

Respondent Form and Consultation Questions



If you have any concerns about the form, nature or adequacy of the consultation exercise or the procedure adopted by the Department, please advise the Department ***as a matter of urgency*** via the email address below in order that the Department may consider your concerns and take any appropriate action.

Respondent Form

Please note this form should be used if not responding via Citizen Space

Are you responding as an individual or an organisation?

as an individual

on behalf of an organisation

Full name or organisation's name

Royal College of Physicians (RCP) and Royal College of Physicians Edinburgh (RCPE)

Phone number

Address

Postcode

Email

Please send form to: ceaconsultation@health-ni.gov.uk or by post to:

Pay & Employment Team
Department of Health
Castle Buildings
Stormont Estate
BT4 3WQ

The deadline for consultation responses is 5.00pm on 13th February 2024

Consultation Questions

Is there a need for an Awards Scheme

Question 1. Do you consider that there is a need for these awards in the modern HSC for consultant staff?

Yes No

Our experts believe that the CEA Awards Scheme is welcomed and is long overdue.

Question 2. Do you agree that having an awards scheme in place will assist in improving the recruitment and retention issues currently facing the HSC?

Yes No

Our experts agree that the lack of CEA is likely impacting recruitment and retention within the HSC system in Northern Ireland as consultants working within Northern Ireland (NI) are at a disadvantage in relation to CEA, compared with colleagues across the rest of the UK.

Our experts believe that having an awards scheme would be beneficial to the morale of the workforce, given ongoing stresses in the healthcare system. Within NI, there are high numbers of unfilled posts. Our experts support any proposal that may assist in recruitment and retention. Given that CEAs are available within other regions of the UK, it would be of benefit to offer similar incentives within HSCNI.

Our experts note that we live on an island with two health care systems. The Republic of Ireland (ROI) pay consultants significantly better than NI, even if pay parity is restored. The introduction of an awards scheme may help stop the flow of well-trained senior staff to the ROI.

Our experts believe that the CEA would allow clinicians to contribute to work outside of their usual jobs. Consultant work nowadays is much more structured than past years which had heavy DCC commitment. Any extra work eg contributing to regional/specialty strategy, advising on government policy, or taking on national specialty roles to improve patient care, all are done outside of regular working hours and are often not remunerated. Our experts believe we will see a decline in the contribution to such roles without any acknowledgement of the extra work involved.

Northern Ireland sits in a difficult position at present with the improved consultant contract in the Republic and so recruitment here will likely be increasingly difficult with many choosing to work in the South. Our experts note that any award system would need to be in line with other parts of the UK and cognisant of the consultant contract in the South. There is a risk of losing people to the rest of the UK and to the South, so we need to ensure we optimise staff retention and acknowledge these additional roles.

Our experts note, however, that pay is only one aspect of retention of staff and would encourage further holistic consideration as to how to retain the best possible talent.

Question 3. Do you consider that these awards should be expanded to other senior medical staff s such as Specialist Doctors, Associate Specialist Doctors and Specialty Doctors?

Yes No

Our experts agree that any future scheme in Northern Ireland should be designed to ensure parity with colleagues across UK both in terms of consultant staff and other senior doctors.

Concern was expressed regarding the funds available for such a plan and encouraged consideration to ensure that the available funding envelope would support all senior doctors.

Proposed Structure of the New Scheme

Question 4. Do you agree that the number of levels should be reduced from 12 to 6?

Yes No

The proposal to reduce the number of levels of awards from 12 to 6 seems reasonable.

However, our experts note that according to very recent BMA and UK government pay offers, the CEA award system in England is planned to be discontinued in April 2024 to help pay for the additional 4.95% pay raise for English consultants.

Therefore, if this goes ahead it seems very unlikely that a CEA system would be restarted in NI (especially given the lack of pay parity)

It may be that consideration should be given to even further simplification, including a greater focus at a national level and possible review of local awards. Plans should be consistent with the remainder of the UK if implemented.

Question 5. Do you agree with the proposed award levels?

Yes No

Remuneration for the stated award levels seems appropriate.

Broadening Access to the scheme and Costs of the new Scheme

Question 6. Do you agree that the number of awards should be revised so that 25% of the eligible clinical population could hold an award as outlined?

Yes No

The revision to 25% of the eligible clinical population could hold an award seems reasonable but there needs to be parity with England/Wales NHS.

Our experts note that many consultants go above and beyond and are not recognised.

Question 7. Do you agree that the payment is made as a yearly taxable lump sum?

Yes No

Our experts note that for tax purposes there may be a disadvantage for individual receiving a pay increment with unintended consequences on annual allowance taxation.

Question 8. Do you agree with the change that applicants no longer have to progress through the different levels in the scheme?

Yes No

Given the hiatus in the CEA system for most current senior consultants over the past 15 years this seems appropriate but again there may be unintended consequences on annual allowance taxation.

If an individual was able to choose to have payments paid over longer time, rather than as a yearly lump sum, this may be advantageous.

Consideration should also be given as noted above to consideration of simplification of the local award structure.

Question 9. Do you agree that applicants should only be able to apply for either the higher or lower award scheme during the awards round?

Yes No

Our experts believe that this unfair to those in post since 2010 who have not been able to apply for lower or higher awards. If the idea is to reward excellent behaviour, then a flexible system should be adopted.

Question 10.. Do you have suggestions on how we can improve access to the scheme for women and those with protected characteristics?

Yes No

Our experts suggest ensuring that when appointed all consultants are made aware of the scheme and encouraged to apply and reminded when they are eligible perhaps at the annual appraisal.

Webinars may also be helpful to provide information on the scheme.

Question 11. Do you agree that those working LTFT should be in receipt of the full award values as opposed to the current pro-rated award payment?

Yes No

Our experts believe that those on LTFT should receive a pro-rated payment. This ensures fairness in the system.

Question 12. Do you agree with the move to an online system for applications?

Yes No

Our experts agree that this should be completely online in a standardised format as in the English system to make the process simple and easy for applicants.

Eligibility & Non-Eligibility

Question 13. Do you agree that a consultant needs to be in post for 3 years before being eligible to apply for an award?

Yes No

No. Excellent behaviour should be encouraged from day one. However, it is noted that excellence often takes time to be demonstrated and as such there is a natural expectation that many colleagues will be several years into their senior posts at the time of award.

Question 14. Do you agree that a consultant needs to carry out a minimum number of 3 PAs before being eligible to apply for an award?

Yes No

Our experts believe this is necessary to measure achievement. The key to assessment is the work carried out 'above and beyond normal work' If there is little basic activity it becomes difficult to reliably assess and compare with others as the process is somewhat a competitive process as only a % will receive an award.

Assessment Criteria

Question 15. Do you agree with the Themes and Areas of Excellence for the lower awards?

Yes No

Our experts note that there is some overlap with the themes which might make the assessment more challenging and lead to double counting. Details of what to include need to be specific.

Question 16. Do you agree with the domains for the higher awards?

Yes No

Question 17. Do you agree with the with the evidence period for the higher awards?

Yes No

No. Our experts believe that this is unfair for individuals who have been consistently contributing over the past decade, when the scheme has not been active.

However, as noted above it is important to recognise that building excellence takes time. This response was also not unanimous from all our experts with some suggesting that a single national award demonstrating evidence over one to three years after each application would be appropriate with new evidence required if a reapplication is submitted for a higher award of at least two years.

Question 18. Do you agree with the evidence period for the lower awards?

Yes No

No. Our experts believe that this is unfair for individuals who have been consistently contributing over the past decade, when the scheme has not been active. However, responses to this were also not unanimous.

Scoring of the Scheme

Question 19. Do you support the changes proposed for the role of employers?

Yes No

Our experts agree this should ensure an independent process, and only confirm consultants are eligible based on the previously agreed criteria.

Question 20. Do you support the changes proposed for third-party citations?

Yes No

In England these were shown to have minimal impact according to the data provided but, our experts do believe that appropriate citations for Royal Colleges maybe helpful. These colleges who form part of the Academy of Royal Colleges play an essential role in interacting with Government and advancing the needs of the NHS.

An end to the renewals process

Question 21. Do you agree that for higher awards the 5-year award period should be retained?

Yes No

Our experts believe this should be reduced to three years. this would then allow more awards to more consultants with the recycling of funds or indeed maintain the drive of those receiving awards.

Question 22. Do you agree with the ending the renewals process for awards, with clinicians applying for a new award at the point of expiry?

Yes No

Question 23. Do you agree that for lower awards the 5-year award period should be reduced to 3 years?

Yes No

Our experts believe this is too short a cycle.

Question 24. Do you agree with the ending the renewals process for lower awards, with clinicians applying for a new award at the point of expiry?

Yes No

The pensionable status of awards

Question 25. Do you agree that awards should be non-pensionable?

Yes No

Our experts agree that parity with other UK models is acceptable and that this would ensure more funding for more awards and simplify the process.

Transitional Period - Old Scheme to New Scheme

Question 26. Do you agree with the transitional arrangements for moving from the old scheme to the new scheme?

Yes No

Transitional Period - Evidence for new scheme

Question 27. Do you agree with the transitional arrangements for evidence for the new scheme?

Yes No

Any further comments on future arrangements for the new awards scheme

Question 28. Do you have any additional proposals or further comments on future arrangements for the new awards scheme?

Yes No

The RCP/RCPE is grateful for the opportunity to respond to this consultation. We have liaised with our experts and believe this is a very welcome reform that will allow parity with colleagues in the UK.

Our experts suggest that for the first year/round, the time limit during which achievements will be considered should be extended. This is to take into consideration all those who have missed out on these awards over the last 10+ years and have reduced their commitment to additional clinical impact activities over the past few years. After that, it can revert to the time limit as recommended.

In addition, our experts believe that consideration should be given to extending the awards to include Nurse Consultants as there seems to be some disquiet in the media from the nurses about doctors getting pay awards while nurses are not.

We would also wish to emphasise the importance of equity in awards with particular consideration given to those with protected characteristics that may historically have made them less likely to apply for or receive awards.