  
   - *what is*  
   - *inapplicable*  

Continued…/
5. Other Additional Comments

This citation must be signed by the person who has completed it.

Signed ................................................................. Date: .............................

NAME & POST HELD (Please print): .................................................................

If someone other than the President/Dean, etc. has written the citation the President/Dean, etc. must countersign the form below:

Signed ................................................................. Date:

(Please sign and Print name)

President/Dean of .................................................................Royal College, Faculty or Other Professional Body

Please return this form to: SACDA Secretariat
Scottish Health Service Centre
Crewe Road South
EDINBURGH EH4 2LF
BY 1 MARCH 2002
The information gathered from this form will be used by the Scottish Advisory Committee on Distinction Awards (SACDA), the SACDA Secretariat and the Scottish Executive Health Department in the administration of the Awards Scheme. Limited information relating to award holders is published in SACDA's annual report. The SACDA Secretariat, Scottish Health Service Centre, is part of the Common Services Agency for NHSScotland.
1. Completion of this Employer Citation Form by the employer is required in all cases where a consultant has been nominated for an award including where the nomination has come from an employing authority. Consultants who have been nominated for an award will have been required to complete an SACDA Curriculum Vitae (CV) Form (the original to be sent to the SACDA Secretariat, with a copy to their employer). Employers should ensure they have seen and considered the information set out by the consultant in the CV Form before completing this Employer Citation Form.

2. When an Employer wishes to nominate a consultant for an award this form should be used and the nomination prioritised. The form in Annex M is also for Employers to assist SACDA when a consultant has been nominated by another source (Senior Award-Holders, Royal Colleges, etc.) Employers should be assured that giving support to a consultant in answer to question 1 in Annex M does not disadvantage their own nominees.

3. The published criteria for distinction awards are in Annex A to the Guide to the NHS Consultants’ Distinction Awards Scheme. It is strongly advised that employers completing this Employer Citation Form should note these.

4. Taking this information into account, employers should set out, succinctly, their views on the consultant’s case for an award. To the extent this is not set out in the responses to Q1-6 inclusive, this should be referred to under question 7, ‘Other Additional Comments’. It is important that employers give an open and honest assessment of the case for an award from their perspective. They need not necessarily comment upon specialist work away from the Authority or Trust; nevertheless, they are encouraged to draw attention to such work where it has implications for the Trust, for the wider NHS or for medicine internationally. Detailed information on such work may be obtained by the Committee from other sources.

5. The Citation Form should not simply reproduce information that has already been provided in the CV Form, but may highlight important aspects of it.

6. In all of the recognised categories of distinction, it is emphasised that awards are made only for work over and above that normally expected in the post. In the case of teaching hospital consultants it will therefore be expected that in general the teaching and academic activities will be strong. Leadership in the specialty outside the local region will however be looked for. Those working in primarily academic posts (honorary consultant contract holders) will be expected to be making a substantial contribution to research and development, and to be playing their part in supporting the work of the NHS employer in which they are based. In the case of consultants working in other hospitals or for other types of employers the situation may be almost the reverse, in many cases, with the criterion relating to the achievement of service goals being of particular importance perhaps combined with some work towards development and improvement of their own field locally and more widely and often with defined work in management and perhaps teaching. It is accepted that as consultants progress through their career they will tend to be involved in more important local management activities which will receive recognition provided that they are indeed over and above that which would normally be expected of such a consultant. Equally, as consultants come towards the age limit for distinction awards their research contribution may diminish as other leadership activities take more time.

7. Awards committees have a responsibility to take into account all relevant matters in reaching their decisions, and this must include any matters of a disciplinary kind and also any current health issues that are likely to affect the consultant’s professional work. It is essential that the facts relating to such matters are referred to, and a view expressed as to the relevance or otherwise of these to the granting of an award, to assist awards committees in considering information reported to them from other sources. Any such matters or significant developments that arise between the submission of the citation and the SACDA final meeting should be drawn to the attention of the SACDA Chairman or Medical Director.

8. All citation forms must be signed by the Chief Executive/Chairman on behalf of the employer. If the task of completing this citation form is delegated to another person, the Chief Executive/Chairman should still countersign the citation form.

9. Employers may be asked to provide a completed Employer Citation Form to support a nomination by more than one organisation or individual during a particular awards round. The employer must ensure that only one version of the Employer Citation Form is made out for any particular awards round, and that this is not amended for any separate nominations put forward during that awards round.
## SCOTTISH ADVISORY COMMITTEE ON DISTINCTION AWARDS (SACDA)

### NHS EMPLOYER CITATION FORM

<table>
<thead>
<tr>
<th>NAME OF CONSULTANT</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employing Authority that holds the contract as a consultant or honorary consultant</td>
<td></td>
</tr>
</tbody>
</table>

### 2002 awards round

(Indicate below as appropriate)

- **New Award**
- **5-Yearly Review**

- [ ] B
- [ ] A
- [ ] A+

### Notes

The citation should be confined to the space below, and it must be typed in a font no less than 10pt. Do not type into the margin, as citations will be bound into a folder together with the consultants’ curricula vitae forms. It should not be mainly or solely a summary of the consultant’s curriculum vitae. If the task of completing this citation form is delegated to another person, the Chief Executive or Chairman must countersign the citation form.

### IN STRICT CONFIDENCE

1. You support the grant or removal of an award:
   - (Please tick one box)
     - Strongly agree
     - Agree
     - Disagree

   **FOR EMPLOYER NOMINATIONS ONLY**
   **PLEASE INDICATE YOUR RANKING**
   (numerical) if > 1 nomination

   Please give your reasons at 7

2. Does the consultant add value to the local team in excess of that normally expected for the post?
   - Yes/No ) Delete what is inapplicable
   - If “Yes” please specify how:

3. Does the consultant add value to the wider NHS in excess of that normally expected for the post?
   - Yes/No ) Delete what is inapplicable
   - If “Yes” please specify how:

4. Has the consultant been responsible for any recent service development/led service re-design initiatives for the benefit of patients served by Trusts and/or the wider NHS?
   - Yes/No ) Delete what is inapplicable
   - If “Yes” please provide details:

5. Does the consultant demonstrate leadership and a commitment to teamwork and support of staff in excess of that normally expected for the post?
   - Yes/No ) Delete what is inapplicable
   - If “Yes” please provide details:

6. So far as you are aware, do any of the following apply to the consultant whose citation you are signing?
   - (See para. 7 to Notes)
     - a. Criminal Convictions
     - b. Proceedings or determinations regarding professional competence
     - c. Health issues likely to adversely affect his/her professional work

   - Yes/No ) Delete what is inapplicable
7. Other Additional Comments

This citation must be signed by the person who has completed it.

Signed .................................................................................. Date: ........................................

NAME & POST HELD (Please print): ..............................................................

If someone other than the Chief Executive or Chairman of the Employing Authority has written the citation the Chief Executive or Chairman must countersign the form below:

Signed .................................................................................. Date: ........................................

(Please sign AND Print name)

Chairman/Chief Executive of ............................................................................ Trust/Health Board

Please return this form to:
SACDA Secretariat
Scottish Health Service Centre
Crewe Road South
EDINBURGH EH4 2LF

DEADLINES FOR RETURN:
5 Year Review — 31 JANUARY 2002
10 Year Review &
& Trust Nominations — 1 MARCH 2002
Self & Other Nominations — 15 MARCH 2002

DATA PROTECTION
The information gathered from this form will be used by the Scottish Advisory Committee on Distinction Awards (SACDA), the SACDA Secretariat and the Scottish Executive Health Department in the administration of the Awards Scheme. Limited information relating to award holders is published in SACDA's annual report. The SACDA Secretariat, Scottish Health Service Centre, is part of the Common Services Agency for NHSScotland.
SCOTTISH ADVISORY COMMITTEE ON DISTINCTION AWARDS (SACDA)

FIVE-YEARLY REVIEW ASSESSOR CITATION FORM

Name of consultant

Employing Authority that holds the contract as a consultant or honorary consultant

Specialty

Source of Citation

Award to be reviewed (B, A or A+ award)

Renewal of an award is being recommended. (Please tick one box)

YES ☐ NO ☐

This form must be used when assessing an award under five-yearly review. The citation should be confined to the space below, and must be typed. Do not type into the margin, as citations will be bound into a folder together with the consultants’ curricula vitae forms. The citation should describe the reasons why the award should be continued. It should not be mainly or solely a summary of the consultant’s curriculum vitae. The citation must be signed and dated by, not on behalf of, its writer.

IN STRICT CONFIDENCE

THIS SECTION MUST BE COMPLETED BEFORE RETURNING TO THE SECRETARIAT
(Before completing this section, please read paragraph 7 of Annex M).

So far as you are aware, do any of the following apply to the consultant whose citation you are signing?

Criminal Convictions                     Yes/No ☐ Delete
Proceedings or determinations regarding professional competence Yes/No ☐ what is
Health issues likely to adversely affect his/her professional work Yes/No ☐ inapplicable

Signature of Citation Writer

Date

Name of Citation Writer (Block Capitals)

Please return this form to: SACDA Secretariat, Scottish Health Service Centre, Crewe Road South EDINBURGH EH4 2LF BY 31 JANUARY 2002

DATA PROTECTION

The information gathered from this form will be used by the Scottish Advisory Committee on Distinction Awards (SACDA), the SACDA Secretariat and the Scottish Executive Health Department in the administration of the Awards Scheme. Limited information relating to award holders is published in SACDA’s annual report. The SACDA Secretariat, Scottish Health Service Centre, is part of the Common Services Agency for NHSScotland.
SACDA REGIONAL ADVISERS AS AT 1 OCTOBER 2001

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Department of Ophthalmology
Aberdeen Royal Infirmary
Foresterhill
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Mr Alistair Munro
Consultant in General Surgery
Raigmore Hospital
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Dr N A G Mowat
Clinical Group Co-ordinator
Gastro-Intestinal and Liver Service
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Foresterhill

Eastern Region

Senior Regional Adviser
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Postgraduate Dean
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Dr S B M Reith
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Forth Valley Acute Hospitals NHS Trust
Livilands
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