



# **NHS LANARKSHIRE**

## **PROCEDURE FOR THE AWARD OF CONSULTANT DISCRETIONARY POINTS**

**October 2024**

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# 1 INTRODUCTION

1.1 From April 1996 Consultants' Discretionary Points were introduced to replace the C Award element of the Consultants Distinction Awards Scheme.

1.2 In January 2000 the Scottish Executive Health Department indicated that the number of Discretionary Points available to individual Consultants was to be raised by three additional points, bringing the maximum number of points to eight, with effect from 1<sup>st</sup> April 2000. In addition, the minimum number of Discretionary Points that Boards must make available each year has risen from 0.25 times the number of eligible Consultants to 0.35 times the number of eligible Consultants.

## 1.3 Definition

Discretionary Points are consolidated payments in addition to the maximum of the Consultant Salary Scale and are paid at the discretion of NHS Lanarkshire, in light of Professional advice. The Discretionary Point Scale consists of eight points of equal value above the normal maximum salary increment for Consultant Medical and Dental Staff. Discretionary Points are pensionable.

## 1.4 General Data Protection Regulation (GDPR)

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal information secure, and confidential.

In order to find out more about current data protection legislation and how we process your information, please visit the Staff Data Protection Notice on our website at <http://www.nhslanarkshire.scot.nhs.uk/data-protection-notice-staff/>.

Please note that SACDA publishes Discretionary Point information at <https://www.shsc.scot/meetings/scottish-advisory-committee-on-distinction-awards/current-awards-round-1/> under "nominal roll".

## 1.5 Electronic Process for Submitting / Considering Citations

A fully digitised and anonymous process for the award of Discretionary Points has been approved through NHS Lanarkshire's Negotiating Committee.

The citation form is now available electronically and can be accessed via the link detailed within the Consultant's invite letter or via the HR Portal.

Once citation forms have been approved by the Clinical Director, they will automatically be anonymised prior to being uploaded to the appropriate Decision Making Group.

Members of the Decision Making Groups will also receive access to citations and a scoring matrix, in an electronic format. A link will be provided to Members of the Decision Making Group to access all documentation.

**Please note**, all electronic files must not be removed or retained outwith the shared drive. Also, members of the Decision Making Group are required to hand over any contemporary notes taken during the process, to the HR Chair. The members notes will be retained on file for 1 year and they could be called upon if required.

## **2 ELIGIBILITY**

- 2.1 To avoid confusion with eligibility please note the following criteria before completing your citation form:
- Consultants must be on point 5 of the new salary scale or on the maximum of the old salary scale to be eligible to apply for Discretionary Points as at 1<sup>st</sup> April 2024.
  - Consultants must not hold a Distinction Award and must not already hold more than 7 discretionary points.
- 2.2 Consultants who received an award of one or more Discretionary Points in a given year will not normally be considered for a further award during the following one year.
- 2.3 Consultants will only be considered for the award of Discretionary Points where they have presented themselves for appraisal/revalidation (where appropriate) and job plan review within the last 12 months.
- 2.4 A Consultant who wishes to appeal against a decision that they are ineligible will have the right to appeal to a panel made up of the Head of Human Resources (Medical, Dental and Employment Services), a deputy appointed by the Medical Director and a member from the LNC. The appeal must be submitted in writing to the Head of Human Resources (Medical, Dental and Employment Services) a minimum of 14 days prior to the date of the Decision Making Group or the appeal will not be heard.
- 2.5 Part-time Consultants who meet the criteria in 2.1 will be eligible for payment of Discretionary Points at the appropriate proportion of the full value of the Discretionary Points granted. It should be noted that if a part-time (less than 10 PA's) employee works extra programmed activities in any given year, they will receive an enhanced rate of pay to include allowance for the discretionary points awarded.
- 2.6 The Medical Director will agree with the Medical and Dental Negotiating Committee annually the list of Consultants eligible to receive Discretionary Points, and to discuss the number of Points which should be made available in the following year.
- 2.7 NHS Lanarkshire will establish a list of all eligible Consultants who have reached point 5 of the new consultant salary scale or the maximum of the old salary scale

as at 1<sup>st</sup> April each year, and will make this list available, to any Consultant employed by NHSL.

**If in doubt of your eligibility please contact the Discretionary Points mailbox and you will receive a response ([LAN.Medical.DentalDP@lanarkshire.scot.nhs.uk](mailto:LAN.Medical.DentalDP@lanarkshire.scot.nhs.uk)) before completing the Citation Form.**

- 2.8 If you operate over two or more sites, please note that your citation will be considered by the Decision Making Group aligned to where you undertake the majority of your work. Therefore, you should select that site in your citation form.
- 2.9 Locum Consultants will **not** be eligible for award of Discretionary Points.
- 2.10 Consultants in receipt of an A+, A or B Award, those on maximum of the Discretionary Point Scale and those who have not reached the maximum of the Consultant Salary Scale or point 5 of the new Consultant Salary Scale at 1<sup>st</sup> April are **not** eligible.
- 2.11 Consultants who are the subject of an active conduct sanction will not begin to receive payment for any newly-awarded points until the expiry of such sanction.
- 2.12 In the event of a Consultant being recommended for award of points while a conduct investigation is underway but before a definitive decision has been made on the outcome, full information will be made available to the Discretionary Points Committee and the Remuneration Committee to allow a decision to be made on whether to reject the recommendation or to hold back the payment of the award pending the outcome of the conduct investigation.

If following this, points are not awarded, they will be carried forward to the following year for distribution in addition to the points for that year.

### **3 DISCRETIONARY POINTS**

- 3.1 The minimum number of Discretionary Points to be made available in any one year will be 0.35 times the number of eligible Consultants calculated as at 1 April of the relevant year. Where the minimum number of Points includes a fraction, the total will be rounded up to the nearest whole number.
- 3.2 The total number of points to be made available in any year will be determined and will be put to the Remuneration Committee for approval.
- 3.3 Public Health will be included within the HSCP Decision Making Group. Therefore, the total number of points available within NHSL will be allocated to the 4 individual Decision Making Groups pro-rata, based on the number of eligible Consultants for 2024 awards. The number of points available to each Decision Making Group will be based on the eligibility of Consultants within their remit.

- 3.4 Following approval by the Remuneration Committee, the number of Discretionary Points to be made available will be notified to all Consultants on their invite letter.

## 4 NOMINATION PROCEDURE

- 4.1 All Consultants will be notified prior to the commencement of the 2024 awards round of:
- a the procedure for allocation of these Points;
  - b the list of Consultants eligible to receive awards;
  - c the number of Discretionary Points which will be available for that year; including any carried forward points from the previous year. Consultants will be invited to submit a citation for an award to the appropriate Decision Making Group;
  - d The agreed timetable for the Discretionary Points process;
  - e The electronic link to complete the citation.
- 4.2 The normal procedure will be self-nomination, but it will be open to individuals or groups to nominate any eligible Consultant considered appropriate. In the event that an individual is nominated by another individual, the nominee must contact the individual to seek their consent prior to submitting a citation on their behalf.

The Discretionary Points process will be fully anonymised via the new digitised process and therefore, there should be no personally identifiable information entered into the Domain section of the citation.

- 4.3 Nominations **must** be submitted on the electronic form. Each domain allows for 4000 characters which is equivalent to one A4 page of Arial size 12 font. The only exception to this being the domain of 'Research and Clinical Audit' which is 8000 characters, approximately 2 sides of A4.

Hand-written submissions will **not** be considered.

Citation forms should contain information of contributions/achievements since 1<sup>st</sup> April of the year of last award (or since becoming a consultant if no previous points awarded) up to and including 31<sup>st</sup> March in the relevant year. Only information provided in the citation form will be scored. No other information will be taken into consideration.

- 4.4 The first page of the citation form contains personal information which will be removed prior to the Decision Making Group receiving the citation. No personally identifiable information (within reason) should be included in any of the Domain sections.
- 4.5 Nominee's may include a letter in support of their application. If they wish to do so, the letter should be fully redacted and sent to the Discretionary Points mailbox. The letter will be reviewed to ensure it doesn't contain any personally

identifiable information and it will be provided to the Chair of the Decision Making Group.

- 4.6 Nominee's will be asked to enter their Clinical Director's name and contact email address on their citation form. Completed citations will be automatically sent to the appropriate Clinical Director to confirm accuracy at least 3 weeks before the closing date.

Clinical Directors will receive an email asking them to review and endorse the citation on the link provided. Nominee's will receive an automated email response that it has been approved.

If, however, a Clinical Director does not agree with any of the content they must arrange immediately to meet with the Consultant to discuss prior to approving the citation on the link provided. The Clinical Director can select the option not to approve the citation and the Nominee will receive an automatic email.

In the event that the disagreement cannot be resolved or if a meeting does not take place, the Clinical Director or deputy must outline the details of their disagreement and submit this in writing to the Chair of the relevant Decision Making Group.

- 4.7 If the Clinical Director is on an extended period of leave then a deputy must be available to approve in their absence. It is important that nominees ensure the Clinical Director is available prior to adding their name on the citation form. A list of deputies is available from contacting Human Resources.
- 4.8 Citations must be approved by the Clinical Director on or before the closing date. If the citation is not approved, it will not be made available to members of the relevant Decision Making Group. It is the nominee's responsibility to ensure that their Clinical Director has approved their citation prior to the closing date.
- 4.9 Nominees will receive an automated email advising that the citation has been submitted to the relevant Decision Making Group. If you do not receive a receipt, please contact the Discretionary Points mailbox.

## **5 DECISION MAKING GROUPS**

- 5.1 Each of the four sites (UHH, UHM, UHW, HSCP including Public Health) have their own agreed Decision Making Group (DMG) to review citations for those within their remit.
- 5.2 Each DMG will be chaired by a Divisional Medical Director who will not have a deliberative vote but will have a casting vote, where appropriate. The Chief of Medical Services or Associate Medical Director will normally deputise for the Divisional Medical Director as Chair in group meetings. In the event that neither are present, a suitable deputy will be nominated.

- 5.3 There will be four Management Members; three of these will be: Director of Medical Education, Chief of Medical Services and Associate Medical Director.

For the HSCP DMG, the Director of Public Health may also be considered for a Management role along with a second Associate Medical Director. Appropriate medical managers may delegate when required.

- 5.4 Each DMG will have 4 members from the profession, who will be nominated annually by the Medical Staff Associations. If possible, 4 deputies should also be nominated. Every attempt should be made to encompass as wide a spread of specialties as possible as well as considering gender and ethnic minority.

Medical Staffing Associations should consider making a call for a wider pool of volunteers to allow for as wide a representation as possible to cover specialties, gender and ethnic minorities. This will be the Chair of the Division of Psychiatry for the H&SCP DMG. This may include representation from individuals out with the area the DMG represents.

The DMG at their discretion, through the Chair of the DMG following discussion with the Chair of relevant Medical Staff Association or Chair of the Division of Psychiatry, may invite a senior Consultant from a smaller specialty which isn't represented on the group to provide expert advice on the specialty.

Any advice provided by the nominated specialist must be provided in writing to all members of the DMG prior to scoring taking place. This advice will be submitted to the DMG in advance with all citations received. No citation will be shared beyond the membership of the DMG.

- 5.5 It will be open to the appropriate Medical Staff Association or Chair of the Division of Psychiatry of the appropriate DMG to nominate an observer, who may sit in during meetings of the DMG, but who may not participate in any prior scoring or discussions about any Consultant or about proposals for Awards. The MSA Observer role is encouraged to assist in developing future panel members through building their understanding of the process before they take on this role in future rounds. The MSA Observer may act as a depute in the event of a call off from a voting member from the profession. No Consultant who is nominated for an award of Discretionary Points may be nominated as an Observer in the same year.

- 5.6 In addition to the above, the LNC will nominate a participant for each DMG meeting, who shall not be involved in the discussions or decisions of the group, but shall be responsible for observing the process of decision-making at the DMG meetings to ensure that a fair, open and inclusive process is followed in the deliberations of each DMG. They will identify any deviation from agreed process. They will have access to the citations and scoring matrix prior to attending the DMG but will not act as a depute in the event of a call off from a voting member.

Where LNCs have identified more than one participant, they should contact the



Director of Human Resources who will confirm whether it is possible to have an additional LNC member present.

- 5.7 In the event that any member of the DMG cannot attend, voting or otherwise, it will be for the Chair to decide if the Group is quorate and whether the recommendation of awards can proceed or not.
- 5.8 No Consultant who has applied for the award of Discretionary Points will sit on the DMG. It will be open to Consultants who would normally be eligible for award of Discretionary Points to withdraw from consideration, in order to sit on the DMG.
- 5.9 Prior to each DMG meeting, the group members will receive an anonymised version of all citations. They will also receive access to a scoring matrix. These documents will be submitted to them via email.
- 5.10 Panel members will be given 4 weeks to review citations and score against the established criteria set out in Appendix 2. They will complete their individual scores on the scoring matrix provided. Scoring will be based on the information available within the citation only.
- 5.11 Following individual scoring, each member's scores will be collated and the full scoring matrix will be made available to all of the members of the DMG 2 weeks in advance of the group meeting taking place. The DMG will also receive access to each nominee's anonymised citation form.
- 5.12 Each Decision Making Group will convene to discuss the scoring.

At the outset of each Group meeting, the Head of Human Resources will outline the process to be followed to ensure uniformity throughout NHSL.

The purpose of the group will be to review each citation, focussing particularly on any variations in the individual's scoring provided.

Information from this scoring will be used to assist the DMG to agree a single prioritised list of nominees, with recommended levels of award.

- 5.13 The list for each DMG will be presented to the Discretionary Points Committee for consideration before it proceeds to the Remuneration Committee by the Chair to the Remuneration Committee. The DMG will base its decisions on the criteria laid down in Appendix 1.
- 5.14 The Discretionary Points Committee will take place in March, following which a report will be submitted to the Remuneration Committee for approval. meet and have the process finalised in the relevant financial year.
- 5.15 Those nominated but not subsequently recommended for award of Points will be provided with individual confidential feedback on the reasons for lack of success

if they so request from the Chair of the DMG or nominated deputy. As part of the feedback the applicant may request a copy of the scoring they obtained at the DMG.

- 5.16 In the exceptional circumstance that less than the minimum number of points available to be awarded are recommended by the DMG, the Chair of the Discretionary Points Committee will request from the Remuneration Committee that these points are carried forward for consideration the following year. The points will however still be payable from the April in the preceding year and applicants who would have been eligible to apply for points in the previous year will be considered at the outset of the Decision Making Group based on information provided relating to the relevant timescales. If these are not awarded, then points will be added to the current year's allocation for award.

## **6. APPEALS PROCEDURE**

- 6.1 Any Consultant may, however, raise an appeal if they believe the procedure has not been applied properly to them. If a consultant wishes to raise such a grievance it will be heard by a panel comprising:

2 Members of the Remuneration Committee  
2 Consultant Members of the Area Medical Committee

- 6.2 The Consultant will require to submit a detailed case in support of his/her appeal. There is no further right of appeal.

Since the recommendations of the DMG are the result of Peer Group Review, there can be no appeal against the number of points awarded, or indeed whether points are awarded at all unless it can be demonstrated that the procedure has not been applied appropriately.

- 6.3 Appeals containing details of a procedural failure must be lodged within one calendar month of results being released.

## **7 PUBLICATION OF AWARD HOLDERS**

- 7.1 The decision of the Discretionary Points Committee and the Remuneration Committee about the award of Discretionary Points to Consultants will be made available within a month of the meeting at which the decisions are confirmed. A list will be made available to all Consultants employed in NHSL, providing the names of those awarded points and the number of points awarded.

This information is published online by SCCLEA – Scottish Consultant Clinical Leadership and Excellence Awards SACDA for the whole of Scotland.

- 7.2 An anonymised version of the scoring may be made available to nominees after the Decision Making Groups if requested.

## **8 MONITORING AND RETURN OF INFORMATION**

- 8.1 Information will be provided annually to the Advisory Committee on Distinction Awards Secretariat on the number of Discretionary Points paid to individual Consultants.
- 8.2 The process of awarding Discretionary Points will be reviewed by NHSL from time to time, to ensure that it is free from inequality in accordance with Employment Legislation.
- 8.3 Consultants who have not been nominated or applied for an award of Discretionary Points during the last five years will be contacted by letter to confirm that they are eligible to apply and be considered for discretionary points. Further guidance can be sought from Clinical Directors, Human Resources, BMA or LNC representatives. This process should ensure that no Consultant is overlooked.
- 8.4 Equal Opportunities monitoring will be undertaken following each Decision Making Group.

## **9 REVIEW OF PROCEDURE**

- 9.1 The Procedure for Award of Consultants' Discretionary Points will be reviewed annually.

## GUIDELINES ON CRITERIA FOR CONSULTANTS' DISCRETIONARY POINTS

All eligible consultants are encouraged to build their applications and apply for discretionary points as early as possible and throughout their consultant career. On occasions, some submissions have appeared rather abridged, perhaps assuming that others know the extent of their contributions. Please do not make assumptions in this respect; consultants are encouraged to be clear about the contributions they have made and over what timescales, including patient benefits.

For the avoidance of doubt, if information is not included in the citation form it cannot be taken into account by the DMG. The scoring system is designed to cover a range of activity. Being clear about activity in each category will maximise chances of points.

1. Discretionary Points are not seniority payments, or automatic increments.
2. Consultants in all specialties and all types of post are equally eligible and should be treated as such.
3. To warrant payment of one or more discretionary points, Consultants will be expected to demonstrate an above average contribution in respect of service to patients, teaching, research and the management and development of the service.
4. Progression at each step up the Discretionary Point scale will reflect the increasing quality and range of the contribution made by the Consultant. To attain the maximum of the Discretionary Point Scale, Consultants will be expected to have demonstrated an outstanding contribution to services.
5. Consultants may want to check their personal position with regards Discretionary Points, pension contributions and possible tax implications. Consultants can choose to limit the number of points they may gain after careful consideration of their individual tax situation and may choose to take expert advice on this. Pension information is available from <http://www.sppa.gov.uk>. Further information is available on the BMA website.
6. The criteria for payment of Discretionary Points should allow for contributions made in the following areas to be taken into account and include information since the 1<sup>st</sup> April of the year of your last award (or since becoming a consultant if no previous points awarded) up to 31<sup>st</sup> March in the relevant year:-
  - i Professional excellence, including:
    - ◆ quality of clinical care of patients
    - ◆ service development
    - ◆ professional leadership
    - ◆ improvements in public health

- ii significant contribution towards the achievement of local NHS service priorities
  - iii undertaking recognised significant heavy workload or responsibilities in pursuit of local NHS service goals
  - iv contribution to professional and multidisciplinary teamworking
  - v research, innovation and improvement in the service
  - vi clinical audit and/or quality improvement
  - vii administrative or NHS management contributions
  - viii teaching and training, including
    - ◆ training of junior staff
    - ◆ involvement in undergraduate or postgraduate teaching
    - ◆ public education and health promotion
    - ◆ contribution to training of other staff
  - ix wider contribution to the work of the NHS nationally
7. The differing opportunities and normal expectations associated with Consultants in different fields will need to be taken into account in assessing the level of performance required in individual cases. For example, there will be a different expectation in terms of the research content of many honorary contract holders compared with Consultants whose duties result in limited opportunities for research work. There would similarly be a different expectation in terms of the management and service development contribution of a Consultant in Public Health Medicine or Dental Public Health compared with more clinically based specialties.
  8. The resources available to a Consultant, including supporting staff and facilities, and any particular difficulties that he or she may have had to overcome, should also be taken into account in judging the service contribution expected and provided.
  9. In deciding payments, employing bodies should ensure that Consultants are treated equally regardless of their age, sex, disability, ethnicity /race, politics, marriage or civil partnership status, sexual orientation, religion or belief, pregnancy or maternity, gender reassignment, membership or non-membership of trade unions or associations.

**SCORING SYSTEM TO BE USED BY DECISION MAKING GROUP**

1. The Decision Making Group will jointly assess the contribution of each nominee from the information provided in the submission against each of the criteria nos. 2 - 8 identified in the scoring proforma using a range of 0-10.
2. In scoring the following should be used as a guide.
  - 0 = not applicable or no contribution
  - 5 = average contribution expected of any Consultant
  - 10 = exceptional or outstanding contribution
3. Once each candidate has been scored against each of the criteria the total number of points for each candidate will be assessed. **Other factors such as whether the individual is restricted in their ability to contribute through lack of resources, part-time working, or have additional opportunity to contribute or achieve in particular areas due to the nature of their job plan etc. will impact on the score and should be taken into account in the overall scoring.** Information from colleagues or outside bodies will also be assessed when considering the final score if a letter of support is received.
4. The Decision Making Group will take into account the score achieved when deciding on the award to be recommended.

The intention behind the scoring system is to assist the Decision Making Group in determining which Nominees should receive an Award, and at what level.

## CONSULTANT DISCRETIONARY POINTS SCORING PROFORMA

<b>NOMINEE</b>								
<b>Year in which last awarded DPts</b>								
<b>Number of DPts last awarded</b>								
<b>Job plan details:</b> <b>Total Programmed Activities:</b> <b>Direct Clinical Care:</b> <b>Supporting Professional Activities:</b> <b>Additional Responsibilities:</b> <b>External Duties:</b>  <b>No of Extra Programmed Activities:</b>								
<b>1. Professional Excellence. (Double weighted)</b>								
<b>2. Significant Contribution towards the achievement of local NHS priorities.</b>								
<b>3. Contribution to Professional and Multidisciplinary Teamwork.</b>								
<b>4. Research and Clinical Audit.</b>								
<b>5. Administrative or NHS Management contribution.</b>								
<b>6. Teaching and Training</b>								
<b>7. Wider contribution to the work of the NHS nationally.</b>								
<b>TOTAL NO. OF POINTS</b>								

**SPECIMEN CITATION FORM WITH EXAMPLES****CITATION HEADINGS**

Introduction - Main Professional Activities – Summary.	(Not Scored)
1. Professional Excellence.	(Scored) (Double Weighting)
2. Significant Contribution towards the achievement of local NHS priorities.	(Scored)
3. Contribution to Professional and Multidisciplinary Teamwork.	(Scored)
4. Research and Clinical Audit.	(Scored)
5. Administrative or NHS Management contribution.	(Scored)
6. Teaching and Training.	(Scored)
7. Wider contribution to the work of the NHS nationally.	(Scored)



Introduction	
	<p><b><u>Main Professional Activities</u></b></p> <p><i>Describe briefly your main day-to-day duties and responsibilities, including regular sessional and on-call commitments and specialist interests. (This heading is not scored, and is for information only.)</i></p>

1.	<p><b><u>Professional Excellence</u></b>(Double Weighting)</p> <ul style="list-style-type: none"> <li>• Performance over and above what is normally expected.</li> <li>• Sustained quality of clinical care.</li> <li>• Service planning and development.</li> <li>• Professional leadership.</li> <li>• Improvements in Public Health. (If relevant to your practice.)</li> <li>• Innovation and improvement in the service.</li> </ul> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>• Involvement in/or leading evolution of change with resulting improvement in patient care eg adoption of new techniques.*</li> <li>• Altering the pattern of service provision eg inpatient to outpatient or day case treatment.*</li> <li>• Setting up new services eg The Acute Pain Service, Pre-assessment Clinics.*</li> <li>• Extending the range of clinical practice.*</li> <li>• Developing One Stop Clinics.*</li> <li>• Increasing links between secondary and primary care.*</li> <li>• Improvement in Discharge Planning.*</li> </ul> <p>Inter-agency involvement – ie social work, local authority, beyond that normally expected within the Specialty.*</p>
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*\* add dates, highlighting the timescale of your achievement(s). Information should be from 1st April of the year of your last award (or since becoming a consultant if no previous points awarded) up to and including 31<sup>st</sup> March in the relevant year.*

2.	<p><b><u>Significant contribution towards the achievement of local NHS priorities</u></b></p> <ul style="list-style-type: none"> <li>• <i>Undertaking recognised, significant heavy workload or responsibilities in pursuit of local NHS service goals.</i></li> </ul> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>• Additional clinical or management commitments in excess of the agreed norm related to enhanced activity, throughput and efficiency.*</li> <li>• Contribution to Winter Planning.*</li> <li>• Migration Planning/work on New Hospital / Rejuvenation Planning.*</li> </ul>
3.	<p><b><u>Contributions to Professional and Multidisciplinary Teamwork</u></b></p> <ul style="list-style-type: none"> <li>• Evidence of supportive behaviour working within teams.</li> <li>• Any personal contribution which has led to recognised improvements in clinical care, service delivery, working within a team.</li> <li>• Response to requests for professional advice.</li> </ul> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>• Developing Multi-disciplinary Team Meetings.*</li> <li>• Introducing or developing Cross-specialty Groupings eg for educational purposes.*</li> <li>• Improving liaison between health-care workers within or outwith the Board.*</li> <li>• Active involvement in a Managed Clinical Network.*</li> <li>• Active involvement in Medical Advisory Groups eg SMSA, AMC, Chairman/Secretary of Division.*</li> </ul>

\* add dates, highlighting the timescale of your achievement(s). Information should be from 1st April of the year of your last award (or since becoming a consultant if no previous points awarded) up to and including 31st March in the relevant year.

4	<p><b><u>Research and Clinical Audit</u></b></p> <ul style="list-style-type: none"> <li>• Quality and degree of pro-activity in the context of local opportunity and resources for research, commitment to and leadership in clinical audit.</li> </ul> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>• List publications <b>and</b> presentations, within the period since the last Award of Points. <b>A synopsis of your achievements should be listed in the citation form and should comply with the normal requirements of font size and citation length.</b> (If these are numerous, one further one sided page of A4 may be appended to the nomination form Please make clear whether joint or sole authorship and whether lead author.)*</li> <li>• Active involvement or initiative in local or national audit projects, evaluation of outcomes and “closing the loop”.*</li> <li>• Involvement in Clinical Governance, Clinical Effectiveness or Clinical Risk Management Committees, Healthcare Quality Assurance and Improvement Committee, Clinical Quality, etc.*</li> </ul>
5.	<p><b><u>Administrative or NHS Management Contributions</u></b></p> <ul style="list-style-type: none"> <li>• Amount and quality of work within the Directorate or Board in support of efficient organisation or overall Management objectives.</li> </ul> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>• Responsibility for Departmental rotas.*</li> <li>• Participation in Committees, Working Groups.</li> <li>• Lead Clinician for Specialty, linking with Healthcare Improvement Scotland.*</li> <li>• Work as a Clinical Director, Associate Medical Director, Lead Clinician, Specialty Adviser.*</li> </ul>

*\* add dates, highlighting the timescale of your achievement(s). Information should be from 1st April of the year of your last award (or since becoming a consultant if no previous points awarded) up to and including 31st March in the relevant year.*

6.	<p><b><u>Teaching and Training</u></b></p> <ul style="list-style-type: none"> <li>• Training, clinical or educational supervisor of junior staff.</li> <li>• Involvement in Undergraduate and Postgraduate teaching.</li> <li>• Contribution to training of other NHS staff, e.g. Nurses, AHPs, Paramedics.</li> <li>• Contribution to public education and health promotion.</li> </ul> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>• Formal or informal tutorials, lectures, seminars.*</li> <li>• Participation in Departmental or Hospital education programme.*</li> <li>• In-service training, teaching ward-rounds.*</li> <li>• University lecturing, Royal College teaching and examinations.*</li> <li>• Accreditation for ALS, ATLS, PALS etc.*</li> <li>• Interaction with patients, patient groups, Local Health Councils, GPs and community services in order to raise public awareness.*</li> <li>• College Tutor or Postgraduate Tutor.*</li> <li>• Mentoring.*</li> </ul>
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*\* add dates, highlighting the timescale of your achievement(s). Information should be from 1st April of the year of your last award (or since becoming a consultant if no previous points awarded) up to and including 31st March in the relevant year.*

7.	<p><b><u>Wider Contribution to the Work of the NHS Nationally</u></b></p> <ul style="list-style-type: none"> <li>• Work for scientific, medical and professional bodies (eg Colleges, Universities, professional organisations, National Panel).</li> <li>• Representing colleagues or NHSL at national level.</li> <li>• Work for the Scottish Government Health and Social Care Directorate or NHS related authorities at national level.</li> <li>• Work undertaken for the LNC.</li> </ul> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>• Membership or Chairmanship of College, University, Professional Association</li> </ul>
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	or Specialist Society Committees.*
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*\* add dates, highlighting the timescale of your achievement(s). Information should be from 1st April of the year of your last award (or since becoming a consultant if no previous points awarded) up to and including 31st March in the relevant year.*

## GUIDANCE ON COMPLETION OF CITATION FORM FOR AWARD OF DISCRETIONARY POINTS

1. You are encouraged to self-nominate.
2. Citations will not be accepted unless they are completed in accordance with the guidance provided and **verified by the relevant Clinical Director**.
3. **Applicants are permitted to use only 4000 characters (equivalent of 1 page) per domain with the exception of Section 4) Research and Clinical Audit. Please check your completed form for accuracy before submission.**
4. **You are encouraged to complete all sections within the citation form. Failure to complete any section could affect your overall score and have a detrimental effect on the award of points.**
5. For those consultants already in receipt of points this citation should only include details of work undertaken/achievements that have taken place **since their last award of points**. For those who have not been awarded any points previously should include details of work undertaken/achievements that have taken place since being appointed to a consultant post until 31<sup>st</sup> March in the relevant year.
6. The purpose of discretionary points is to reward performance based on merit. The points will be awarded to those who demonstrate levels of achievement/performance beyond that normally expected. The criteria is based on performance relevant to NHS Lanarkshire objectives as well as the wider NHS activities. A description of your duties under each heading is not sufficient to demonstrate high levels of performance. In completing the citation form the Decision Making Group will need to understand the **benefit arising from and timescale** of your achievements, specifically:
  - What exactly did you do and why? What was your specific contribution?  
When did you aim to achieve by it?  
e.g. Responsible for leading the review of ....
  - What has been the outcome of your actions? Can you refer to evidence?  
Quantify the improvements where possible e.g. as a specific result of this action waiting times were reduced from 1 month to 2 weeks for this type of operation.
  - What timescales were involved?  
When did you start the work, complete the work, is it still ongoing?  
e.g. Started reviewing the processes in August 2018 and implemented the revised procedures in November 2021.

7. It would be helpful for the Decision Making Group if candidates, when listing activities, could highlight next to each one whether these are on an on-going or ad-hoc basis and the date when each activity commenced.
8. Citation Forms **must** be in electronic form. Hand-written submissions will **not** be considered.
9. Discretionary Points are not Seniority Awards.
10. If your nomination is unsuccessful, you are advised to obtain feedback to support and inform any future applications.
11. It will be open to individuals or groups to nominate any eligible Consultant considered appropriate. A Citation Form must be completed either by the candidate or the nominating body. Failure to comply will invalidate the consideration of the candidate.
13. If you wish to support a colleague who has submitted a citation form then you should forward the relevant information in writing to the Chairman of the DMG. Information received by the closing date from individuals or outside bodies will be taken into consideration by the DMG. You must advise the colleague you are nominating of your intention, in advance of submitting the citation form.