British Orthopaedic Association

38-43 Lincoln's Inn Fields
London WC2A 3PE

National Clinical Impact Awards

Key points for applications

It is vital that you read the applicant guidance document before starting your application here.

It will set out the process for 2025, whether you are eligible and will provide detailed guidance on each area of the application process and what should and should not be included.

It is still worth watching the ACCIA video: ACCIA 2023 Applicant webinar but please note this must be viewed in conjunction with reading the 2025 guidance to make sure any changes for this year are reflected in your application.

Changes for 2025 are:

- **Employer citations/statements** - these will no longer be required, instead ACCIA will ask a series of questions to confirm that the contents of the form are correct and the applicant is meeting their contractual obligations.
- **Care Quality Commission/Health Inspectorate Wales ratings** - applicants will no longer be asked to provide these, though they can still comment on their impact on such ratings in their domain evidence if they wish.
- **Timing of award payments** - all new awards granted in the 2025 round will commence 1 April 2026 and run for five years from that date. This will harmonise all awards granted in any given year, making re-application timing consistent and easier to understand.

We would also draw your attention to the following points from the ACCIA guidance (but there is much more in the full document).

'Things to do when you apply'

- Start your application early enough. Make your employer aware you are applying so they are able to sign-off your application in good time. NCIA cannot allow any late applications because of delays by your employer.
- Give clear dates for your achievements and explain is any activity if still ongoing– **if the dates are not clear, it will bring your score down.**
- Concentrate on evidence from the last 5 years and make it clear what you have achieved since any prior award (if relevant) and how your work has progressed since then.
- If your last award was less than 5 years ago, give evidence since your last award and be clear about what you have achieved since then.
- Do not 'cut and paste' information from previous applications – assessors compare new and older applications and will check for repeated information. Do not repeat the same evidence in different domains. It will only receive credit from the assessors once.
- Do not include any website addresses or other external links to additional information. You must stay within the character limit for each domain and not seek to gain an

advantage by linking to additional external evidence. Scorers will not access or score evidence that is not on the application form itself and may view the use of URLs, as a way to add to your evidence, negatively in the assessment of your application.

- Give measurable and externally validated information such as outcome data or other quality metrics wherever you can and quote the dates, source and relevant benchmarks. This applies to clinical work, as well as research and education.
- You must explain the impact you had. **Simply holding a position such as an 'officer' in a college or specialist society, or serving as a member of a committee, will not in itself justify an award** – the national impact needs to be clear and temporally related to the period during which you did this work.
- Use a new line for each entry and consider using bullet points to make the information clearer and easier to read but avoid merely providing a series of lists of activities or roles with no reference to impact.
- Check with your employer that they have a registered contact on the ACCIA portal before you submit your application, otherwise they may not be notified it is awaiting their sign-off.

Potential Sources of evidence for applications

- NHS Infection rates
- NJR data compliance
- Patient feedback surveys
- Guidance written or contributed to – together with where published or hit rates from websites
- Research conducted and its impact
- Peer Reviewed publications
- Research grants achieved
- Positions held, e.g. committee or trustee, but must be accompanied by evidence of what you have achieved in that role
- Educational material or courses developed; invited keynote lectures; leadership roles in education and their impact

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In order to be competitive it is important that applications clearly demonstrate the impact of activities. Reflecting on the previous round, the NCIA have advised applicants to ensure their application addresses the following points.

Do	Don't submit evidence that is/has
• Give clear dates. **If the dates are not clear, it will bring your score down** Include evidence that is dated and only within the last 5 years • Have clear job plans with number of contracted PAs, role descriptions and activities • Be clear about unpaid work and external remuneration contracted PAs	• Over 5 years old / pre-dating receipt of a prior national award.
• make your content specific to the criteria for the relevant domain	• Repeated between domains or from previous applications
• Describe the impact as opposed to just stating the activity	• Only an activity list', without detailing impacts or tangible output undated
• Show where **wider uptake** of innovative work and research has occurred and **how it changed practice**	• Exclusively locally focused unless showing wider cascade and impact outside the locality or role remit
• Ensure specific numbers are provided as well as percentages to give context to the reviewers.	• Entirely narrative
• Cite national standards as comparative benchmarks, and or those available from member organisation	• Internationally based, without explanation of benefit to NHS reputation or wider UK health economy
• Spell out / explain all abbreviations and acronyms on first use. This includes Association names, committees, other 'medical' abbreviations	• Unexplained acronyms or abbreviations
• Bullet Points make applications easier to read	• External links to additional information. These will not be accessed by the reviewer keep to the character limit

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Examples from previous applications

The application guidance provides a T&O example (Domain 1) which provides helpful pointers on how to demonstrate impact:

> *"I set up a short stay programme in 2019 which has the lowest length of stay for hip replacements in England – 2.7 days as against the England average of 6.1 days… 67% of patients are home after 2 nights… 98.5% patient satisfaction service… readmission rate of 5.1% as compared to the regional average of 7%. This has been communicated in xx forums and adopted as best practice standards by xx body and is now in place across more than 100 trusts in England."*

Example excerpts from a high and poorly scoring application

The following were provided in the ACCIA applicant video and provide useful examples.

High Scoring

Excerpts from a Domain 2

Since my Gold award in 20XX, I have worked hard to improve the quality, cost effectiveness & safety of specialised colorectal services. I make these contributions via senior clinical leadership/management roles at NHS England, NCEPOD & Associations of Surgeons & Coloproctology of Great Britain & Ireland (ASGBI/ACPGBI).

1. I have been a member of the NHS England specialised colorectal services clinical reference group (CRG) since 20XX. I was appointed by NHS England as national clinical lead for intestinal failure in February 20XX. I developed the service specification & peer review tool & analysed & validated responses from candidate trusts. I am providing clinical leadership for national service procurement.

2. I became deputy chair of the CRG in 20XX. I am responsible for ensuring equity of access & development of national quality indicators & CQUINs for these specialised services.

3. I am member of the NHS England cross-systems sepsis board - we are developing the NHS strategy for diagnosis & management of sepsis. We published our national "sepsis action plan" in 20XX. – see publications.

4. I advised NCEPOD in its national sepsis audit (20XX-20XX).

5. I co-chaired the ASGBI/ACPGBI working group on colorectal anastomotic leakage, the most important cause of sepsis after bowel surgery. I co-wrote & published the national guidance in 2016 (publication XXXX)

I have played a major role in disseminating my expertise in intestinal failure more widely. Specifically: We run national "intestinal failure masterclasses" to develop teams from other centres in England. Since 20XX I established & developed an MDT specifically for our autologous GI reconstruction service (see below), including dedicated support from a clinical psychologist & anaesthetist. I trained a consultant colleague to help me undertake these procedures, which the NHS commissions only in our unit.

I advised the NICE interventional procedures committee & helped them to produce guidance. I secured funding from the CCGs and we undertook the first two procedures in the UK last year (20XX). We are currently the only centre in the UK offering this service.

My multidisciplinary team continues to lead the world in intestinal reconstructive surgery because of a continued focus on quality improvement. NHS England audited our programme in 20XX & 20XX & said it was "outstanding", noting a 0% 90 day mortality in 123 consecutive high-risk surgical procedures over the previous 3 years - the best results ever produced in the world.

ASSESSOR: A lot of committee work, but outputs in terms of guidelines and products for patients are defined; every component dated; abbreviations are explained; high quality team-based clinical work developed locally, now nationally and internationally recognised. Clear what has been done since last award. Numbered layout and clear narrative make it easy to read. SCORE = 10

Department of Health & Social Care

Low Scoring

Excerpt from another Domain 2

I am an excellent communicator and manager. During the COVID pandemic I ran a series of in-house Trust fora to explain the need for new rotas to be implemented. I adopted a similar approach when first implementing the 4A-Costs initiative, and plan to do so in our partner Trust. I adopt the same approach with my teaching and training. In my role as Clinical Lead I chair the Audit, Review and Quality committee on a monthly basis, with bi-monthly regional meetings, sharing the chairmanship with my opposite number from St XXXX's. This enables sharing of good practice. We invite both junior staff, rotas permitting, and selected medical students on the unit to attend. These meetings were virtual during the course of the pandemic.

Another key initiative I have led is the ARC-supported is ARS-P – the Acute Risk Stratification Project. We are one of 4 pilot sites in the region for this exciting project. In addition to the 4A-Costs app-based questionnaire, PAs perform for selected patients a clinical context-dependent series of bed-side assessments and questions to allow relevant acuity scores to be applied (*eg* HASBLED, Wells score, CURB, SLEDAI, NEWS/MEWS, CPAI etc) and a weighted composite 'sickness' score is allocated. It is being evaluated whether this score will predict death, or deterioration, and the likely LOS. I am the local PI for this exciting project and in my management role I am actively recruiting patients and colleagues. We hope the study will lead to AHSN adoption, and a possible RFpB grant. Such a risk prediction model would have tremendous utility if rolled out nationally (estimated cost savings in England alone – 29.3 million/annum).

ASSESSOR: Entirely LOCAL work; NO DATES; TMA; reference to same research project in 3 other domains; a lot of 'jam tomorrow'; 13PA **SCORE = 0 (2 at most)**

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