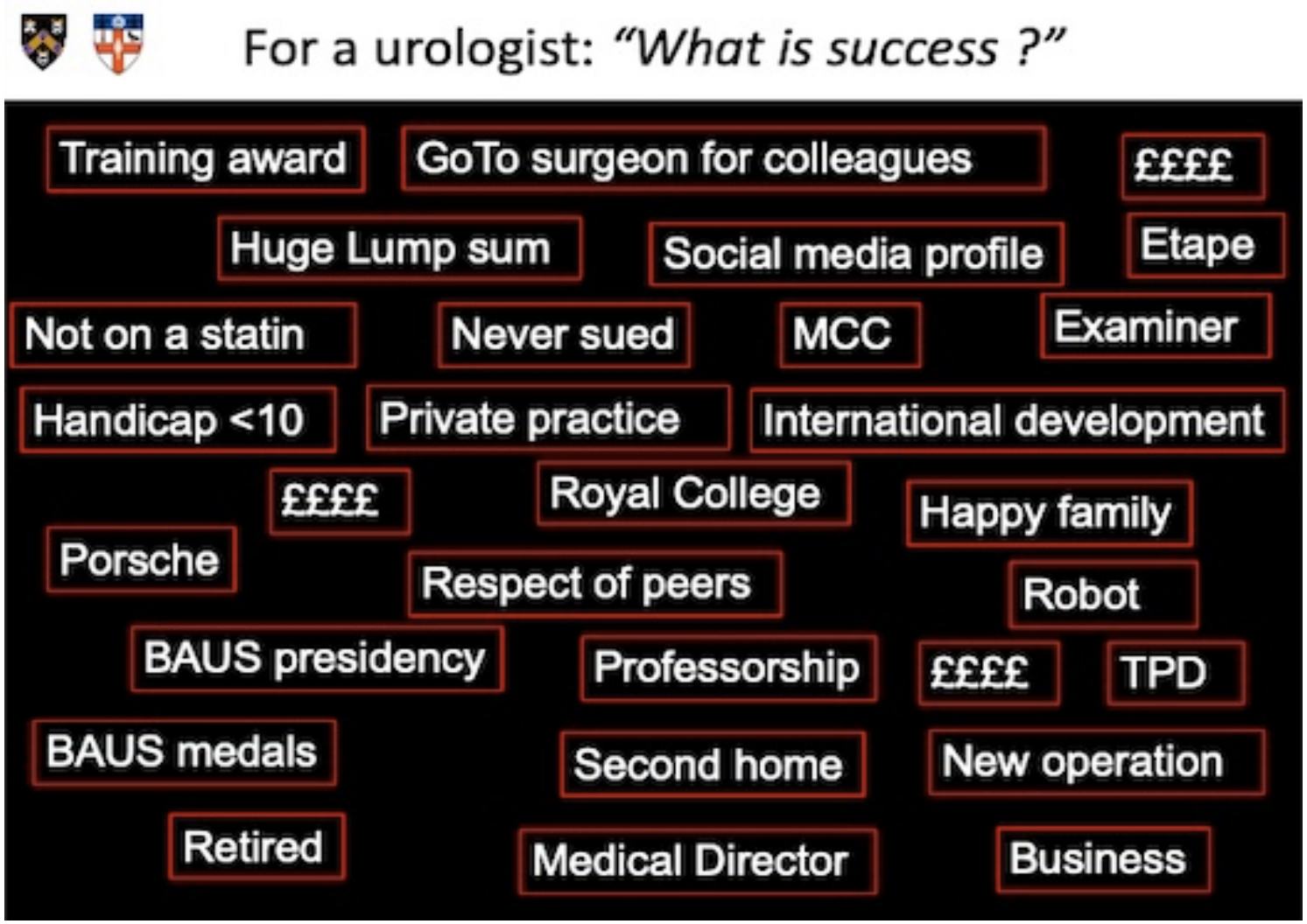
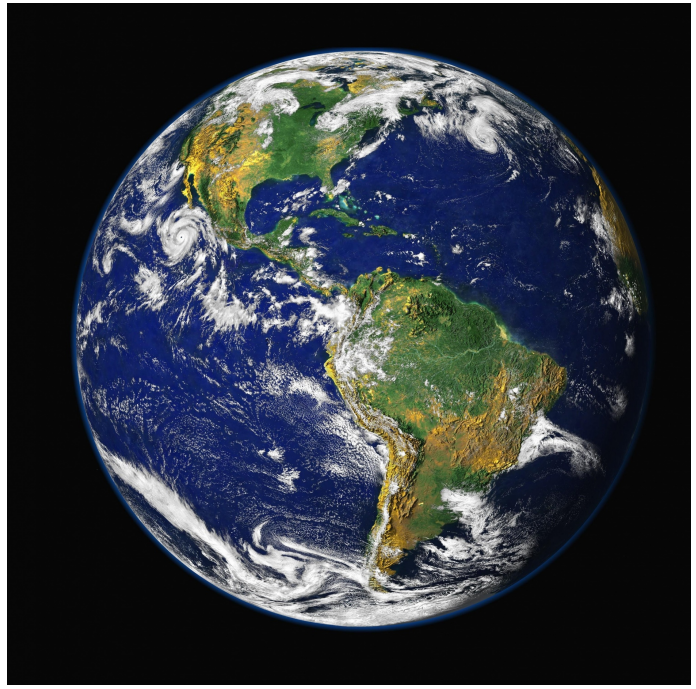
S{CRAP} THE ACCIA AWARDS

- Nitin Shrotri
- @PeaPeaspot

Courtesy Tim O'Brien




ALTRUISM



DOI: Nothing to gain

Resigned in 2019

Personal ACCEA story:

Applied 7 times (2010-2017)

Rejected

NO BAME AWARD HOLDERS IN MY TRUST IN OVER 15 YEARS

ACCEA said “Not our problem”

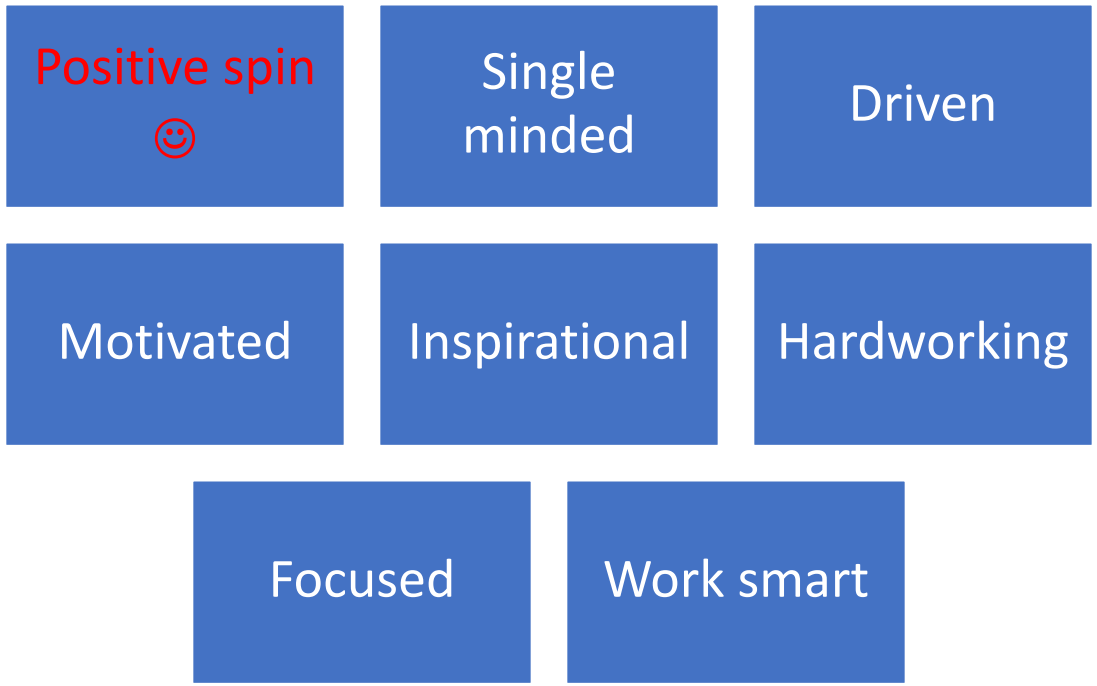
- Improved dept in a myriad ways, Worked very hard,
- Many new Treatments amongst the first few in the UK
- Training, Research
- Improved reputation of my Trust by putting it on the Training map
- But (probably)
- Not good enough
- Not diplomatic enough

- No Local Awards most years, but unable to apply later due to poor relationships with managers
- Not enough opportunity to lead
- Medical Director allowed referral to GMC
- Cut me off at the knees, by disallowing Professional leave

Email to my CEO 2017-18 :

- 2. The second is a very sensitive issue, which i bring up with a lot of hesitation and uneasiness, but it has caused me personally a lot of trepidation:
- Our Trust has a very low number of National ACCEA award holders, and no one from the BAME group has been awarded a new one in my time here as a consultant (appointed December 2000). On 3 occasions out of my recent 4 applications, i have finished as runner-up, but never been awarded one, in spite of doing more and more over the years. I find this difficult to explain and have given up applying anymore and have given up some of these activities.

Who makes the rules:
Other award holders (6% of Consultants)



- In Reality, may possess these qualities ;-)

- Look after No. 1
- Never rock any boats
- Occupy top positions
- Good at ‘networking”
- Never speak up for an underdog

Other unmentionables:

- It’s about who fills a form out better! Really?
- Bound to have subjectivity!!
- Cronysim
- Racism
- Nepotism
- Blacklisting
- Exploitation! (99/100 of us do work for free)

Who gets the benefits: 6% of Consultants

- **Effectively often doubling pension payments**
- Positions
- Invites
- Sitting on committees
- More awards
- Often do little clinical work themselves

In High performing individuals, Rejection leads to…

Rejection also makes one reflect

Clinical Excellence Awards—time for a fairer NHS rewards scheme
BMJ 2021; 373 doi: https://doi.org/10.1136/bmj.n876 (Published 23 April 2021)

- Key messages:
- Research has shown inequities in the allocation of these awards by gender, ethnicity, and medical specialty
- There is a lack of evidence that CEAs incentivise team performance or benefit patient outcomes
- CEAs should be abolished and replaced with an equitable alternative, determined by all consultants and their NHS colleagues, and set in a framework that is fair to all doctors and all staff

Criticism also about:

- the nature of the application process,
- namely the dubiety of subjective scoring by panels (giving the appearance of objectivity),
- committees made up of (in theory) 50% medical professionals (reform in the 2000s increased lay and managerial representation),[8]
- the fact that CEAs far exceed other pay for performance schemes (which are generally <5% of an individual's salary)[9] and
- how excellence is measured, among the other domains against which applicants are assessed.[8,10]
- A further criticism is that this scheme rewards individuals working in what is an increasingly team-focused environment in today's NHS.

Treadgold BM, Campbell JL, Abel GA, *et al*
Investigating Clinical Excellence and Impact Awards (INCEA): a qualitative study into how current assessors and other key stakeholders define and score excellence
BMJ Open 2023;13:e068602. doi:10.1136/bmjopen-2022-068602

- **Conclusions:** specific concerns identified in respect of the current approaches adopted in applying for and in assessing NCEAs, pointing to the importance of
- equity of opportunity to apply,
- the need for regular training for assessors, and to offer
- improved support for applicants and potential applicants

doi: 10.1186/s12909-023-04362-6.

Medical school origins of award-winning surgeons; analysis of a complete national dataset

S Steele [1], G Andrade [2], N Sambandan [3]
Affiliations expand
PMID: 37217950
PMCID: PMC10204294
DOI: 10.1186/s12909-023-04362-6
Free PMC article

- Majority of the award-winning surgeons originated from only seven, overrepresented, medical schools.
- A greater diversity of medical school origin existed for the lowest grade national merit awards. These comprised 43 medical schools and indicated greater globalization effects in this category.
- International medical graduates contributed substantially to these award holders; surgical award-winners were more likely to be international medical graduates (16.1%) than non-surgical award-winners (9.8%).
- This study not only indicates educational centres associated with the production of award-winners but also provides students with a roadmap for rational decision making when selecting medical schools.

Abolishing Awards!!

It will never happen

Because we are all in this together… (NOT)

and

We don’t get to make the rules

Instead

- Pay us for what we do
- Responsibility allowances
- Non-pecuniary awards

- Use ACCIA money to replenish Junior Doctor salaries

- Create a better Team/working environment.
- No I in Team!!!

Mug

Mug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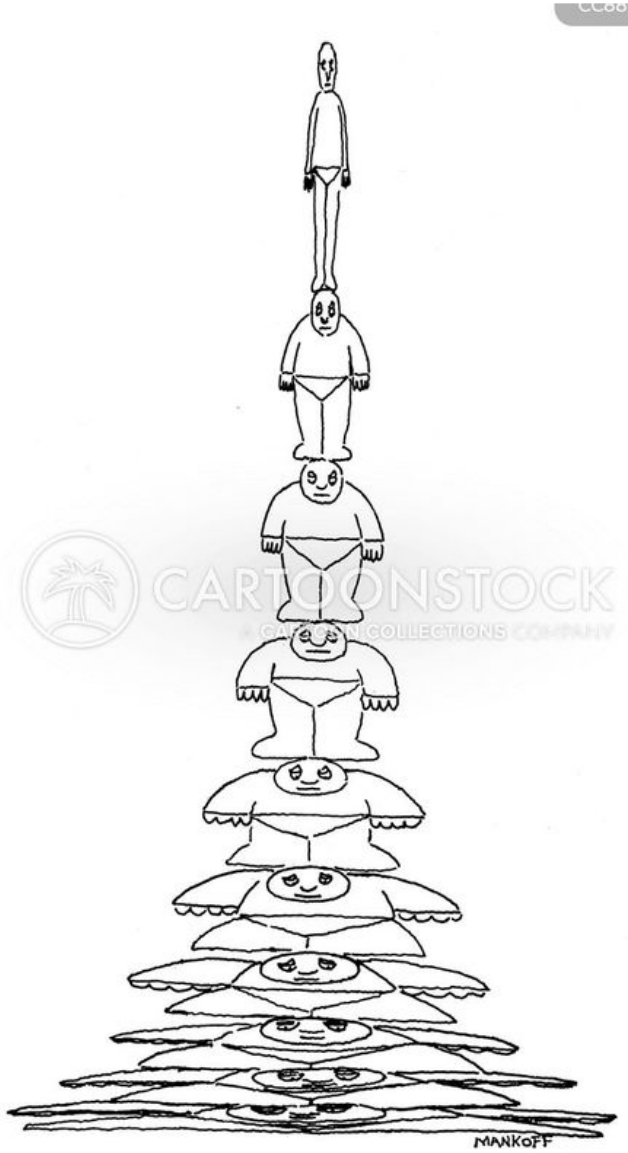

Thank you

- We all see far by standing on the shoulders of Giants.
- There is no I in Team
- The ACCIA Award system no longer works where an individual is rewarded for a Team effort
- So, If BAPIO is fighting injustice, Why are we not fighting for abolishment of these awards?