Tips for Applying for RCP Support

If applying for RCP support, please keep these points in mind. None will guarantee that we are able to lend support – but observing them will help you to make the strongest case. All applications will be self-nominations, so decisions will be based on the information you provide on your RCP support form.

If you are involved in RCP work, this benefits the wider NHS. The RCP can emphasise this in supporting you, but ACCEA recognises the quality of contributions made in a particular role, rather than the holding of that role in itself. For each post, applicants need to give evidence of outstanding contributions they have made.

For example, just being a member of a committee will not usually be accepted as sufficient evidence of an awardable contribution. If you wish such membership to be considered, you must indicate why. ACCEA is aware that membership of some national or international boards or advisory bodies is itself recognised as a marker of high professional status, but recommend you still give evidence of contribution.

Forms will be scored, looking at each of the 5 domains, along with the personal statement, and will be scored as follows:

0 points: no evidence provided
2 points: performance as expected
6 points performance exceeds expectation
10 points: outstanding performance

Read the ACCEA advice carefully, fill in all 5 domains and the statement, and use the maximum space provided with information to support your application. Even if you are just working to contracted levels for a Domain you get 2 points under this system.

Not everyone likes to blow their own trumpet, and some people are put off by having to do so. But the ACCEA form is your chance to present your own contribution, in objective factual terms, and your chances of success will be influenced if you do not. There are many excellent consultants, but far fewer available awards, so competition is inevitable.

Incorporation of data of clinical workload and outcomes against national standards and norms is very useful in helping to determine scoring particularly for the first 3 domains (1. Delivering a high-quality service. 2. Developing a high-quality service. 3. Managing and leading a high-quality service.) Your hospital trust has enormous amounts of data on consultant performance; you can request this data from them and use it in your application.

Observation of previous forms suggests that there can be a degree of ‘domain migration’, i.e. presenting your areas of excellence in each of the 5 domains but with a different emphasis. This was particularly the case for those who excelled in domains 4 and 5 (teaching, training and research); and there is often a degree of service development and management involved which can also be legitimately entered in domains 2 and 3. Conversely, for those who have heavy clinical and/or management commitments research and teaching may be relatively neglected or at least not developed.

The scoring process is as wide and fair as it can be. By the time the scores reach ACCEA there could be input from the trust, the RCP, the specialist societies and the ACCEA regional panel. If you know colleagues with higher awards than you, it might be worth asking them for their advice in completing or refining your ACCEA form.