



CONSULTANTS DISCRETIONARY POINTS:

AGREEMENT BETWEEN NHS GREATER GLASGOW & CLYDE AND GLASGOW LNC

Implemented: November 2006

Reviewed: 3rd September 2019

1. GENERAL PRINCIPLES ON THE ALLOCATION AND SPREAD OF POINTS

The local application of Consultants' Discretionary Points will be determined in accordance with NHS Circular PCS (DD) 1995/6, as amended by the SEHD in its letter to previous Trusts and Boards dated 12 January 2000.

Each year, subject to the minimum set out in NHS Circular PCS (DD) 1995/6 (as amended by the SEHD letter of 12 January 2000), NHS Greater Glasgow & Clyde will determine, following consultation with Glasgow and Clyde LNC, the overall number of discretionary points to be awarded by the Discretionary Points Committee (DPC) with effect from the following 1 April. Account should be taken of any possible "unusual" applications as referred to in paragraphs 2.3 and 2.4 below and consideration given to increasing the number of points to be awarded.

The Medical and Dental Partnership Forum (MDPF) will review this Agreement annually in the light of experience.

2. ELIGIBLE CONSULTANTS

2.1 The eligibility criteria outlined in NHS Circular PCS (DD) 1995/6 as amended by the SEHD letter of 12 January 2000 and section 2.2.1 of PCS (DD) 2004/2 will be applied. NHS Greater Glasgow & Clyde will provide a list of all eligible consultants who are eligible at 1 April of that fiscal year, for discussion and agreement with Glasgow and Clyde LNC e.g. **1st April 2020 for the round 2019/20.**

2.2 Consultants who deliver services between two or more Board areas will be considered on their overall contribution. It will be the responsibility of the Board who holds the contract to implement the nomination process and to consider applications from these medical staff. Review of this scheme will expressly take account of steps taken by the Discretionary Points Committee (DPC) to ensure that such doctors have suffered no disadvantage.

2.3 The approach of the DPC will be to award discretionary points flexibly. This means that the DPC may distribute points on a single or multi-point basis as it sees fit. Notwithstanding this principle, only in exceptional circumstances will more than two discretionary points be awarded to an individual in any single year. The application Form submitted by applicants is now in two parts.

In **Part A** of the application form applicants will be asked if they wish to limit how many points they would like to be considered for by the Panel and for how many. **Part B** contains the 'fillable' form. Both parts must be completed by applicants for their application to be accepted.

2.4 All discretionary points should be allocated within any given year in accordance with the NHS Circular PCS (DD) 1995/6.

2.5 Part-time consultants receiving an award will be paid pro rata to the full value of the award.

2.6 Clinical academics with honorary contracts are eligible for payment of points and will be considered equally with other Consultants.

2.7 All individuals will be treated equally regardless of age, colour, ethnic origin, marital status, political affiliation, race, religion, sex, sexual orientation or membership or otherwise of trades union or professional associations. After each year's round of awards has been completed the Director of Human Resources will submit a report to the Remuneration Committee on behalf of the DPCs. The report will include monitoring information in relation to the applications received and the awards made, compared with the baseline information for the consultant group. In addition, following the panel meeting, the LNC observer will be provided with information on the geographical spread of the award of the points.

- 2.8 Applications will be anonymised, submitted by payroll number, for the first round of scoring. Following scoring, once the panel has made its decision on the allocation of points, the applicants will then be identified and any further discussion minuted.

3. CRITERIA

- 3.1 The criteria to be used for the local implementation of the policy in respect of consultants are detailed in the Annex to the SEHD's letter of 12 January 2000 and PCS (DD) 2004/2. No other criteria will be applied to the consideration of discretionary points.
- 3.2 The Statement of Case (Appendix 1) and an appropriate scoring system (Appendix 2) shall be agreed by the Medical and Dental Partnership Forum (MDPF) and reviewed each year. It is agreed that the scoring system must be demonstrably objective and clearly based on the above-mentioned criteria. The scoring system shall be agreed by the MDPF with an emphasis on rewarding local contribution within NHS Greater Glasgow & Clyde.

4. NOMINATION PROCEDURE

The Medical Director in conjunction with the Director of Human Resources will invite all eligible consultants to apply for discretionary points using the Statement of Case. The invitation will include a link to the copy of this Agreement, with all of the appropriate criteria and the Statement of Case form (Appendix 1) with notes for completion (Appendix 3). In addition there will be an 'Example of Statement of Case' to give an indication of the type of information applicants might provide (Appendix 4).

The application form is now in two parts, Part A contains a declaration by the applicant detailing the number of points they wish to be considered for by their respective Discretionary Points Panel. Part B is the Statement of Case. An 'Example of Statement of Case' to give an indication of the type of information applicants might provide can be found in Appendix 4.

Consultants should not apply for discretionary points in the year following their receipt of an award apart from in exceptional circumstances. Should a consultant wish to apply, Appendix 5 must be completed indicating the exceptional circumstances. This information along with the consultant's application form from the previous year will be submitted to the panel for consideration i.e. the panel will consider the 'additional' achievements within the year.

5. DISCRETIONARY POINTS COMMITTEE

- 5.1 The function of the DPC is to take the annual decision as to which consultants will receive discretionary points. For consultants, the DPC will base its decisions on the criteria laid down in the SEHD letter of 12 January 2000 and the other provisions of NHS Circular PCS (DD) 1995/6 that remain in force as well as PCS (DD) 2004/2. The points scoring system agreed with the MDPF will be strictly adhered to by the DPC.
- 5.2 The composition of the DPC will be as follows:

A Sector/Directorate Director will chair the Committee. The Chair will be a scoring member. The remaining membership shall be as follows:

- Chief of Medicine
- Clinical Director

- Service General Manager(s) (or other appropriate Senior Manager(s))
- Non-Eligible Consultants nominated by the Medical Staff Association
- A Head of People & Change will be in attendance and act as secretary. (This individual will be non- scoring).
- LNC Observer. (This individual will be non-scoring).

The panel composition should be balanced and have equal numbers of management to representatives nominated by the Medical Staff Association. The maximum number on either side will be seven, with the norm likely to be five, particularly in the larger Sectors/CH(C) P. The Directorate DPCs should reflect the geographical diversity of the Directorate.

A consultant who is ineligible to sit on the DPC for their own specialty maybe permitted to sit on the DPC for another specialty area.

5.3 The composition of the DPC as a whole should over time adequately reflect the balance across the body of consultants, reflecting all specialties, ethnic and gender groupings, and the diversity of the employment locations of NHS Greater Glasgow & Clyde to ensure that individuals in these groups are not seen to be disadvantaged in the awards process.

5.4 The Secretary will:

- Provide the MDPF with names of eligible consultants under para 5.7
- Be responsible for convening the Briefing and Scoring meetings.
- Be responsible for keeping a full Minute of all meetings together with a list of those attending and collate the scores.
- Advise the DPC of the total number of points available for award.
- Advise the DPC of the number of eligible Consultants
- Advise the DPC of the exceptional circumstances
- Recording the DPC's decisions.
- Identify if a potential award reaches or exceeds the maximum
- When the decision is finalised, record names against payroll numbers.
- Prepare the communication to successful applicants and non-successful applicants
- Advise the Remuneration Committee – NHS Greater Glasgow & Clyde of the decision of the DPC and the results of any Appeal decisions.
- Provide Glasgow LNC with an analysis of points awarded by number of eligible consultants and site.

5.5 Applications from individuals who have applied two years in succession should be discussed prior to the allocation of points. Discussions should focus on whether the work performed has been truly exceptional and has been performed within the year since the last application. If the DPC agrees that an application is exceptional it should then be included in the score rankings alongside the other applicants. These discussions should be minuted.

5.6 Decisions of the DPC will be informed by reference to the final scores. In the case of an equality of scores, the DPC will reconsider those applications in the light of all the information contained in the application forms.

5.7 Each year the MDPF will review the names of eligible consultants who have not received discretionary points in the previous five years to ensure that they are not being overlooked.

5.8 The deliberations of the DPC will be confidential (subject to the terms set out at paragraph 7.2) and decisions of the Committee will be recorded as an official minute, which will be sent to the Remuneration Committee of NHS Greater Glasgow & Clyde for confirmation as reserved

business. Individuals nominated for points will be advised of the outcome within ten working days. Details of the outcome will be also sent to the Scottish Advisory Committee on Distinction Awards (SACDA).

- 5.9 A list of those who have been awarded points in the current year shall be posted on the Staffnet, under Human Resources/Medical Staffing. This information will be made available to interested parties on request to the Medical Director.
- 5.10 The DPC shall report to the Remuneration Committee who shall ensure that the operation of the DPC is appropriate in terms of probity and governance.

6. THE PROCESS

- 6.1 The Medical Director will agree with the MDPF the names of eligible consultants.
- 6.2 Each eligible consultant will be written to at their home address seeking his or her application. The applicant will be given four weeks from the date of this letter to return their completed application. Consultants will also be notified in advance that letters inviting applications will be issued e.g. through the Staffnet, Sector/Directorate Team Meetings etc. Only in unusual circumstances will a late application be accepted.
- 6.3 The Secretary of the DPC will arrange a briefing meeting of the DPC two weeks prior to the DPC scoring meeting and provide all members with Part B for each application together with any additional information.

Part A of each application form will be retained by the Secretary and if any Consultant has stated in Part A that they wish to limit the number of points they wish to be considered for, this information will be given to the panel at the conclusion of the scoring process.

At this meeting an explanation of the process will be given and appropriate support and guidance on equal opportunities will take place. As an alternative to arranging a briefing meeting the Secretary of DPC can write out to each panel member, enclosing the applications and information about the panel protocol etc.

The DPC will be instructed to ensure that they independently score each application before the meeting of the DPC.

- 6.4 The Chief of Medicine will write to all applicants within two weeks of the meeting informing them of the outcomes of the meeting. In the letter the Chief of Medicine will detail the process to be followed in the event of an appeal.
- 6.5 Following the allocation of points the MDPF will review the process for the current year.
- 6.6 The Chief of Medicine will provide formal feedback to individuals on request after the award process has been completed in order to assist with future applications.
- 6.7 Applicants and members of the DPC must register evidence for any potential conflict of interest with the Head of People & Change. Normally a conflict of interest will exist where a DPC member would be considering the application of a family member or equivalent.

7. APPEAL ARRANGEMENTS

- 7.1 In the event that a consultant believes that the process of awarding discretionary points has been unfair, they have the right of appeal. The purpose of the appeal hearing is for an independent panel to review the consultant's original application and the scores awarded by the DPC, to assess whether the process of awarding points has been carried out fairly. It is not an opportunity for the consultant to present any new information.
- 7.2 Consultants may wish to discuss their application with the relevant Chief of Medicine before deciding on whether to proceed with a formal appeal.
- 7.3 If a consultant wishes to appeal, they will have the right to appeal to the Secretary of the DPC within one calendar month from the date of the letter notifying the results of the allocation of discretionary points. Late applications will not normally be considered unless the applicant can show good reason for the delay and it would be inequitable for the appeal not to proceed. The Secretary of the DPC will be responsible for setting up the appeal.
- 7.4 Any consultant formally appealing will be granted full access to copies of all records relating to themselves considered by the DPC.
- 7.5 All appeals must be heard within two calendar months of the completion of all the DPC panel meetings. The grounds of appeal must be clearly stated by the applicant in their letter of appeal. Applicants will have a right to be represented by a colleague or professional representative not acting in a legal capacity. The appeals panel shall be comprised as follows:
- Medical Director
 - Deputy Director of Human Resources & Organisational Development
 - 2 individuals nominated by the LNC.

None of the appeal panel shall have been involved in the decision making process. The appeal process will have a balanced representation, in the event of a split decision the final decision will rest with the Medical Director.

- 7.6 The Medical Staffing Unit will provide support to the appeal panel.
- 7.7 Following the appeal, the appellant will be informed in writing within three working days of the decision. The DPC will also be informed within the same time period. This will be achieved by way of sending a copy of the appellant's letter to each member of the DPC. If successful, the appellant will receive the allocation of discretionary points for the current year.
- 7.8 The cost to NHS Greater Glasgow & Clyde of additional points arising out of any successful appeal will be taken account of in consultation between the Board and the MDPF in respect of the allocation of the number of points to be awarded in the subsequent year. This may result in a reduction of the number of points to be allocated in that year provided it does not fall below the minimum number of points that must be awarded in accordance with the national agreement.

8. SUPPORT FOR APPLICANTS

- 8.1 NHS Greater Glasgow & Clyde shall ensure that appropriate advice and support is made available to all consultants in regard to the completion of Statement of Case forms in order to promote equality of opportunity.
- 8.2 NHS Greater Glasgow & Clyde will ensure that all applicants have adequate access to secretarial and IT resources in order to ensure that applicants are not disadvantaged in completing their Statement of Case form.

9. INTERNAL AUDIT

A random selection of the anonymised applications will be subject to internal audit to verify accuracy, on an annual basis.

NHS Greater Glasgow and Clyde **Consultants Discretionary Points**

****PLEASE COMPLETE BOTH PARTS OF THIS FORM**

Part A (i)

TO: Chairperson, Discretionary Points Panel

I believe that I have made significant contributions in the following areas and wish to apply for an award.

Payroll Number: _____

Directorate/Sector: _____

Part A (ii)

Some applicants may wish to limit the number of points they may be awarded because of personal or pension implications.

Do you wish to limit the number of points you may be awarded? Yes/No (*please delete accordingly - must be completed*)

If Yes: I wish to limit the number of points that I may be awarded to a maximum of ____ point(s)

Part B Statement of Case – Example for Reference only

Any information provided should relate only to the period since the Consultant was last awarded a Discretionary Point(s). Please see Guidance Note on the completion of statement of case in Appendix 3.

Pay number:		Base hospital/location:	
Sector/Directorate:		Date of appointment to Consultant grade:	
		Date of appointment to current post:	
Current specialty or specialties:		Date of previous award:	

Current job plan			
Number of DCC PAs:		Number of SPAs:	
Number of EPAs:			
Brief Description of Supporting Professional Activities (SPAs) contained in the job plan:			
Roles/responsibilities attracting additional remuneration, e.g. Clinical Tutor, Management Lead:			

Main professional activities:	
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<p>4 points Specific dates must be used</p>	
<p>Contribution to training of other groups:</p> <p>4 points Specific dates must be used</p>	
<p>Wider contribution to the work of NHS nationally</p> <p>4 points Specific dates must be used</p>	
<p>Any other issues that should be taken into account, e.g. particular difficulties that had to be overcome.</p> <p>(This section is not “scored”, but may be of use in assisting the panel.)</p>	

Scoring Sheet for Consultant Discretionary Points Panel Members

Payroll Number _____ Scorer _____ Date _____

Each doctor should be “scored” on a scale 1 to 4, against each of the criteria, where 1 is low, 4 is high. Section 1 should be scored on a similar basis on a scale of 1-16.

Criteria	Comments	Score
Professional excellence, including quality of clinical care of patients and service development 16 points		
Professional Leadership 4 points		
Contribution to improving the health of the population 4 points		
Contribute to professional and multi-disciplinary team-working 4 points		
Research, innovation and improvement in the service 4 points		
Clinical Audit 4 points		
Medical teaching and training 4 points		
Contribution to training of other groups 4 points		
Wider contribution to the work of NHS nationally 4 points		
Any other issues which should be taken into account e.g. particular difficulties which had to be overcome. Working less than full time or question instruction sheet. (This section is not ‘scored’ but may be of use in assisting the panel).		
TOTAL (Maximum 48)		

CONSULTANTS DISCRETIONARY POINTS

GUIDANCE NOTES ON COMPLETION OF STATEMENT OF CASE

- a) The allocation of discretionary points will be based entirely on the information provided in Part B of your application form. If information is not included, it cannot be used in the assessment. **The information given should relate only to the period since last Discretionary Point awarded, as a consultant.** Please ensure that specific time periods and dates are used for work / tasks undertaken in the written submissions.

Section 1 will be worth 16 points; 2-9 worth 4 points each, total 48 points

- b) The application form which is in two parts, Part A and Part B can be downloaded from HR Connect (under Policies and Staff Governance>Medical and Dental Policies>Discretionary points) or by using the following link:-

<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/medical-and-dental-policies/discretionary-points/>

Please complete both Parts of the Form. Please note that Part B is a 'fillable form' which is fixed in length. The form cannot be expanded in length and each box is set in size. The font size has also been set to the required format.

- c) Completed applications should be returned to XXXXX by the date advised in your invite letter and will be receipted to the return address on the invitation letter.
- d) The only information which will be considered by the committee is the completed application. Please DO NOT submit any other letters, documents, CVs, abstracts with exception of a list of references to audit and research publications. References should include only names of authors*, title of audit/research undertaken, date completed/published and name of publication (where appropriate). *Please remove any reference to your name to preserve the anonymity of your application. Applicants should categorise their contribution instead e.g. Lead Author, Joint Author etc. **Applicants who fail to anonymise their bibliography will have their application disqualified.**
- e) If using abbreviations only do so, once the abbreviation has been explained in full first e.g. Corporate Management Team (CMT)
- f) Canvassing the DPC Members will disqualify the applicant.
- g) Statements must be accurate and wherever possible should be quantified and verifiable. Vague platitudes will not count. To clarify the criteria in NHS Circular PCS (DD) 1995/6, as amended by the SEHD in its letter to Organisations dated 12 January 2000 for consultants, an example of the type of information requested has been included in the document 'Example Statement of Case'.

- h) In summary, give as much information as you can, with dates (the calendar year will do) and, where appropriate, some quantification of the time involved.
- i) The Secretary to the DPC (non-scoring) will aggregate the scores. The aggregate scores will then be used to assist the panel in awarding the discretionary points. The awarding process will also take account of the other factors within the Statement of Case. Statement of Case will be anonymised and identified by Payroll number only.
- j) Applicants are asked to record the number of Supporting Professional Activities (SPAs) contained in their current job plan plus a brief description of the duties undertaken. This will allow the panel to manage expectations in terms of research, audit and teaching where a consultant has minimal SPA time to undertake these roles compared to a consultant on the maximum allowance.

Applications will be considered within 3 broad groupings:-

1) Acute Specialties

By Sector or Directorate – each clinical directorate/specialty will be represented combined with a representative from each site, nominated from the Medical Staff Association.

South Sector
North Sector
South Clyde
Women & Children's Directorate
Regional Services Directorate
Diagnostic Directorate

2) Non Acute Specialties

Partnerships, Mental Health/Learning Disabilities/CAMHS/Addiction/Forensic/Public health/GUM/YPD/Family Planning/Occupational Health

The allocation of points should reflect the different specialties. There will be some flexibility for the panel in the allocation of points if it is felt that there are exceptional circumstances

CONSULTANTS DISCRETIONARY POINTS

Statement of Case Part B *Example for reference only*

Any information provided should relate only to the period since the Consultant was last awarded a Discretionary Point(s). Please see Guidance Note on the completion of statement of case in Appendix 3.

Pay number:		Base hospital/location:	
Sector/Directorate:		Date of appointment to Consultant grade:	
		Date of appointment to current post:	
Current specialty or specialties:		Date of previous award:	

Current job plan			
Number of DCC PAs:		Number of SPAs:	
Number of EPAs:			
Brief Description of Supporting Professional Activities (SPAs) contained in the job plan:			
Roles/responsibilities attracting additional remuneration, e.g. Clinical Tutor, Management Lead:		Examples <ul style="list-style-type: none"> • Clinical Director • Lead Clinician • Hospital Sub-dean • College Tutor • Postgraduate Tutor • Foundation Tutor 	

Main professional activities:	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.)
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<p>Contribution to professional and multi-disciplinary team working:</p> <p>4 points Specific dates must be used</p>	<p>➤ Evidence of working within teams.</p> <p>➤ Any personal contribution which has led to recognised improvements in clinical care, service delivery, working within a team.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> • Participation in multi-disciplinary team meetings. • Introducing or developing cross-specialty groupings e.g. for educational purposes. • Improving liaison between health-care workers within or outwith the NHS system. • Active involvement in a Managed Clinical Network. • Active involvement in Medical Advisory Groups.
<p>Research, innovation and improvement in the service:</p> <p>4 points Specific dates must be used</p>	<p><u>Examples</u></p> <ul style="list-style-type: none"> • Published research and other peer reviewed journal contributions • Conference presentations • Participation in clinical trials • Piloting and introducing new models of care <p>(If these are numerous, a separate list of references only may be appended to the nomination form. Please make clear whether joint or sole authorship and whether lead author.)</p>
<p>Clinical audit:</p> <p>4 points Specific dates must be used</p>	<p>➤ Commitment to and leadership in clinical audit.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> • Active involvement or initiative in local or national audit projects, evaluation of outcomes and “closing the loop”. • Involvement in Divisional Healthcare Governance Committees. <p>(If these are numerous, a separate list of references only may be appended to the nomination form)</p>
<p>Medical teaching and training:</p>	<p>This includes training Junior Medical Staff and Involvement in undergraduate or postgraduate medical teaching.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> • Formal or informal tutorials, lectures, seminars. • Participation in Departmental or Hospital education programme. • In-service training, teaching ward-rounds. • University lecturing, Royal College teaching and

<p>4 points Specific dates must be used</p>	<p>examinations.</p> <ul style="list-style-type: none"> • Mentoring. • College Tutor or Postgraduate Tutor .
<p>Contribution to training of other groups:</p> <p>4 points Specific dates must be used</p>	<p><u>Examples</u></p> <ul style="list-style-type: none"> • Formal or informal tutorials, lectures, seminars. • Participation in Departmental or Hospital education programme. • In-service training, teaching ward-rounds. • University lecturing, Royal College teaching and examinations. • Accreditation for Diplomas, etc • Mentoring.
<p>Wider contribution to the work of NHS nationally</p> <p>4 points Specific dates must be used</p>	<ul style="list-style-type: none"> ➤ Work for scientific, medical and professional bodies (e.g. Colleges, Universities, professional organisations, National Panel). ➤ Representing colleagues or the NHS Board at national level. ➤ Work for the Scottish Executive or NHS related authorities at national level. <p><u>Examples</u></p> <ul style="list-style-type: none"> • Membership or Chairmanship of College, University, Professional Association or Specialist Society Committees. • Membership of Sign Guidelines Committees
<p>Any other issues that should be taken into account, e.g. particular difficulties that had to be overcome.</p> <p>(This section is not “scored”, but may be of use in assisting the panel.)</p>	

NHS GREATER GLASGOW & CLYDE

IN CONFIDENCE: APPLICATION FOR CONSULTANT DISCRETIONARY POINTS

**PLEASE COMPLETE THIS SECTION IF YOU RECEIVED A DISCRETIONARY POINT LAST YEAR
AND WISH TO BE CONSIDERED IN THE CURRENT YEAR**

Please describe the exceptional circumstances and submit with application

Date: _____

Discretionary Points – Hints and Tips for Success!

The following is a list of issues identified from previous applications which may influence whether an applicant is likely to be awarded points or not.

- Main number one issue was people who clearly had **not read** the guidance notes and failed to submit a proper application!
- Not all of the boxes are completed – if there is nothing written in a box the applicant automatically loses points for that box which cannot be made up anywhere else.
- Repeating the same thing in several boxes – this will NOT score any additional points.
- Some applicants wrote a lot about one ‘big’ contribution they had made assuming they would get lots of marks – there is a maximum that any one area can get! One or two applicants did this particularly in Section 1 and then failed to write anything in three or four of the other boxes at all.
- Giving vast amounts of information on achievements **PRIOR** to previous points scores no marks at all and is therefore space badly used.
- Either being too vague or not giving sufficient information on achievements – **include dates when they happened**.
- Applicants need to be clear that Discretionary Points are awarded to those who have **gone beyond** what would be expected in the ‘day job’. A number of applications each year simply describe what we would normally expect a Consultant to do in order to fulfill their contract. It is worth thinking about what it is you do in addition to what would normally be expected of a senior doctor.
- Applicants need to at least make the application look like they have given some thought to it – the clear message is that if you can’t be bothered then don’t bother, as it comes across very obviously to the panel that the applicant has not tried very hard to impress the panel with their achievements. Applicants should understand that simply by submitting an application, whatever it’s standard, is not a guarantee of being awarded a point. While the number of applicants in any year may well be almost similar to the number of points available the likelihood is that the panel will choose to award 2 or more points to those who have demonstrated that they have done exceptionally well and not to award points to those who have failed to convince them this is the case.
- **Exceptional Circumstances** are exactly what they say. The invitations to apply are sent to **ALL** eligible doctors – as defined by their contract, rather than defined by whether they have received a point last year or not, so that everybody has an option to make an Exceptional Circumstances application should they wish. If a doctor considers they have made a contribution well in excess of the norm during the year since their previous point(s) award they can submit an Exceptional Circumstances Appendix 5 form with their application. The panel will consider these applications but it is probably helpful to note that the circumstances have to be really exceptional, as most things would simply be taken into account when they next submit an application.

- Applicants should be sure that they have done exactly what they claim to have done! They need to remember that sometimes their colleagues will lay claim to the same achievement, development or aspect of leadership so there needs to be clarity about the role that they played and what they are responsible for - especially as applications are now appropriately grouped into Acute and Non-Acute Services, making it easy to compare and contrast individual submissions.

It might be helpful to be clear that it would be considered an act of misconduct for a doctor to misrepresent their own achievements in order to gain additional remuneration. As already agreed with the Medical and Dental Partnership Forum (MDPF) the Discretionary Points process will be examined each year by NHS Greater Glasgow & Clyde's Internal Audit.

Consultant Discretionary Points Process

Declaration Form

This cover sheet is for administration purposes only and will be removed prior to your application form being submitted to the Sector/Directorate Discretionary Points Committee (DPC).

Name: _____

Payroll No: _____

Directorate: _____

I certify that the information supplied within my statement of case is accurate and truthful and understand it may be subject to independent verification. I acknowledge that knowingly providing false information would be considered serious misconduct.

I also certify that I have read and understood the information contained within *Consultant Discretionary Points: Agreement between NHS Grater Glasgow & Clyde and Glasgow LNC*, particularly in relation to guidance notes on completion and terms of disqualification (see Appendix 3)

Consultant Discretionary Points Process Equal Opportunities Monitoring Questionnaire

Provision of the information contained below is optional and this sheet will be detached from your application and retained separately by the Secretary of the Discretionary Points Committee for statistical monitoring purposes only.

<i>Payroll Number</i>	
<i>How would you describe your Ethnic Origin?</i>	
White (UK)	White (Other)
Black Caribbean	Indian
Chinese	Other (please specify):
	Black African
	Pakistani
	Bangladeshi
<i>Gender:</i>	<i>Male /Female</i>
<i>Age:</i>	

Signed: _____

Date: _____