

Northern Ireland



Medical & Dental Training Agency

Annual Report for 2010/11

CONTENTS PAGE

<u>Section</u>	<u>Page</u>
Forward from Chief Executive	3
Director's Report	4
Management Commentary	11
• Dentistry	11
• General Practice	15
• Hospital Training	24
• Governance	39
• Human Resources	46
• Financial Governance	48
• Remuneration Report	50
Appendix A – Financial Statements	58

Foreword from Dr Terry McMurray Chief Executive

“Excellence in learning, ensuring outstanding patient care”

The Northern Ireland Medical and Dental Training Agency (the Agency) was established in 2004, under the Health and Personal Social Services Act 1990, as a Special Agency, sponsored by the Department of Health, Social Services and Public Safety (DHSSPS).

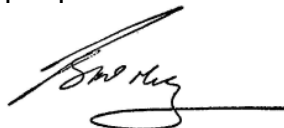
In common with the other nineteen Postgraduate Deaneries, within the United Kingdom, the Agency has a crucial and extensive role in assuring that patient care is delivered by doctors trained to the standards set by the General Medical Council (GMC) and expected by the DHSSPS.

The Agency is responsible for commissioning, managing and delivering postgraduate medical and dental training. This represents the vast bulk of the work of the Agency and includes, recruitment, assessment, remediation, educator development and the quality management of Trust and General Practice based education on behalf of the GMC. Furthermore, the Agency's responsibilities in training and assessment of doctors is quality assured by the GMC and I am pleased to announce it obtained unconditional approval for the 2010/11 Annual Deanery Report.

As recruitment of suitable doctors is a primary goal of the Agency I am pleased to announce that in August 2010, the Foundation Programme had a fill rate of 95.6% based on 499 posts and Specialty Training had a fill rate of 93.9% based on 1206 posts.

The Agency is continuing to work with DHSSPS, the Royal Colleges and other stakeholders to deliver the specialty curricula that are central to the successful delivery of patient safe doctors and dentists. The Agency's ten Specialty Schools, which were established in 2008, are now working effectively to ensure that we are able to respond to the speed and full magnitude of change demanded by the modernising agenda, the GMC and the revalidation and appraisal of doctors in training.

Regarding our financial performance the Agency met its breakeven target recording a surplus of 0.12% and achieved an outturn of 94.2% in relation to the prompt payments target. The coming year will present a number of fresh challenges as the public sector responds to a financial environment of significant difficulty. I am confident that the Agency will rise to these challenges and along with our partners, continue to improve the health of the people of Northern Ireland.



Terry McMurray
Chief Executive

Date: 23 June 2011

Director's Report

The Northern Ireland Medical and Dental Training Agency (the Agency) is responsible for the quality management of postgraduate medical education and training in Northern Ireland (NI). In September 2005 a new statutory body, the Postgraduate Medical Education and Training Board (PMETB) was established as the UK competent authority with responsibility for overseeing and setting standards, approving training programmes and quality assuring institutions and trainers. The General Medical Council (GMC), with effect from April 2010, took over the functions formerly undertaken by PMETB and so has responsibility for regulating both foundation and specialty training leading to award of a Certificate of Completion of Training.

The Agency is required to submit on a yearly basis an Annual Deanery Report (ADR) and is visited every 3 years by the GMC/PMETB as part of a cycle of visits to all UK Deaneries. The Agency is required to ensure that its quality processes support the development and improvement of postgraduate medical education and training in NI. As part of this process, the Agency monitored and assessed the local education providers (LEPs) against the standards set.

The Agency is pleased to report that it obtained unconditional approval for the 2010/11 Annual Deanery Report.

Recruitment to all training posts in Northern Ireland is managed by the Agency in compliance with GMC's statutory standards. The Agency works continually to recruit doctors and dentists for training in Northern Ireland at a time of relentless change. In August 2010, the Foundation Programme had a fill rate of 95.6% (99% in 2009/10) based on 499 posts with 12 vacancies. Specialty Training had a fill rate of 93.9% (93% in 2009/10) based on 1206 posts with 73 vacancies. This fell to 91.8% (99 vacancies in GP and Specialty Training posts at beginning of February 2011) mainly due to trainee doctors seeking to exercise their rights under maternity leave legislation and utilization of Period of Grace and Out of Programme requests. Similarly, in 2009/10 the Specialty School fill rate had fallen to 88%, for the same reasons. The Agency will continue to work with all stakeholders to fill any remaining vacancies.

The Agency is continuing to work with the DHSSPS, the Royal Colleges and other stakeholders to deliver the specialty curricula that are central to the successful delivery of patient safe doctors and dentists. The Agency's ten Specialty Schools, which were established in 2008, are now working effectively to ensure that we are able to respond to the speed and full magnitude of change demanded by the modernising agenda, the GMC and the revalidation and appraisal of doctors in training.

The Agency wishes to recognise the great deal of activity and energy expended by the HSC Trusts to achieve and maintain compliance with the Working Time Directive and the New Deal. With 2011/12 rapidly approaching,

the Agency is continuing to collaborate with the HSC Board Liaison Group and the DHSSPS to monitor and advise Trusts while ensuring that training opportunities are maintained or improved.

Regarding our financial performance the Agency met its breakeven target recording a surplus of 0.12 %. The Department requires that Agencies pay their non HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Agency payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules. The Agency achieved an outturn of 94.2% in relation to the prompt payments target. Further details of compliance with the Better Payments Practice code are given in note 15.1 to the accounts.

The Agency met the DHSSPS requirement for substantive compliance with the HSC Controls Assurance Standards of Governance, Risk Management, and Financial Management as confirmed by Internal Audit. The effective management of risk remains key to delivering the business of the Agency and robust systems have been put in place to ensure that the identification and management of risk is embedded within the organisation.

The Agency's external auditor is the Northern Ireland Audit Office. The notional cost of audit work performed in 2010/11 was £23,488. This comprised external audit fees of £14,682, pertaining solely to the audit of accounts, and internal audit fees of £8,806. During the year, an additional amount of £1,456 was paid to the Northern Ireland Audit Office for work carried out in respect of the National Fraud Initiative. This is reflected within miscellaneous expenditure within note 4.1 to the accounts. The auditors did not perform any non audit services.

The Joint Negotiating Forum met on a number of occasions throughout the year to discuss areas of concern. The views of employees are also sought at team leader meetings and departmental staff meetings and through the Agency's annual staff satisfaction survey.

In the period 1st April 2010 – 31st March 2011 there were 494 days lost due to sickness within the Agency. This represents a loss rate of 3.8%. By comparison, in the same period for the previous year 312 days were lost to sickness, representing a loss rate of 2.5%.

The Agency continues to deepen its collaborative partnerships with Queens University Belfast, the British Medical and Dental Associations, the HSC Board and other HSC organisations. Nationally we continue to work in collaboration with the Conference of Postgraduate Medical Deans (COPMeD), the Conference of Postgraduate Dental Deans (COPDend), the General Medical and Dental Councils and other regulatory authorities.

Mission Statement

“Excellence in learning, ensuring outstanding patient care”

Corporate Goals

The Agency is committed to ensuring that members of the medical and dental profession are trained to the highest achievable standard.

The following corporate goals and strategic objectives have been the drivers of the Agency’s performance in 2010/11.

OUR SERVICES

To lead on the development and provision of high quality postgraduate medical and dental education and training.

OUR INTERNAL PROCESSES

To continually review and develop internal processes and control arrangements with a view to ensuring effective delivery of the services we provide.

OUR STAFF

To develop a skilled and dynamic workforce to lead, manage and support the provision of high quality education and training.

OUR FINANCES

To secure sufficient resources and manage them effectively to meet our strategic objectives.

Strategic Objectives

1. To organise and develop foundation and specialist training programmes in line with the standards set by the regulatory authorities.
2. Ensure that the requirements set out in approved curricula are delivered and assessed and the systems in place for assessing competence are fit for purpose.
3. Ensure that careers information and advice is easily accessible and that support systems are in place for doctors and dentists in difficulty and those with disabilities or special needs.
4. Ensure that medical and dental practitioners and dental care professionals are supported in their learning and development.
5. To work in partnership with key stakeholders to manage the recruitment and selection of doctors in training.
6. To provide assurance to the Audit Committee and the Board that identified weaknesses have been addressed and that controls are operational across the organisation.
7. To review and develop the Agency's information systems.
8. To strengthen capacity and capability within the Agency in line with its range of work and professional requirements.
9. To create a culture which facilitates openness and honesty, provides a harmonious and safe working environment and supports staff through organisational change.
10. To ensure that the Agency achieves a break-even position in the context of its business and budgetary plans.

The Northern Ireland Medical and Dental Training Agency was established in 2004, under the Health and Personal Social Services Act 1990, as a Special Agency, sponsored by the Department of Health, Social Services and Public Safety.

It replaced the former Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE), which was established in 1970, and underwent further re-organisation in 1992 when the first Chief Executive Officer of the Council and Postgraduate Dean was appointed.

The Board of the Agency is responsible for the strategic direction and control of the Agency's activities and comprises a non-executive Chairman and five non-executive members (three lay members, one medical practitioner and one dental practitioner). The Agency is accountable to the DHSSPS for the performance of its functions and to the general public for ensuring that doctors and dentists are effectively trained to provide patients with the highest standards of care.

In common with the other nineteen Postgraduate Deaneries, within the United Kingdom, the Agency has a crucial and extensive role in assuring that patient care is delivered by doctors trained to the standards set by the General Medical Council (GMC) and expected by the DHSSPS.

The Agency is responsible for commissioning, managing and delivering postgraduate medical and dental training. This represents the vast bulk of the work of the Agency and includes, recruitment, assessment, remediation, educator development and the quality assurance of Trust and General Practice based education on behalf of the GMC. The Agency manages the delivery of training programmes and the progress of individuals through an educational governance framework incorporating a Foundation School and ten Specialty Schools. Whilst the commissioning and quality management of postgraduate medical and dental education are the Agency's primary functions, other responsibilities include:

- Supporting the Health and Social Care Services to achieve an increase in the number of senior doctors, in particular by the substantial expansion of trainee numbers;
- Supporting HSC in implementing the European Working Time Directive (EWTD) for doctors in training;
- Leading the development of the Dental workforce, including dental care professionals;
- Managing the General Practice Appraisal process;
- Continuing Professional Development (CPD) for general practitioners;

- Support for doctors and dentists in difficulties and with special needs; and
- Careers management.

Details of Directors

Overall management responsibility rests with the Chief Executive/ Postgraduate Dean and the senior management team. There are currently 132 staff (the whole time equivalent is 76), including a large number of medical and dental professionals, on the payroll of the Agency. Sixty five members of staff are based at Agency Headquarters.

Board of the Agency

Mrs Judith Eve - Non-Executive Acting Lay Chairman

Mrs Anna Eggert - Non-Executive Lay Member

Dr Ronald Atkinson - Non-Executive Medical Member

Dr John Marley - Non-Executive Dental Member

We regret to report that Dr Harry McGuigan died in April 2010 after a short illness. Public Appointments are currently in the process of appointing a Lay Chairman and a replacement for Mr Albert Baird, following his retirement in November 2009.

Audit Committee

Dr John Marley - Chairman

Mrs Anna Eggert - Board Member

Dr Ronald Atkinson - Board Member

In 2010/11 the Audit Committee met on four occasions. As noted above, Public Appointments are currently in the process of appointing a Lay Chairman and a further board member. For this reason it has not been possible for the Audit Committee to be quorate at its meetings, and this will continue until such a time as these appointments are made.

Officers of the Agency

Dr Terry McMurray	- Chief Executive/Postgraduate Dean
Dr Claire Loughrey	- Director of Postgraduate GP Education
Dr David Hussey	- Postgraduate Dental Dean
Ms Margot Roberts	- Administrative Director & Acting Chief Executive

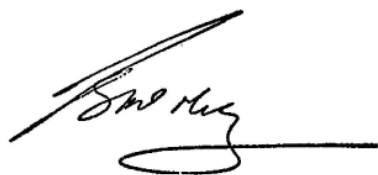
The Chief Executive/Postgraduate Dean was on long term sick leave from July 2010. During this time the Administrative Director was Acting Chief Executive.

A declaration of Board Members interests has been completed and is available on request from the Chief Executives office, Beechill House, Beechill Road, Belfast BT8 7RL.

The Chief Executive and directors confirm that there there is no relevant audit information of which the Agency's auditors are unaware. The Directors confirm that they have taken steps to make themselves aware of any relevant audit information and to ensure that the auditors are made aware of that information. A full statement on Internal Control is available from the Chief Executive's office and is included on page five within Annex A of this report.

There have been no post balance sheet events having a material impact on the accounts. There have also been no charitable donations in excess of £250.

All relevant information has been provided to the Comptroller and Auditor General.



Terry McMurray
Chief Executive

Date: 23 June 2011

Management Commentary

The Work of the Agency

The work of the Agency within 2010/11 was performed in line with its Strategic Plan 2009/12 and Business Plan 2010/11.

The delivery of postgraduate education and training to Doctors and Dentists by the Agency is primarily carried out by three departments, the Dentistry, General Practice and Hospital Training departments. These three departments are supported by a further three corporate functions namely the Finance, Human Resources and Corporate Services teams. The following narrative on each of these teams shows how they have worked in line with our strategic objectives and related performance indicators.

Strategic objectives one to six (see p7) relate primarily to the delivery of postgraduate medical and dental education, Therefore the sections relating to the Dentistry, General Practice, and Hospital Training departments will deal directly with these. Strategic objectives seven to ten (see p7) relate to support functions, or centralised tasks within the Agency, and therefore will be discussed further in the sections that relate to Governance, Human Resources and Finance.

1. Dentistry

The Dentistry department is lead by the Dental Postgraduate Dean, Dr David Hussey. There are a team of part-time advisers representing Vocational Training (2), General Professional Training (2), Continuing Education (2), Community Dentistry (1) and Hospital Dentistry (1). Two dental tutors are also involved in Continuing Education for the dental team and the department is supported by a team of 6 administrative staff.

Neale Armstrong, the lead VT adviser in Vocational Training resigned from the Agency in December 2010.

Performance of Dentistry against strategic objectives and performance indicators.

Within the Agency's Business Plan, the Dentistry department was delegated the following areas of work in line with the strategic objectives and performance indicators:

1. To organise and develop foundation and specialist training programmes in line with the standards set by the regulatory authorities.

The Dentistry department instigated educational visits to the three units that are used for Hospital based training in Northern Ireland. In 2010/11 the Dental School at the Royal Victoria Hospital was visited and an independent report produced. There were some concerns regarding the educational support for Foundation trainees and the unit have agreed to reduce the number of trainees and provide a more structured educational programme.

2. Ensure that the requirements set out in approved curricula are delivered and assessed and the systems in place for assessing competence are fit for purpose.

The delivery of Dental Foundation Training is based on the UK Dental Foundation Curriculum that was developed in 2006 and accepted by the four Departments of Health. Essentially this curriculum is delivered through Practice based training and in Community Dentistry or Hospital bases. Regular work place based assessments are completed and log-books maintained by the trainees. These are reviewed by the Dental Assessment Review Panel in the Dentistry department on a quarterly basis with the outcomes reported through the Senior Management Team.

Hospital Training

- All trainees in specialty training progressed satisfactorily in the past year.
- The Fixed Term Training Appointment (FTTA) in Paediatric Dentistry was successful in the Intercollegiate Specialist Fellowship Examination
- Two career development posts were appointed - in Restorative Dentistry and in Orthodontics. These are one year posts for trainees who have successfully completed two years of Foundation training.
- Dental Foundation 2 (DF2) posts replaced SHO posts in the three training units. In order to be appointed to a DF2 post applicants must have completed a year of Vocational Training.

3. Ensure that careers information and advice is easily accessible and that support systems are in place for dentists in difficulty and those with disabilities or special needs.

The Dentistry department promoted the Foundation Training programmes through our website but also in direct contact with undergraduates in Northern Ireland. The programme was also promoted at presentations in several other

dental schools in the UK and Ireland. Trainer information evenings were developed to encourage local recruitment of trainers.

The educational programme for Dental Foundation Trainees ensures regular meetings with the Dental Advisers for formal and informal contacts. Where issues concerning performance or educational needs are identified, these are discussed with the Dental Dean and remedial actions are put in place. The Dental Dean reports to the Doctors and Dentists in Difficulty group. The Committee for Vocational Training in Northern Ireland (CVT NI) meets twice a year and oversees the delivery of the educational programme.

4. Ensure that medical and dental practitioners and dental care professionals are supported in their learning and development.

Continuing Professional Development (CPD)

- The Dentistry department held a major conference in February which focused on compliance with regulations; it attracted 370 delegates from all sections of the dental profession.
- A wide range of lectures and courses were provided for General Dental Practitioners as part of the CPD programme. The introduction of charges was instrumental in helping to generate income.
- The development of an on-line booking and payment system has produced a more efficient process for recording and administering our CPD programme.
- At the end of the year there were 911 dentists and 1096 Dental Care Professionals registered on our Intrepid Course Manager.
- Over 12 months from April 2010 we offered 3995 CPD course places on 167 courses in various locations across the deanery. 2992 educational opportunities were taken up.
- Course evaluations have provided valuable feedback and assisted with the quality management of the courses.
- A number of Infection, Prevention Control and De-contamination practical workshops were planned and delivered to meet the demands of HTM 01-05.
- There had been a concentrated effort made to ensure that the GDC recommended core subjects have been appropriately addressed and delivered.
- A series of new venues were used following guidance from the Department of Health.

5. To work in partnership with key stakeholders to manage the recruitment and selection of dentists in training.

Recruitment and Selection

- In 2010/11, 31 Vocational Trainees and 4 General Professional Trainees were recruited to the Northern Ireland training schemes.
- A new recruitment process was introduced for the 2011/12 schemes. This is now a trainee-led allocation procedure. An online application process was also introduced this year for both potential trainers and trainees. In the interests of quality assurance and good practice a lay representative was asked to sit in and observe all areas of the process.
- Twenty nine trainees were recruited for the 2011/12 schemes. This slight fall in numbers is as a result of reduced interest from trainers in general dental practice. There was still a very healthy interest from across the UK for trainee positions, however in the final selection places were offered to potential graduates from 3 different undergraduate dental schools:- QUB, Trinity College Dublin and Newcastle.
- The Workplace Based Assessments have now become well embedded into the training programmes in both VT and GPT. During 2010/11 we added Case-based Discussions (CbD) as a further feedback tool. Positive feedback was received from all parties involved in these processes.

6. To provide assurance to the Audit Committee and the Board that identified weaknesses have been addressed and that controls are operational across the organisation.

The Dentistry department maintain a risk register which outlines the risks identified that may obstruct it from achieving the objectives outlined in the business plan. Identified mitigating actions are carried out on an ongoing basis. In 2010/11, the Postgraduate Dental Dean attended two meetings of the Agency's Risk Management Team in order to review the departmental risk register and brief on action undertaken. The Risk Management Team then reported this information to the Audit Committee and the Board.

2. General Practice

The General Practice (GP) Team is lead by the Director of Postgraduate General Practice Education, Dr Claire Loughrey, who is supported by the Deputy Director of Postgraduate General Practice Education, the Specialty Training Associate Director, the Regional Appraisal Coordinator, and the Continuing Professional Development Director and an administrative team of eight further individuals. The total number of appraisers at the end of 2010/11 was 45 appraisers and seven lead appraisers. Membership of the GP team has remained stable apart from the resignation of an Associate Director and a number of GP tutors.

The GP team has adopted three principles underpinning its activity, patient involvement, lifelong learning and quality improvement. This enabled the identification of priorities and the setting of strategic direction.

A new model of delivery of Continuing Professional Development to GPs has been initiated.

National Profile

A number of members of the GP team contributed to national groups including the Committee of General Practice Educators a group representative of all Deaneries nationally. There was also representation on a number of Royal College of General Practitioners, (RCGP), committees determining policy and setting standards for General Practice nationally. These roles are likely to be of increasing importance as changes as a result of the White Paper evolve in England.

A number of GP trainers are examiners for the RCGP. This participation ensures standards within the Northern Ireland Deanery are maintained with a high success rate in membership exams.

Local Profile

The GP team contributed to a number of advisory committees locally, including the Regional Performers List Committee and the Regional Professional Panel, assisting the Health and Social Care Board (HSCB). The GP Department worked closely with the HSCB in quality assuring the GP appraisal process. The GP Team worked on a collaborative basis with a number of other Health and Social Care organisations, as wells as ongoing initiatives with the RCGP and Queens University.

Performance of the General Practice team against strategic objectives and performance indicators.

Within the Agency's Business Plan the GP team were delegated the following tasks in line with the strategic objectives:

1. To organise and develop foundation and specialist training programmes in line with the standards set by the regulatory authorities.

A key performance indicator for the GP team in relation to this strategic objective is performance in the General Medical Council Surveys (GMC). The School of General Practice analysed the trainee survey 2010/11 to look at areas of exceptional practice and areas of concern.

The GMC survey provides a platform to enable the School of General Practice to influence the education providers in the trust to enhance the training experience both in terms of environment and teaching culture. The School of General Practice encourages trainees and trainers to complete the survey as the accuracy of the results will be enhanced with a high percentage of returns.

Those identified areas of exceptional practice reflect well on the GP training programme, in particular across the region quality of feedback when in GP practice. Exceptional practice reflects a better than average experience for the trainees in the areas listed above. Positive feedback to the directors of the individual programmes should be encouraged and good practice shared within localities and across specialties. A high overall satisfaction within particular programmes indicates a positive engagement within the programme by clinical and educational supervisors and other staff. This learning culture should be encouraged.

Foundation Training

The GP trainers provide training places for foundation trainees, this is generally 60 places in 20 practices with four month attachments.

- 58 Foundation trainees have been provided with a four month placement in General Practice.

The GMC Foundation School Survey showed no areas for concern in relation to General Practice and areas of excellence in the following areas

- Responsibility for clinical supervision
- Workload
- Hours of education
- Internet access
- Other learning opportunities

These results reflected well on the training practices and the trainers who show commitment to the training of all grades of trainees attached to General Practice.

- 2. Ensure that the requirements set out in approved curricula are delivered and assessed and the systems in place for assessing competence are fit for purpose.**

Outcomes of ARCPs & RITAs

A key performance indicator for the GP team in relation to this strategic objective is the outcomes of Assessment Review of Competence Progression (ARCPs) and Record of In-Training Assessments (RITA).

The ARCP Panel met in June and July 2010 and reviewed the portfolios submitted by all GP trainees. One trainee required an extension to training because of poorly recorded workplace based assessment in their e-portfolio. Fifty-eight GP ST3 Specialty Trainees completed their training requirements and gained their CCT, from April 2010 – 2011.

- 3. Ensure that careers information and advice is easily accessible and that support systems are in place for doctors and dentists in difficulty and those with disabilities or special needs.**

A review of all induction material has been carried out to ensure that all GP trainees are informed about the GP training scheme. The Post allocation process has been altered with GP trainees being recruited to a three year training scheme in a Trust based locality. An extensive consultation process was undertaken with GP Trainers, the existing GP Trainees and the BMA.

A group of GP Trainers with a commitment to providing additional support to GP Trainees in difficulty has been established. The purpose of establishing the group was to skill up a cohort of GP Trainers to provide specific training opportunities for GP Trainees identified as having a difficulty. The GP Department is also liaising with Occupational Health to assist in the identification and support of GP Trainees with health issues.

The GP team participates in the annual Deanery Careers events and has an 'open door' policy for trainees to approach any member of staff in the GP team for advice and support.

A GP trainee network has been established with representatives from ST1-ST3 to assist in communication between the GP Department and the GP trainees in the programme.

The BSO is assisting in a piece of work looking at GP Trainee feedback as to how supportive they find the GP Department and define any areas where improvements can be made.

A large proportion of GP Trainees are 'out of sync' in the programme due to absence for reasons such as maternity and sick leave. A parallel training programme for this group of trainees has been established and is working well.

In recognition of the challenges some trainees meet when in the GP training scheme a process to enable their circumstances to be taken into consideration when posts are allocated has been established. GP Trainees can elect to provide evidence of their circumstances which in their view necessitate specific arrangements being made for them when their posts are allocated. Decisions are made with regard to Special Circumstances with the input of lay and external representatives.

4. Ensure that medical and dental practitioners and dental care professionals are supported in their learning and development.

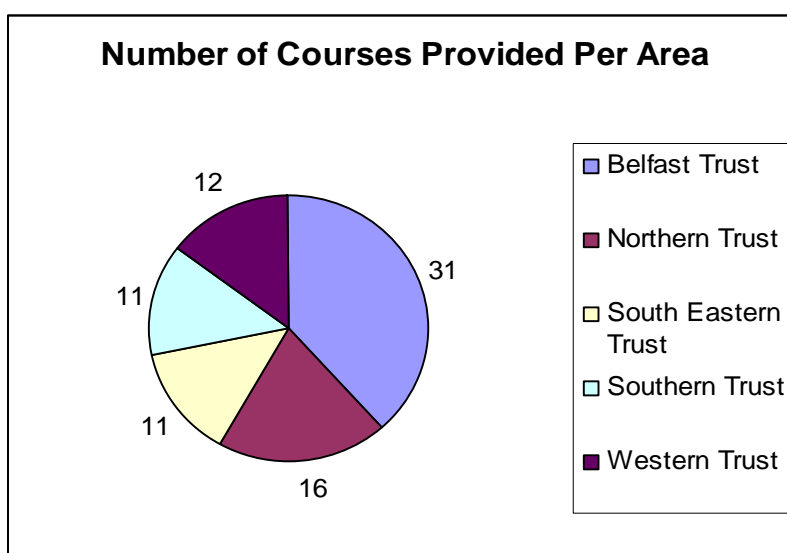
There are three main areas of work that help to achieve this objective Continuing Professional Development, developing trainers, and carrying out appraisals.

Continuing Professional Development (CPD)

- CPD provided 118 courses in 2010/11, including 11 HPE Courses and a 10 week Certificate of Prescribing Course.
- In the year 2010/11 there were 41 Retainees. There have been 3 Retainer Courses provided since April 2010. From June 2010 the retainer group has been subsumed into the general course programme for GPs.
- GP Masterclasses are no longer running. Retainees can attend GP CPD Courses advertised through Intrepid Course Manager in place of the Master classes.
- The Certificate in Prescribing Science course originally put on hold with the retirement of Professor McGavock took place between 7 October 2010 – 9 December 2010.
- The Higher Professional Education (HPE) Scheme awarded £10,680.00 worth of bursaries. Three bursaries were completed in 2010/11 and 8 are ongoing. These bursaries are used to support newly qualified GPs to develop a Special Interest. They are then in a position to deliver specialist GP service in the GP workforce, such as Family Planning, Orthopaedic ICATS etc.

- Within 2010/11 two clinical attachments were completed with five ongoing.
- There are 1305 GPs registered on the Intrepid database. 79% of GPs in Northern Ireland have now registered on our Intrepid Course Manager website. 67% of those GPs have attended a course in the last year.

Health & Social Care Trust	Courses Provided
Belfast Trust	31
Northern Trust	16
South Eastern Trust	11
Southern Trust	11
Western Trust	12



Evaluations completed online	79%
The course successfully addressed the aims and objectives/learning outcomes stated	96%
As a result of information from the course, it is likely that I will change my practice	86%

The GP team plans to deliver a CPD programme that reflects the broad range of clinical services that the GPs across the province deliver on a daily basis.

Trainers

We have a well established and committed cohort of trainers.

- There are currently 169 General Practice trainers in 98 different training practices.
- 7 new trainers were appointed since April 2010.
- 36 GPs attended elements of the Learning & Teaching Course during 2010-2011.

The trainer accreditation and reaccreditation process continues to evolve to meet the standards set by GMC based on the standards set by the GMC. The GMC trainer survey has indicated an area of concern in the question on Knowledge/ Good practice sharing. This was identified by the Northern group of trainers who did not feel supported in their role. This has been addressed by cell based learning and support at the meeting from the associate director as well as the locality programme directors.

The Belfast trainers highlighted EWTD as an area of exceptional practice and it is the ethos of all the training practices to adhere to EWTD.

Each year there is continued interest from potential trainers who apply for and successfully complete the learning and teaching course.

GP Appraisal

- NIMDTA appraised 1513 GPs in the appraisal year 2010-11. (12 outstanding Form 6s have been included in these figures).
- An appraisal conference was held on 3 June 2010 and 9 September 2010.
 - The first day of the conference focused on standardising the approach of appraisers to different pieces of supporting information. This was delivered using rotating small group workshops which allowed active participation by appraisers. We separately addressed issues that caused difficulties for appraisers more generally such as Personal Development Plans and converting these into Form 6As which are used by the Continuing Professional Development department.
 - The focus for the second day looked at doctors with very specific needs i.e. those supporting retirement or those working as GPs on a sessional basis.

- Five appraisers tendered their resignation during the 2010-2011 appraisal year. No new appraisers were recruited; however some appraisers increased their sessions. The total number of appraisers at the end of 2010/11 was 45 appraisers and seven lead appraisers.
- Work was carried out with trainees and trainers to improve the quality of GP appraisal for GP ST3 trainees in preparation for their role as fully qualified GPs. Audits were carried out pre and post training and identified a substantial improvement in approach to appraisal. A review is planned to in order to ascertain if this improvement is sustained among this cohort of doctors and to provide ongoing training to trainers and trainees.
- Dr Anne-Marie Harney (Regional Appraisal Co-ordinator) and Dr Claire Loughrey (Director of Postgraduate General Practice Education) sit on the Confidence in Care Revalidation group and over the course of the year have been involved in working with colleagues to improve the system of appraisal throughout the region. As part of this development the Welsh online appraisal system has been reviewed as the most appropriate to GP appraisal needs and the decision regarding the delivery of the pilot, which now sits with the DHSSPS, is awaited.
- A complete revision of the Communication Protocol governing GP appraisal took place with the participation of the GP team and the Health and Social Care Board. This included development of new forms that ask a doctor to declare any roles they are involved in outside of their General Practice work and what development needs these roles may bring.

Breakdown of Doctors Appraised

The table below shows the number of doctors appraised in the 2010-11 appraisal year against their status and geographical areas.

Status	Total	Belfast	South Eastern	Northern	Southern	Western
Partner	893*	285	75	215	179	160
Sessional in nGMS	272*	130	44	100	93	70
Part Time Partner	191*	70	16	46	39	30
Salaried GP	69*	24	9	15	15	6
Retainee	44*	21	6	15	8	2
Solely Out Of Hours	29*	13	1	7	13	8
Assistant	5*	3	1	3	2	2
Associate	3*	2	0	0	1	0
Medical Support Services	3*	2	0	1	0	0
No longer on PMPL at 31.03.11	4*	3	0	1	1	2
TOTAL	1513*	553	152	403	351	280

*These totals represent the total numbers of GPs, but the sub total of adding the columns may give a higher number, as it is possible for a GP to work in more than one trust area.

Evaluations from appraisees on their appraisal

There is ongoing work to quality assure the evidence a GP brings to their appraisal in preparation for the roll out of revalidation by the GMC.

5. To work in partnership with key stakeholders to manage the recruitment and selection of dentists in training.

Recruitment

The recruitment process took place in the Spring of 2010 over two days. National guidelines were followed. As in previous years there were high quality applicants for the posts and competition was high. Applicants continue to be significantly in excess of available posts, leading to all posts being filled in Round 1.

Sixty-five trainees were appointed to ST1 posts in General Practice Specialty Training at August 2010

6. To provide assurance to the Audit Committee and the Board that identified weaknesses have been addressed and that controls are operational across the organisation.

The General Practice Team maintain a risk register which outlines the risks identified that may obstruct it from achieving the objectives outlined in the business plan. Identified mitigating actions are carried out on an ongoing basis. In 2010/11, the Director of Postgraduate General Practice Education has attended two meetings of the Agency's Risk Management Team in order to review the departmental risk register and brief on action undertaken. The Risk Management Team then reported this information to the Audit Committee and the Board.

In December 2010, the General Practice administration team attended an internal training session on the Agency's Assurance Framework in order to assist with this area of work.

3. Hospital Training Department

The Hospital Training department is led by the Postgraduate Dean, Dr Terry McMurray, who is supported by the Associate Postgraduate Dean for Career and Personal Development, the Associate Postgraduate Dean for Specialty Training (Secondary Care), and the Associate Postgraduate Dean for Foundation Programme. The Hospital Training department comprises the Foundation School as well as nine specialty schools. The specialty schools are: the School of Medicine, School of Surgery, School of Paediatrics, School of Obstetrics and Gynaecology, School of Psychiatry, School of Anaesthesia and Intensive Care, School of Emergency Medicine, School of Radiology and School of Laboratory Medicine. The School of General Practice sits within the GP department. Nineteen Heads and Deputy Heads have been appointed to the Schools. There is administrative support within each school to ensure the requirements of the GMC are achieved.

The Agency relies on the skills and dedication of trained educational and clinical supervisors within the Trusts. There are 49 Training Programme Directors appointed to manage the specialty training programmes and the delivery of the nationally approved specialty training curricula.

The Specialty Schools Forum which was, established in 2008, meets four times a year to exchange information, ensure consistency in the application of the Agency's policy and procedures and measure progress against the General Medical Council's (GMC) standards for training.

Performance of the Hospital Training department against strategic objectives and performance indicators.

Within the Agency's Business Plan the Hospital Training department was delegated the following areas of work in line with the strategic objectives and performance indicators:

1. To organise and develop foundation and specialist training programmes in line with the standards set by the regulatory authorities.

The GMC protects the public by ensuring proper standards in the practice of medicine. They do this by setting and regulating professional standards not only for qualified doctors' practice, but also for both undergraduate and postgraduate medical education and training.

The GMC's responsibilities for medical education and training include:

- setting standards, requirements and outcomes;

- identifying where these are not being met through quality assurance and ensuring that those responsible take appropriate action;
- driving improved standards in medical education and training across the UK.

The Agency is responsible for the educational governance of all approved foundation and specialty programmes, including GP training programmes within the Northern Ireland Deanery. All training takes place within programmes approved by the GMC against the standards and outcomes of “The Trainee Doctor”.

The GMC expects the Agency to demonstrate compliance with the standards and requirements that it sets. This activity is called Quality Management and requires the Agency to ensure that Local Education and Training Providers (LEPs), such as the Health & Social Care Trusts, meet GMC standards through robust reporting and monitoring.

The Agency is required to submit a yearly Annual Deanery Report to the GMC and is then visited by the GMC every 3 years as part of the Visit to Deanery (VTD) cycle. The Agency may also be visited as a triggered visit.

Quality management within hospital training is overseen by the Quality Management Group which meets every month under the Chairmanship of the Associate Dean for Secondary Care. It reports to the Agency Board through the Chief Executive/Postgraduate Dean and the Senior Management Team.

Quality Management Group

The aims of the Quality Management (QM) Group include monitoring and assessing progress against national standards of postgraduate medical training; ensuring that areas of good practice are shared across all specialties; improving the training of trainers; improving the quality of curriculum delivery in all specialties; the removal of obstacles to postgraduate medical education and training; and improving the resources and infrastructure of postgraduate medical education and training.

During 2010/11, the QM Group promoted the GMC National Trainer and Trainee Surveys, responded to the GMC (2010 PMETB Visit to Deanery; 2008-09 PMETB Annual Deanery Report; 2010 IMAS Report on RBHSC) and completed the GMC Annual Deanery Report.

The QM Group continued its programme of visits to LEPs, its pre-visit surveys and collected and reviewed reports from Specialty Schools (annual reports; reports on recruitment and selection; lay representative reports on Annual Reviews of Competence Progression) and LEPs (annual reports; responses and action plans concerning LEP visits).

The Quality Management Group also carried out appraisals of Specialty School education leads, developed a risk register for the Hospital Training department, reviewed new or revised policies (allocation of posts, special circumstances, less than full training), set up panels for Inter-Deanery Transfers and Less Than Full Time Training and organised meetings with stakeholders to discuss the impact of Trust reconfigurations on training and allocation of trainees.

In 2010-2011, the LEP visitation template and report forms have been revised, a new visit outcome grid was developed, factual accuracy checks for visit reports have been introduced and a time line for LEP responses to visit reports implemented.

New templates were also developed for Specialty School and LEP annual self assessment reports to the Agency.

Faculty Development Sub-Group

A Faculty Development Sub-Group was established in 2009 as part of the Agency's commitment to support and develop trainers, Clinical and Educational Supervisors, Training Programme Directors and Head and Deputy Heads of School.

The aims of this group are to develop expertise in medical education through better understanding of medical education theory; to improve skills and knowledge; to enable better enjoyment of teaching and learning; and to improve credibility of teachers and trainers.

Selection and appointment of Foundation Programme Directors and Educational Supervisors is facilitated by a competency based application process. Turnover in Foundation faculty occurs, and with retirements taking effect new appointments have been made in 2010/11. Updates in Recruitment and Selection training and in Dealing with Doctors experiencing difficulties were offered at both Regional and Trust venues.

The Agency has been running Teaching the Teachers courses since October 2008. These courses had been offered to all consultant trainers, Staff Grades and Associate Specialists and to final year trainees.

In collaboration with Queen's University Belfast (QUB), the QUB Postgraduate Certificate (and Diploma) courses in Clinical Education were re-designed to meet the needs of those involved in postgraduate education. The Agency is currently funding 19 individuals to undertake either the Certificate or Diploma course.

In 2010/11, the Faculty Development Sub-Group also ran courses in relation to Doctors in Difficulty, Recruitment and Selection, as well as a Lay Representative Training Day.

Curriculum Delivery Sub-Group

The Agency and LEPs have joint responsibility for the delivery of the programmes based on the approved curriculum and assessment systems. A Curriculum Delivery Sub-Group was set up in 2010 to ensure that curricula are implemented to a high standard in the Deanery and to ensure consistency of approach between the Specialty Schools and LEPs.

The aims of this Sub-Group are to provide guidance to Specialty School on all aspects of delivering the curricula, to provide training and support to Heads and Deputy Heads of School, to review the delivery and promote the improvement of curricula.

In 2010/11, the Curriculum Delivery Sub-Group developed Deanery Guidance on:

1. Formal Education
2. Workplace Based Assessments
3. Specialty Programme Induction
4. Unit-Specific Induction

The Agency developed guidance on Formal Education was widely circulated among stakeholders for consultation and has subsequently been approved. The other guidance documents are out for consultation.

LEP Visitation

The Agency considers that visits to LEPs are an important component of its processes to discharge its duties of Quality Management within the Northern Ireland Deanery. The aims of these visits are to:

- monitor that GMC standards are being met in the LEP through collection of primary, independent, qualitative data that can be triangulated with information from Deanery Self-assessment LEP Reports and Deanery Trainee Surveys;
- explore good practice and deficiencies within the LEP through face-to-face interviews;
- promote good practice and developments;
- facilitate local problem solving;
- provide verbal and written feedback to the LEP on areas of concern and actions necessary to improve postgraduate medical education and training (areas of concern and actions will be risk stratified as green, amber and red); and to

- promote collaboration, partnership and personal relationships between the Agency staff and staff in Local Education Providers.

In order to carry out this work the Hospital Training department conducts three types of visit:

a. Cyclical Monitoring Visit

Cyclical Monitoring Visits to an LEP is an important component of the Deanery's Quality Management processes allowing it to obtain primary, independent, qualitative data to triangulate with information obtained from Deanery Self-Assessment LEP reports and from Deanery (and GMC) Trainee surveys. The Agency planned visits to LEPs covers three specialties per year to enable all specialties to be covered within a three year cycle. The order of the specialties chosen to be the focus of these visits in 2010/11 was based on a risk assessment on the basis of information from self-assessment reports and GMC Trainee surveys.

b. Interim Progress Visit

This Interim Progress Visit may be necessary after an interval of 3-12 months (depending on risk stratification of area of concern) as a follow up to a Cyclical Monitoring Visit to review progress on an agreed Action Plan arising from the Monitoring Visit.

c. Problem-Solving Visit

If an issue of concern is brought to the attention of the QM Group which is sufficiently serious to be highlighted as a 'red issue'; a meeting will be organised urgently between a member of the QM group and the Director of Medical Education (DME) in the LEP to develop an action plan to address this concern (Rapid Planning Meeting). Regular updates against the plan will be expected. If the Rapid Planning Meeting fails to provide a satisfactory outcome, an Urgent Problem-Solving Visit will be organised within 2 weeks.

Outcomes of Visits

The outcome of the visit is clearly communicated to the LEP in a timely fashion and comprises the following:

- verbal feedback of key points to LEP Senior Management at the end of the visit;
- areas or concerns requiring immediate response are emailed to the DME of LEP the next working day;

- provision of a provisional written report is supplied to DME of LEP for a check on factual accuracy within 2 weeks;
- production of final report (according to GMC domains) within 4 weeks of visit highlighting good practice and areas of concern to be signed off by QM Group and distributed to all members of Visitation Team, DME and Senior Management of LEP, and to the relevant Specialty School;
- the DME has 14 days to raise objections to the QM Group;
- the DME of LEP is expected to agree a time-limited Action Plan to concerns or issues within 2-6 weeks (depending on risk stratification of area of concern) of receiving Final Report;
- the Quality Management Executive Officer produces an audit trail of responses to Visit Report ensuring that all agreed Action Plans are followed up and suitable evidence is provided;
- an Interim Progress Visit may be organised if there are amber and red issues that require follow-up;
- The final report(s) will be shared with the DHSSPS, HSCB and the RQIA;
- Visits, Visit Reports and Action Plans will be discussed during Annual Review of Learning and Development Agreement.

During 2010-2011, the Agency conducted:

1. Cyclical Monitoring Visits to Eyes and ENT (Craigavon ENT; Altnagelvin ENT; Altnagelvin Eyes - April-May 2010); to medicine and surgery in the Northern Trust (Antrim medicine; Antrim surgery; Causeway medicine; Causeway surgery - November 2010); and paediatrics (Altnagelvin, Erne, Antrim, Causeway, Craigavon, Daisy Hill, Ulster, RJMH - March 2011).
2. Interim Progress Visits to Oncology (BCH- October 2010), Obstetrics and Gynaecology (Craigavon, Daisy Hill, RJMH – October 2010).
3. Problem-Solving Visit_to Accident and Emergency (RBHSC- March 2011).

Annual GMC Annual Deanery Report

The Agency is required to submit an Annual Deanery Report (ADR) to the GMC. In preparation for this report, the Hospital Training department requests and collates annual self assessment reports from each Specialty School (10), including General Practice, and each Local Education Provider (5); collates the outcome of all Deanery visits to Local Education Providers; and reviews

progress and concerns in all Specialty Programmes. The GMC decision on the ADR for 2009-2010 was received in April 2011 and the GMC's recommendation was for continuation of approval of training.

The GMC is now requiring all Deaneries to update their reports and associated action plans at 6 monthly intervals. The next report update will be in July 2011.

Annual GMC National Trainee and Trainer Surveys

The GMC conducts annual national training surveys which they consider an important part of the evidence base measuring the perception of training from both trainer and trainee perspectives by country, deanery, specialty including GP training, foundation programme and at a local level. The findings of these surveys may require action by deaneries which the GMC monitors by Deanery reports, future surveys and visits. The findings inform GMC's visits and responses to concerns.

The Agency is required to ensure maximum participation in the Annual GMC National Trainee and Trainer Surveys.

The Northern Ireland Deanery Trainee and Trainer response rates to these National Surveys have been relatively low compared with other Deaneries. Due to the considerable effort of the Hospital Training department staff and the encouragement of the GMC, the response rate to the GMC National Trainee Survey rose from 79.9% in 2009 to 97.01% in 2010 (the second highest response rate from a Deanery) and the GMC National Trainer Survey response rate rose from 29.3% in 2009 to 47.81% in 2010.

- 2. Ensure that the requirements set out in approved curricula are delivered and assessed and the systems in place for assessing competence are fit for purpose.**

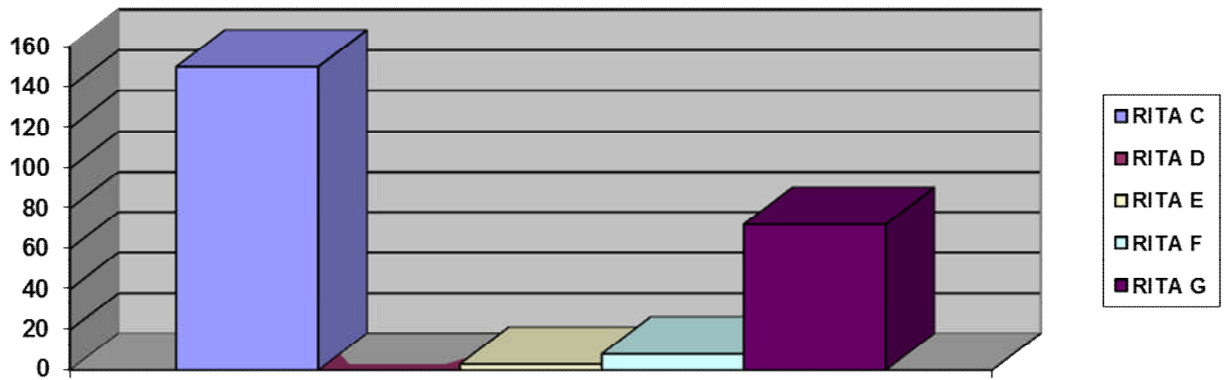
Assessment of progress

The fourth year of Assessment Review of Competence Progression (ARCP) has taken place for specialty trainees (StRs). A Record of In-Training Assessment (RITA) process continues for trainees within the Specialist Registrar (SpR) grade.

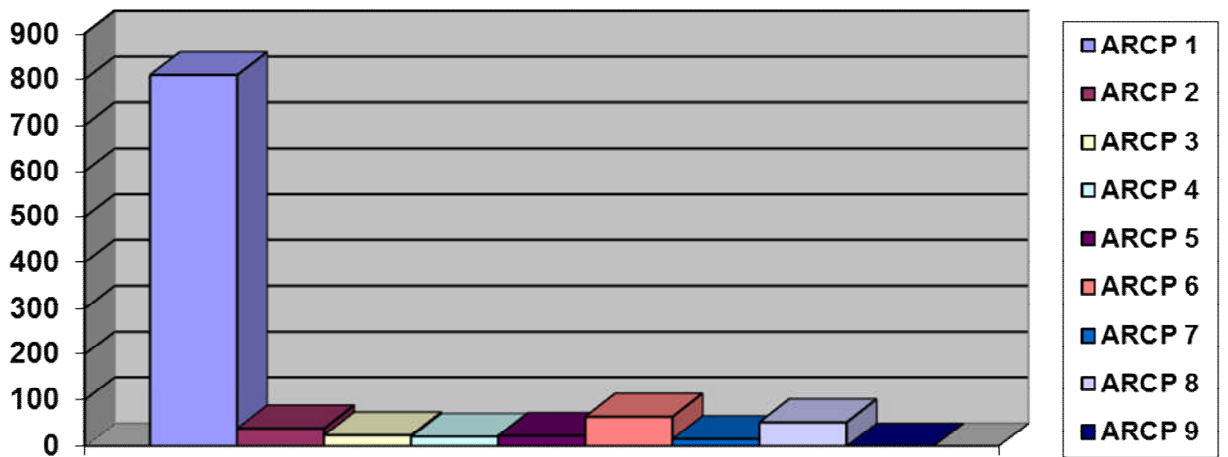
In 2010/11, 1190 were assessed in specialty training: 988 trainees were assessed using the ARCP process and 202 SpRs were assessed using the RITA process. 61 trainees were issued with dual outcomes (i.e. Outcome 7 FTSTA & Outcome 1 satisfactory progress).

All specialties have introduced a portfolio for trainees to provide a record of progress through training and the achievement of competencies, based on the relevant curricula.

RITA Outcomes



ARCP Outcomes



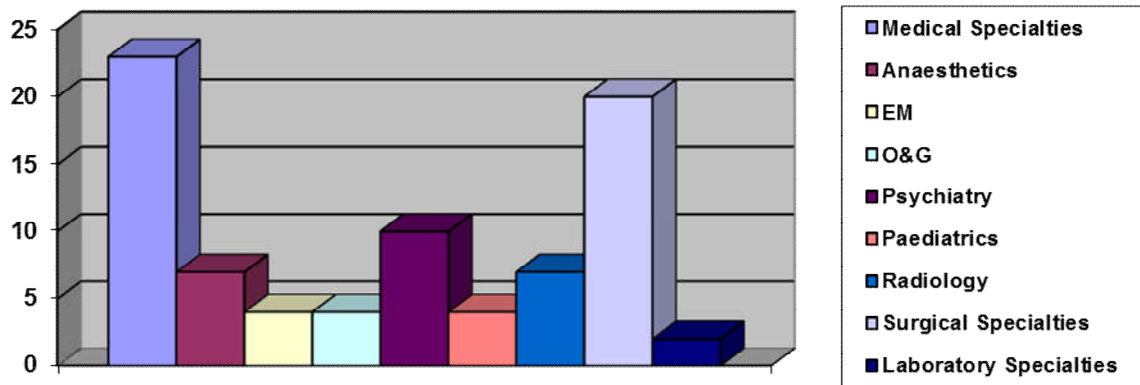
ARCP/RITA Process

ARCP Outcomes		RITA Process	
Satisfactory Progress			
1	Achieving progress and competences at the expected rate	RITA C	the trainee has progressed and achieved the competences at the expected rate
Unsatisfactory or insufficient evidence			
2	Development of specific competences required – additional training time not required	RITA D	Recommendation for targeted training – stage 1 of required additional training
3	Inadequate progress by the trainee – additional time required	RITA E	Recommendation for intensified training/repeat experience – stage 2 of required additional training
4	Released from training programme with or without specified competences		
5	Incomplete evidence presented – additional training time may be required		
Recommendation for completion of training			
6	Gained all required competences	RITA G	Final record of satisfactory progress
Outcomes for trainees out of programme or not in run-through training			
7	Fixed-term specialty outcome – competences achieved identified above	RITA F	Report of out of programme training/experience
8	Out of programme experience for approved clinical experience, research or career break		
9	Top-up training		
Withdrawal of NTN			
The trainee is required to leave the training programme before its completion.			

Specialty Trainees obtaining a Certificate of Completion of Training (CCT)

- 81 trainees completed training and successfully obtained a CCT in the following specialties:
 - Anaesthetics (7)
 - Emergency Medicine (4)
 - Obstetrics and Gynaecology (4)
 - Medical Specialties (23)
 - Psychiatry (10)
 - Paediatrics (4)
 - Radiology (7)
 - Laboratory Specialties (2)
 - Surgical Specialties (20)

The bar chart below reflects this.



Foundation Programme Outcomes

Of the 233 Foundation trainees who completed training in August 2010:

- 196 entered a programme of Core or Specialty training (176 in Northern Ireland, 19 in England and 1 in Scotland)
- 17 did not take up a specialty training post due to maternity leave, desire to work abroad or other
- 5 undertook a Fixed-Term Specialty Training Appointment (FTSTA)
- 11 foundation trainees elected to complete a further F2 year
- 3 trainees chose to return home to continue their training abroad
- 1 trainee did not pursue a career in medicine

- 3. Ensure that careers information and advice is easily accessible and that support systems are in place for doctors and dentists in difficulty and those with disabilities or special needs.**

Career Development

The Agency has an Associate Postgraduate Dean (APD) for Career and Personal Development who in 2010/11 completed a PG Cert in Managing Medical Careers through the University of Brighton. The APD leads career support activities as follows:

- All-day career seminars were introduced into the Foundation Programme's F2 Generic Skills Course for the first time in 2010. At these seminars, trainees were introduced to the concepts of career planning, provided with information on resources for career exploration and given the opportunity to discuss career choice with senior trainees in a variety of specialties including general practice, core medical training, surgery, paediatrics and psychiatry. There were also sessions on self assessment, the use of psychometric instruments, selection techniques and clinical audit. All F2 trainees completed these sessions over 7 workshops from August to October 2010.
- From December 2010 –March 2011, the APD conducted introductory career choice workshops for F1 trainees in 13 hospitals meeting a total of 125 trainees. All F1 trainees unable to attend were provided with the workshop slide set.
- The career section of the Agency website was again updated to include information on the role of the Agency in career management. Specialty Schools contribute information on their specialties. Extensive information on links to the Royal Colleges, Specialist Societies and the new NHS Careers website were added. The new NHS website (www.medicalcareers.nhs.uk) has been promoted to all the trainees in the NI Deanery.
- The annual Careers Fair was re-structured and to include input from doctors in training. It was scheduled before the 2010/11 selection process commenced.
- The APD liaises with the newly appointed Queen's University Careers lead to provide support across the undergraduate to PG curriculum. There is a close relationship with undergraduate societies who focus on career events.
- Direct access to personal careers advice was encouraged for all trainees in the Deanery through the Associate Dean for Foundation Training and Heads of Specialty Schools.

- The APD maintains a confidential database of all trainees advised on specific career matters or experiencing difficulties in training.

Trainees in Difficulty

The Agency provides guidance on the management of trainees in difficulty to include the roles and responsibilities of educational supervisors, the Trusts and the Hospital Training department. The Agency has a policy document which is followed in all cases. There are monthly meetings with the Foundation Programme Director to discuss Foundation trainees in difficulty and regular meetings of a Doctors in Difficulty Forum. The Hospital Training department has conducted a series of workshops on dealing with Doctors in Difficult in 2010/11 aimed at Foundation Programme Directors, Educational Supervisors and DMEs. The role of the APD is:

- To develop, manage and inform on the framework for dealing with all trainees in this Deanery who have any problems requiring support;
- To ensure that resources are available to support that framework;
- To ensure that those dealing with doctors in difficulty are appropriately trained to deal with situations which arise and are able to refer to the APD as required;
- To provide individual guidance and support

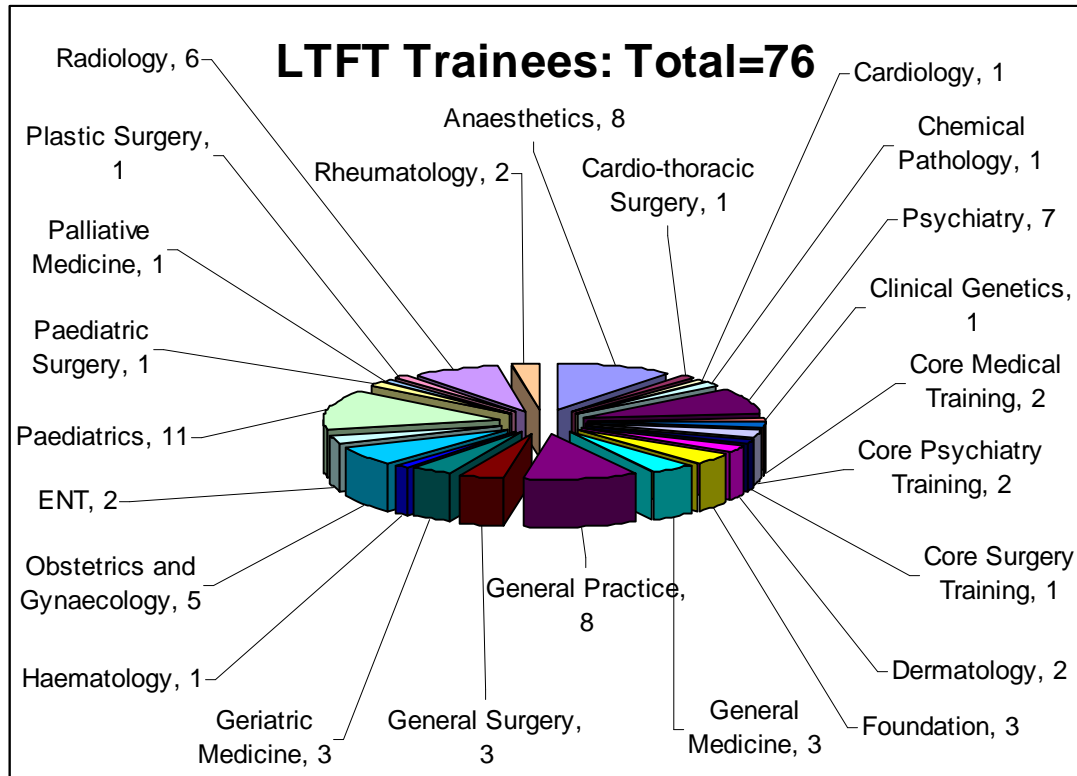
The table below shows the numbers of individual Meetings with trainees:

	Male	Female
General Careers Advice	15	14
Out of Programme requests (granted)	68	31
Doctor in Difficulty	9	13
Inter Deanery Transfer – (granted)	3	0
Total	95	58

Less Than Full Time Training

The Agency is fully committed to supporting trainees who wish to train on a less than full-time training (LTFT) basis and continues to work with the Local Education Providers to identify LTFT training opportunities. In 2010 a new strategy was developed and a LTFT Training Panel, comprising the Associate Dean for Careers and Personal Development, a layperson, a trainee representative, a Director of Medical Education and the Administrative Director was established. The panel met in October 2010 to review the arrangements for LTFT trainees, consider new applications and prioritise for

funding purposes. It will meet again in April 2011 to confirm the arrangements from August 2011. The regional forum for LTFT training to which all current and potential LTFT trainees were invited, met in March 2011. During the year 76 doctors across a range of specialties were facilitated to train on a less than full-time basis as follows:



4. Ensure that medical and dental practitioners and dental care professionals are supported in their learning and development.

Courses

- A variety of courses targeted at specialty trainees were developed and organised under the auspices of the Agency. These included exam preparation courses, basic science courses and specialty specific clinical courses.
- A total of 92 Specialist Registrars in their final year of training attended a management development programme in 2010/2011. This programme provides doctors in training with the necessary management skills to become an NHS consultant.

Foundation Induction

A regional induction day for new doctors was held in August 2010. The induction day included presentations on the foundation curriculum, work place based assessments, e-portfolio and role of educational appraisal in training posts. Regional speakers at the event included Dr John Jenkins (GMC) and Dr Gillian Clarke, Medical Advisor to the Coroner. Mrs Margaret Murphy from the World Health Organisation Patient Safety Forum attended and gave a moving personal account of her family's experience of medical care.

E-portfolio

E-portfolio for F1 doctors featured the new Foundation logbook from August 2010. This sets out the tasks that all new doctors are required to perform to secure their full GMC registration. The new Foundation Curriculum (2010) was launched and is now integral to e-portfolio. The Foundation *purple guide* was re-launched as the Reference Guide to Foundation Training governing those who commenced training in August 2010.

Generic Skills

Mandatory Generic Skills training days were delivered regionally for doctors in the second year of Foundation Training (F2s). Valuable feedback from the doctors continues to strengthen and enhance these sessions. All sessions are interactive and designed to meet the professional needs of this group of doctors as they start their professional careers. To accommodate the increased numbers all modules are delivered on seven separate occasions to ensure all F2 doctors can attend.

5. To work in partnership with key stakeholders to manage the recruitment and selection of doctors in training.

Specialty Recruitment and Selection

The Agency is responsible for the recruitment and selection of specialty trainees throughout Northern Ireland.

Three hundred and eighty one posts were advertised for August 2010 from a total of 1206 specialty training posts to which 363 trainees were appointed. (319 appointments into programmes of training and 44 to fixed-term specialty training appointments).

Foundation Recruitment and Selection

In November 2010 the application process for recruitment to the Northern Ireland Foundation School for August 2011 intake. The Agency received 287 applications with all places filled during the first round of the national recruitment process in February 2011.

Foundation Academic Recruitment 2010

A separate Foundation Academic Recruitment was instituted in May 2010. A total of 26 applicants attended for interview in June 2010. Those selected by this advance recruitment process were offered posts commencing August 2011. All nine academic posts were filled. The academic programme at QUB was enhanced through the attraction of high quality applicants keen to pursue academic careers following foundation training.

6. To provide assurance to the Audit Committee and the Board that identified weaknesses have been addressed and that controls are operational across the organisation.

The Hospital Training department maintained a risk register which outlined the risks identified to the department. Mitigating actions were carried out on an ongoing basis. The Chief Executive/Postgraduate Dean and Associate Dean for Secondary Care provided updates on amendments to the hospital risk register. The Risk Management Team then reported this information to the Audit Committee and the Board.

Governance

Controls Assurance

The three core standards of governance, risk management and financial management were independently assessed by Internal Audit. All other applicable controls assurance standards were reviewed by self-assessment. The outcomes were as follows:

Standard	Level of Compliance	Reviewed by
Financial Management	Substantive	Internal Audit
Governance	Substantive	Internal Audit
Risk Management	Substantive	Internal Audit
Buildings, Land, Plant	Substantive	Self assessment
Environmental Management	Substantive	Self assessment
Fire Safety	Substantive	Self assessment
Health and Safety	Substantive	Self assessment
Information & Communications Technology	Substantive	Self assessment
Purchasing and Supply	Substantive	Self assessment
Records Management	Substantive	Self assessment
Risk Management	Substantive	Self assessment
Human Resources	Substantive	Self assessment
Security Management	Substantive	Self assessment
Waste Management	Substantive	Self assessment

Action plans were developed for any gaps in compliance identified and will be monitored by senior management and reported to the Audit Committee and the Board.

Performance Indicators

The narrative on each of the departments within the Agency is structured around the strategic objectives, and resultant performance indicators, as set by the Agency's Business Plan 2010/11. These sections can be found as follows Dental pp11-14, GP pp15-23, Hospital Training pp24-38, Corporate Governance (in relation to performance management pp14, 23, 38, and then pp41), Human Resources pp46-47, and Finance pp48-51.

Risk Management

The effective management of risk remains a key objective in delivering the business of the Agency. The Risk Management Committee has now met on eight occasions since it was established in March 2010. During the year the Committee reviewed the key risks relating to general practice, dentistry, hospital training, finance, human resources, information governance and health and safety. Risk registers were updated accordingly and the Corporate Risk Register was revised to incorporate any new risks identified or re-grading of risks and take account of completed actions. A risk management action plan was put in place to ensure all recommendations from the internal audit reports are implemented.

Principal Risk & Uncertainties

The Agency maintains a Corporate Risk Register as well as a departmental register for each department. The Corporate Risk Register is regularly reviewed by the Board, the Senior Management Team, and the Risk Management Team. In 2010/11 this risk register featured eleven key risks. The following are the highest graded risks on the register:

Risk 5 - Failure to fill foundation and specialty training posts with suitable applicants

This risk has a high rating (calculated on the impact of occurrence as a '4', and the likelihood of occurrence being 'C'). The potential root causes for this risk included a lack of suitable applicants, doctors accepting posts and subsequently declining and taking up a post elsewhere, or doctors going on maternity leave and creating vacancies.

The Agency put in place a number of controls in order to mitigate against this such as inclusion in national application and selection processes, carrying out quality assurance reviews of these processes, and the procurement of the Intrepid Pathway recruitment software. The Agency also embarked on a recruitment initiative to attract doctors from outside of the United Kingdom.

Risk 8 – Insufficient levels of staff and skill mix to support the delivery of postgraduate medical and dental education and training

This risk has a high rating (calculated on the impact of occurrence as a '4', and the likelihood of occurrence being 'D'). One of the key root causes of this risk was the implementation of vacancy control measures. This resulted in a number of consequences such as the inability to refill posts that become vacant through staff leaving or going on maternity leave, through to extra work generated when existing staff had to cover such gaps.

This risk is mitigated through the use of a number of controls, including ongoing review of staffing levels by the Senior Management Team. The Staff Satisfaction survey provided key insight into the practical issues faced by staff in the performance of their role.

Risk 9 - The contribution of staff to the organisation is not recognised or valued

This risk has a high rating (calculated on the impact of occurrence as a '4', and the likelihood of occurrence being 'D'). One of the key root causes of this risk included a lack of certainty around the future of the Agency in relation to the proposal to merge the Agency into another HSC body.

DHSSPS plans to consult widely about the proposal before deciding on a re-organisation. Staff have been made aware of the progress to date (further information in relation to communication with staff on this issue is contained on p47).

Emergency Preparedness

In December 2010, the Agency Board reviewed and amended the Business Continuity Plan. This Plan provides instructions on required action if a major incident should occur such as a fire, flooding or an outbreak of an infectious disease. The preparation of such a plan should ensure that minimum disruption is experienced in the delivery of the Agency's services, if such an event were to occur.

The Business Continuity Plan also includes a Procedures Manual which includes practical instructions for use in an emergency, such as the location of key services and fabric within Beechill House, as well as emergency contact numbers and passwords to key accounts.

Information Governance

Strategic objective seven relates to the development of the Agency's information systems:

7. To review and develop the Agency's information systems.

During 2010/11 the Agency continued to implement the Intrepid system. Intrepid is a database that has been designed in order to facilitate the recording and reporting requirements of Postgraduate Deaneries. The functionality of the core system can be enhanced through the addition of different modules.

The Course Manager module continued to offer Continuing Professional Development courses to General Practitioners, Dentists and Dental Care

Professionals. An increased number of courses for Hospital Specialty Trainees were also offered through the system. In total, there were 8294 bookings made during the period 1 April 2010 – 31 March 2011. Further customisation of the system was performed over the course of the year, including the launch of an online payment facility in August.

The pilot of the Leave Manager module, which allows trainees to book study and exam leave online, and for online approval to be provided by supervisors and Heads of School, was launched in August. The pilot involved trainees in Anaesthetics, Chemical Pathology, General Practice (Specialty Trainee Year 3's only), Histopathology, Hospital Dentistry and Medical Microbiology. During the period from August to 31 March 2011, 667 online applications for Study and Exam leave were made through the system.

During 2010/11 the Agency also gained approval to procure the Intrepid Recruitment module, ICAMS. An initial pilot of the system was performed prior to the full launch of the re-branded Pathway system in November 2010. All local recruitment for August 2011 was carried out using the system, as well as national recruitment for Anaesthetics. From the opening of recruitment in December 2010 until 31 March 2011, 783 applications were received through the system.

Also during 2010/11, the Agency received notification that it would be included in the scope of the HSC Business Services Transformation Programme (BSTP). BSTP is tasked with modernising HR and finance systems within Health & Social Care organisations in Northern Ireland (HSCNI). The project will lead to the replacement of the Agency HR and Finance systems with a solution which will be used throughout HSCNI. Members of the Senior Management Team attended workshops on the project and the Administrative Director is a member of the Project Board for the Regional Organisations Business Services Transformation Project.

Departmental Data Security Policy

In line with departmental data security policy, changes were made to computer and laptop configurations to restrict the ability to connect any data storage device other than encrypted Ironkeys. In light of this the Agency's security procedures were revised.

There were no instances of information governance breaches or personal data related incidents during the year.

Incidents and Complaints

In the period 2010/11, eleven minor incidents were recorded, this included three accidents. Learning from the incidents was communicated to staff and steps were taken to ensure that there was no re-occurrence of the incidents.

Eleven complaints were received by the Agency. The complaints were recorded and appropriate action was taken to ensure that any lessons learnt were used to help amend processes.

Information Requests

Five requests were received under the Freedom of Information Act. The requests were processed in accordance with the FOI Act and within the required timescale.

No requests were received under the Data Protection Act

Declaration and Register of Board Members' and Senior Managers' Interests

Board members and Senior Managers are required to declare, on appointment and during the tenure of their contract of employment, any directorships in private or public companies, ownership of, part ownership of, or majority or controlling shareholdings in any organisation which would potentially do business with the Agency. Note 23 to the attached accounts provides details of disclosed interests. Guidance requires details of company directorships and other significant interests held by Board Members which may conflict with their management responsibilities to be discussed in the Director's Report.

A formal Register of Interests is available for public scrutiny and can be viewed on request at the Finance Office at the Agency's headquarters.

Equality and Human Rights

- NIMDTA worked in close partnership with colleagues from the HSC Agencies and Special Bodies Consortium in the implementation of its statutory equality duties.
- To ensure that equality and diversity underpin the work of NIMDTA, specific equality objectives were identified within the Agency's Business Plan and equality, good relations, disability and human rights considerations were taken into account in the review of NIMDTA's policies and procedures.
- The Agency has an Equal Opportunities policy that applies to all aspects of employment, including recruitment, promotion, training, redeployment and other benefits and facilities. The Agency positively

and productively promotes and observes the objectives and principles of the various pieces of Equality legislation.

- The Agency specifically seeks to ensure that it treats people of different racial groups or those with a disability (whether staff, customers or members of the public) in a way that prevents discrimination and promotes equality of opportunity.
- New guidance for public authorities was issued by the Equality Commission in relation to the requirement to develop a new Equality Scheme. The process of developing the scheme required the Agency to conduct an audit of inequalities with regard to the functions of the organisation, develop an action plan to identify the inequalities identified and consult on the Equality Scheme and the action plan. The audit of inequalities together with the revised Equality Scheme is currently out for consultation and will be submitted to the Equality Commission for approval in May 2011.

Social & Community Issues

Personal and Public Involvement (PPI)

Personal and Public Involvement (PPI) is also known as Service User Involvement and can be described as how service users, patients, clients and carers (including the public), can have their say about care and treatment and the way services are planned and delivered.

Personal refers to service users, patients, carers, consumers, customers or any other term to describe people who use Health and Social Care Services as individuals or as part of a family. Public refers to the general population and includes locality, community and voluntary groups and other collective organisations. Individuals who use health and social care services are also members of the general public. Involvement means more than consulting and informing. It includes engagement, active participation and partnership working.

As an HSC organisation the Agency has a statutory responsibility to ensure that the PPI agenda is delivered throughout the organisation. The GMC also promotes the inclusion of lay representatives throughout Deanery activity through its quality assurance processes. The Director of Postgraduate General Practice Education is the nominated clinical representative for this initiative in the organisation. The GP Department participates in the organisation's PPI activity. It has also led on a number of training initiatives within the GP Department.

Currently all training programme directors include patient led training in their groups. A number of evaluations of these activities have been published in peer reviewed journals.

There are ongoing discussions with QUB in collaborative work in this area with a range of options including delivery of PPI training to GP trainees.

A GP trainer network was established to improve communication with trainers. A similar network has been established for GP trainees. The GP Department has included, where appropriate, GP trainees and GP trainers in as many of its activities as possible.

Environmental Issues

Environmental Management

The Agency recognises that good management includes all environmental matters and seeks to ensure that environmental protection and the prevention of pollution are part of decisions, policies and practices in order to ensure that the impact of the work of the Agency on the environment is minimised. NIMDTA is committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. The Agency co-ordinated this area of work through its Environmental Management Policy.

The Agency self-assessed its performance in relation to the Environmental Management controls assurance standard and achieved substantive compliance.

Waste Management

Waste originating from the Agency's premises is considered as being controlled waste as defined in the Waste and Contaminated Land (Northern Ireland) Order 1997. In accordance with the provisions contained in that Order, the Agency has a duty of care in relation to the handling, disposal and management of waste. The duty to dispose of waste properly is set out in the Environmental Protection Act 1990 and the Environmental Protection (Duty of Care) Regulations 1991. The Agency co-ordinated this area of work through its Waste Management Policy.

The Agency self-assessed its performance in relation to the Waste Management controls assurance standard and achieved substantive compliance.

Human Resources

New appointments

Dr Marie-Louise Thornton was appointed as GP Programme Director.
Mr Kourosh Khosraviani was appointed as Head of the School of Surgery

Two of the strategic objectives in the Business Plan 2010/11 relate directly to the work of Human Resources:

- 8. To strengthen capacity and capability within the Agency in line with its range of work and professional requirements.**

Recruitment and Selection processes

As part of the quality management system of specialty training a review of the specialty recruitment processes was conducted by the Associate Dean for Specialty Training. A new recruitment policy for specialty training was produced and Heads and Deputy Heads of Specialty Schools provided input on their methods for selection and recruitment at two workshops events. Best practice and sharing of ideas was promoted between the specialties. A further workshop was provided for lay representatives on interview panels. A new system and policy was also developed for the recruitment of dental VTs and GPTs.

Training and development

The Agency has supported 21 medical and dental staff in undertaking the Certificate in Medical Education. Two members of staff are being supported by the Agency in undertaking a degree course. One member of staff is undertaking an Accounting professional qualification.

- 9. To create a culture which facilitates openness and honesty, provides a harmonious and safe working environment and supports staff through organisational change.**

Health and well being

The Agency continues to support all staff to take part in a weekly exercise programme. Four members of staff participated in the Belfast Marathon relay event supporting the charity 'War on Want'.

From 2010 staff in the Agency have access to the organisation, Carecall which provides sessions in counselling, mediation, coaching or critical incident support. This new facility is very useful when the organisation is facing a very significant period of change over the next few years.

As part of the Agency's commitment to balance between home and working life, the flexible working policy of the Agency has been reviewed and new flexible working patterns have been adopted. There has also been an increase to the provision of flexi-time within the Agency to facilitate staff balancing their home and working life.

Communication with Staff

The Agency places a high value on communicating with staff, and as a result has put in place a communications strategy to ensure that this is done effectively.

The Team Leader Meeting, a sub-committee of the Senior Management Team, provides a forum for the sharing of information between all team leaders and senior management. This information is then shared further in departmental meetings, which staff will attend periodically. The Joint Negotiating Forum facilitates communication between union representatives and representatives of senior management.

As noted above, the Agency also carries out an annual staff satisfaction survey that looks at all aspects of an employee's interaction with the Agency. This is completed on an anonymous basis, and the results are shared with all staff. As an outcome of comments made in the staff satisfaction questionnaire a review of the working environment in the Agency was undertaken by a consultant from the Beeches Management Centre. The Agency will be taking forward the recommendations in the report produced by this review in 2011/12.

The Agency also uses an intranet and email to provide updates in relation to policy and procedural changes. Examples of email updates would include the findings of health & safety spot checks, or a revision to a procedure in light of a recorded incident.

Senior Management continued to communicate with staff in relation to plans to merge the Agency into another Health & Social Care body, possibly the Business Services Organisation. These plans are still being considered and DHSSPS, subject to Minister's agreement, plans to consult widely about any such move. The latest estimate is that the consultation will issue before the end of 2011 with changes taking place in 2013 at the earliest. This position could change as part of a wider review, instigated by OFMDFM, of all Arms Length Bodies in Northern Ireland.

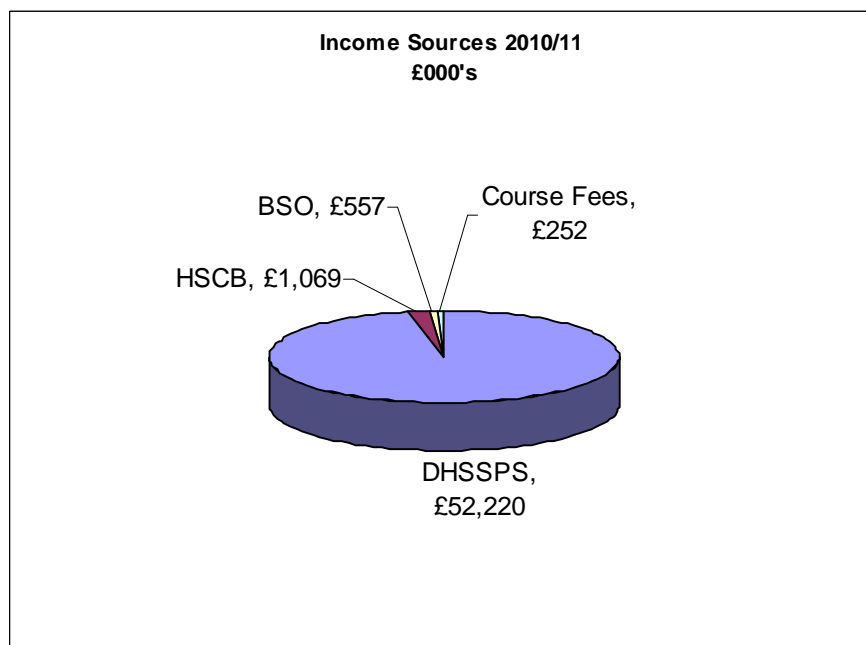
Financial Governance

Financial Performance

The Agency's Business Plan 2010/11 set the following objective:

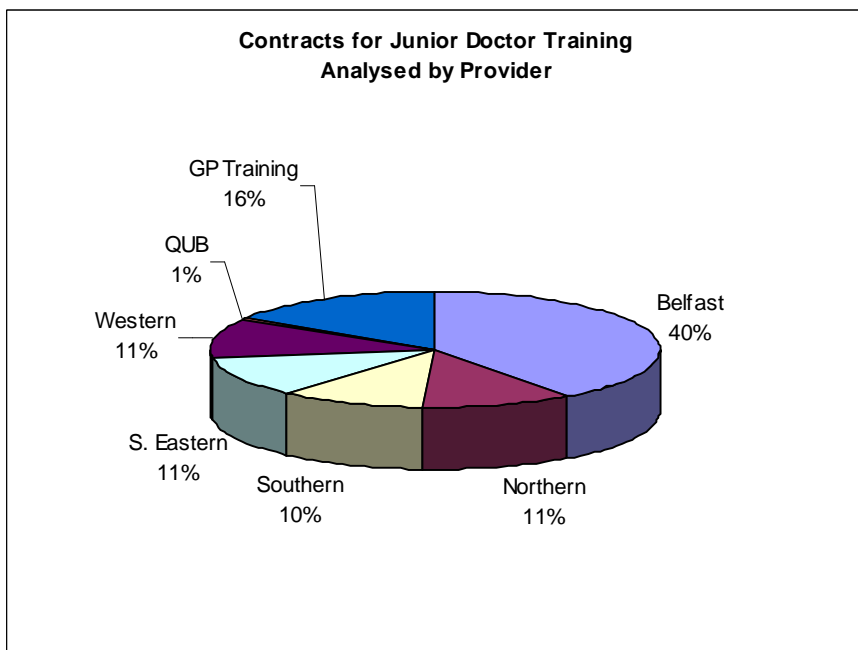
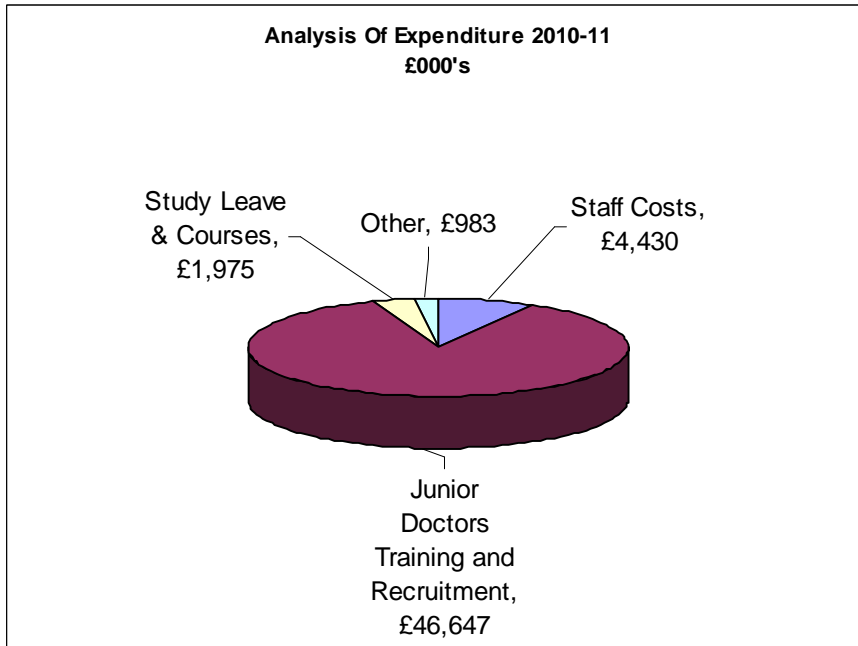
- 10. To ensure that the Agency achieves a break-even position in the context of its business and budgetary plans.**

The Agency obtains the vast majority of its funding directly from the Department of Health Social Services and Public Safety (DHSSPS). Other sources of income include the Health and Social Care Board (HSCB), the Business Services Organisation and fees generated from charging doctors and dentists to attend Continuing Professional Development (CPD) courses.



The Agency spent over £54m in 2010/11, the majority of this being spent on junior doctor training contracts with Trusts and other training providers such as GP practices. These training contracts include a proportion of the junior doctors salary which can vary from 50% to 100% depending upon the grade of doctor.

The Agency employs a number of senior medical staff on a part-time basis to monitor the quality of training provided under these training contracts. The Agency also provides training in the form of exam preparation courses and CPD courses for both doctors and dentists as well as study leave funding for junior doctors to attend training courses provided by external providers.



In the 2010/11 financial year the Agency successfully met a required efficiency savings target of £278,000 this was achieved largely through vacancy controls, better use of flexible training funding and more efficient use of funds in the provision of training courses.

The Agency has a requirement to minimise its cash balances, this has resulted in a net liability position of £2m. As these liabilities will be funded from future grant in aid the Agency continues to be a going concern.

The Agency is able to report a balanced financial position as at 31st March 2011 having returned a small surplus equivalent to 0.12%.

The outlook for 2011/12 is challenging with the Agency being required to find efficiency savings of approximately £1.6m.

The Agency participates in two defined benefit pension schemes (HSC Superannuation Scheme and the Universities Superannuation Scheme). Under these schemes both the Agency and its employees pay specified percentages into the scheme and the liability to pay benefits falls to the scheme. The Agency is unable to identify its share of the underlying assets and liabilities in either scheme. Further information on pensions is available in the remuneration report and in note 1.21 and 3 to the accounts.

Remuneration Report

Section 421 of the Companies Act 2006, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about director's remuneration. The Remuneration Report summarises the remuneration policy of Northern Ireland Medical and Dental Training Agency ("The Agency") and particularly its application in connection with senior managers. The report must also describe how the Agency applies the principles of good corporate governance in relation to senior managers' remuneration in accordance with HSS (SM) 3/2001 issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Remuneration committee

The Board of the Agency, as set out in its Standing Orders, has delegated certain functions to the Remuneration Committee. The membership of this committee is as follows:

Dr. H. McGuigan (Deceased 17th April 2010) (Chairman)

Mrs. J. Eve (Non-Executive Board Member)

Dr. R. Atkinson (Non-Executive Board Member)

Dr. J. Marley (Non-Executive Board Member)

Mrs. A. Eggert (Non-Executive Board Member)

Mr A Baird (Non-Executive Board Member – resigned November 2009)

Remuneration Policy

The membership of the remuneration committee for the Northern Ireland Medical and Dental Training Agency consists of the Chairman and the four non-executives.

The policy on remuneration of the Agency Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by the DHSSPS.

Performance of Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the Board and judgements are made as to their banding in line with the departmental contract against the achievement of regional organisation and personal objectives.

The relevant importance of the appropriate proportions of remuneration is set by the DHSS&PS under the performance management arrangements for senior executives.

In relation to the policy on duration of contracts, all contracts of senior executives in the Agency are permanent. During the year 2010/11 all contracts were permanent and each contained a notice period of 3 months.

Service contracts

There were no service contracts.

Directors

Dr. T. McMurray appointed as Chief Executive on 1st October 2004;

Ms M Roberts was appointed acting Chief Executive on 12th August 2010;

Dr. D. Hussey appointed as Postgraduate Dental Dean on 1st December 2003; and

Dr. C. Loughrey appointed as Director of General Practice Education on 25th August 2008.

The above list is included to reflect departmental requirements for producing an annual report.

Non-executive directors

Dr. H. McGuigan reappointed (as Chairman) on 1st April 2009 (for a period of 3 years); (Deceased 17th April 2010)

Mrs. J. Eve reappointed on 23rd August 2008 (for a period of 4 years);

Dr. R. Atkinson reappointed on 24th January 2009 (for a period of 3 years);

Dr. J. Marley reappointed on 21st January 2009 (for a period of 4 years) and

Mrs. A. Eggert reappointed on 24th January 2009 (for a period of 4 years).

Mr. A. Baird resigned on 31st November 2009.

Notice period

At least four weeks notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice. There were no early retirement or compensation scheme – exit packages. There were no payments made in respect of compensation for loss of office made during 2010/11. Termination payments are based on statutory provisions only, as detailed in contract.

Retirement age

Currently, employees are required to retire at age 65 years; occupational pensions are normally effective from age 60 years. With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.

Exit Packages and Early Retirement

There were no early retirements or compensation scheme exit packages.

Retirement benefit costs

HSC Superannuation Scheme

The Agency participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Agency and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Pensions Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by the Agency and charged to the Statement of Comprehensive Net Expenditure at the time the Agency commits itself to the retirement.

As per the requirements of FReM, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the balance sheet date and updates it to reflect current conditions. The next valuation was at 31 March 2008 and was used in the 2010-11 accounts.

University Superannuation Scheme

The Agency participates in the University Superannuation Scheme. Under this multi-employer defined benefit scheme both the Agency and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the Universities Superannuation Scheme. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the Universities Superannuation Scheme can be found at the Universities Superannuation Scheme website: <http://www.uss.co.uk>.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding three years. The actuary reviews the most recent actuarial valuation at the balance sheet date and updates it to reflect current conditions. A valuation as at 31 March 2008 was completed in the Spring of 2009 and was used for the 2009-10 and 2010-11 accounts. The next valuation will be as at 31 March 2011 and will be used in the 2011-12 accounts.

The costs of early retirements are met by the Agency and charged to the Statement of Comprehensive Net Expenditure at the time the Agency commits itself to the retirement.

Premature retirement costs

Section 16 of the Agenda for Change Terms and Conditions Handbook (issued on 14 February 2007 under cover of the Department's Guidance Circular HSS (AfC) (4) 2007) sets out the arrangements for early retirement on the grounds of redundancy and in the interest of the service. Further Circulars were issued by the Department HSS (AfC) (6) 2007 and HSS (AfC) (5) 2008 setting out changes to the timescale for the operation of the transitional protection under these arrangements.

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HSC Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HSC Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks' pay (reduced by 30% for each year of additional service over 6 2/3 years).

Alternatively, staff made redundant who are members of the HSC Pension Scheme, have at least two years' continuous service and two years' qualifying membership and have reached the minimum pension age (currently 50 years) can opt to retire early without a reduction in their pension as an alternative to a lump sum redundancy payment of up to 24 months' pay. In this case the cost of the early payment of the pension is paid from the lump sum redundancy payment however if the redundancy payment is not sufficient to meet the early payment of pension cost the employer is required to meet the additional cost.

Senior Employees' Remuneration – Audited

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Agency were as follows:

Name	2010-11			2009-10		
	Salary £000	Bonus/ Performance Pay	Benefits in Kind (Rounded to nearest £100)	Salary £000	Bonus/ Performance Pay £000	Benefits in Kind (Rounded to nearest £100)
Non-Executive Members						
Dr H McGuigan Chairman	0-5	-	-	10-15	-	-
Mr A Baird Non Executive Director	-	-	-	0-5	-	-
Mrs J Eve Acting Chairman	10-15	-	-	0-5	-	-
Dr R Atkinson Non Executive Director	0-5	-	-	0-5	-	-
Dr J Marley Non Executive Director	0-5	-	-	0-5	-	-
Mrs A Eggert Non Executive Director	0-5	-	-	0-5	-	-
Executive Members						
Dr T McMurray Chief Executive & Postgraduate Dean	95- 100	-	-	100- 105	-	-
Ms M Roberts Acting Chief Executive (i)	60-65	-	-	55-60	-	-
Dr C Loughrey Director Of General Practice Education	115- 120	-	-	115- 120	-	-
Dr D Hussey Postgraduate Dental Dean	65-70	-	-	75-80	-	-

Senior Employees' Remuneration – Audited (continued)

Name	Real increase in pension and related lump sum at age 60 £ 000	Total accrued pension at age 60 and related lump sum £000	CETV at 31/3/10 £000	CETV at 31/3/11 £000	Real increase in CETV £000
<u>NonExecutive Members</u>					
Dr H McGuigan Chairman	-	-	-	-	-
Mr A Baird Non Executive Director	-	-	-	-	-
Mrs J Eve Acting Chairman	-	-	-	-	-
Dr R Atkinson Non Executive Director	-	-	-	-	-
Dr J Marley Non Executive Director	-	-	-	-	-
Mrs A Eggert Non Executive Director	-	-	-	-	-
<u>Executive Members</u>					
Dr T McMurray Chief Executive & Postgraduate Dean	0-2.5 plus lump sum of 2.5-5	40-45 plus lump sum of 125-130	977	976	(1)
Ms M Roberts Acting Chief Executive (i)	2.5-5 plus lump sum of 7.5-10	25-30 Plus lump sum of 65-70	400	491	91
Dr C Loughrey Director of General Practice Education	0-2.5 plus lump sum of 2.5-5	20-25 plus lump sum of 65-70	359	352	(7)
Dr D Hussey Postgraduate Dental Dean	0-2.5 plus lump sum of 0-2.5	0-5 plus lump sum of 0-5	26	33	7

(i) Ms M Roberts was appointed to the role of Acting Chief Executive from 12 August 2010 to 2 May 2011. The salary disclosed above is inclusive of all acting up allowances.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are at the year end or date of resignation/retirement depending on which is earlier.

CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

The actuarial factors used in the calculation of the Cash Equivalent Transfer Values (CETVs) were changed during 2010, due to changes in demographic assumptions and the move from Retail Price Index (RPI) to the Consumer Price Index (CPI) as the measure used to up-rate Civil Service pensions. The new factors mean that the CETV value shown in the report for 31 March 2010 will not be the same as the corresponding figure shown in last years report.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Dr Terry McMurray
Chief Executive

Date: 23 June 2011

Appendix A – Financial Statements