

ANNUAL REPORT

1 APRIL 2007 - 31 MARCH 2008

INDEX

	Page
The Board of the Agency and it's Officers	3
Foreword - Chairman's Statement	4
Chief Executive/Postgraduate Dean's Statement	5 - 6
A Year in Review 2007 - 2008	7
Doctors and Dentists in Training	8 - 18
Foundation and Specialty Training	8 - 13
General Practice Education	14 - 15
Dental Education	16 - 18
Management Development	19
Management of Doctors & Dentists in Difficulty	19
Less Than Full-Time Training	20
Equality and Human Rights	21
Information Governance	21 – 22
Remuneration Report	23 - 28
Financial Statements	Appendix A

The Board of the Agency and it's Officers

The Board of the Agency consists of:

- Dr Harry McGuigan - Non-Executive Lay Chairman
- Mrs Anna Eggert - Non-Executive Lay Member
- Mrs Judith Eve - Non-Executive Lay Member
- Mr Albert Baird - Non-Executive Lay Member
- Dr Ronald Atkinson - Non-Executive Medical Member
- Dr John Marley - Non-Executive Dental Member

Officers of the Agency:

- Dr Terry McMurray - Chief Executive/Postgraduate Dean
- Dr Agnes McKnight - Director of Postgraduate GP Education
- Dr David Hussey - Postgraduate Dental Dean
- Ms Margot Roberts - Administrative Director
- Mr Tommy Hutchinson - Finance Manager
- Ms Roisin Campbell - Human Resources Manager

Foreword

Chairman's Statement

In our last report, I was commenting on the Review of Public Administration proposals of November 2005, in which the Agency was to be incorporated within the new Regional Health & Social Care Authority from April 2008.

On his appointment as the Assembly's Minister for Health and Social Care, Mr Michael McGimpsey decided to review the RPA, and his own proposals for reform were published in January 2008. While these will be subject to a period of consideration, the plan is that the Agency should continue as a separate statutory body. This has been warmly welcomed by the Board of the Agency. As a small organisation, we feel that the advantages and efficiency of our close working relationship with the service far outweigh any potential savings which might accrue through merger, and which would be likely to be of a small order. We believe that the major benefit of independence relates to corporate governance and the prudent oversight of its affairs, which will continue to be exercised by the Board of the Agency.

It has been another satisfactory year for the Agency in the recruitment and oversight of new groups of postgraduate doctors and dentists. The details will be outlined in the Chief Executive's Report but important developments in organisational and management terms have been the establishment of postgraduate schools in each of the hospital specialties; the appointment of senior doctors as heads of these schools and the appointment of two additional Associate Deans, one responsible for Careers and Personal Development, and the other for Specialty Training (Secondary Care).

We look forward with confidence to the challenges ahead.

Chief Executive/Postgraduate Dean's Statement

" May you live in interesting times"

The last year has again been characterised by unrelenting pressure to achieve greater success at greater speed with constant uncertainty.

The introduction of Modernising Medical Careers (MMC), with its principles of trainee centred learning within a structured, service-based but flexible environment continues to generate many challenges particularly in recruitment and curriculum development and delivery.

Following the cessation of the collaboration with England, Scotland and Wales to develop a national specialty recruitment process, the Agency was required to design and deliver a regional process at very short notice. This change also created large amounts of unexpected work for this Agency and consultant colleagues who had only a few weeks to design and co-ordinate a fair and efficient process for interviewing all applicants to Northern Ireland and to populate all specialty training programmes by August 2007. I would like to take this opportunity to commend all Agency staff and consultant colleagues for their positive and successful response to this Herculean task.

The Agency is continuing to work with the DHSSPS, the Royal Colleges and other stakeholders to deliver the fifty seven new curricula that are central to the successful implementation of MMC. We have completed a major organisational restructuring of the Training Committees into ten Postgraduate Schools to ensure that we will be

more able to respond to the speed and full magnitude of change demanded by Modernising Medical Careers (MMC), the Postgraduate Medical Education and Training Board (PMETB), and Revalidation and Appraisal of doctors in training.

August 2007 witnessed the graduation of our first cadre of Foundation trainees from their two year training programme, during which time they developed their skills in treating acutely ill patients within a wide range of healthcare environments.

The Agency wishes to recognise the great deal of activity and energy expended by Hospital Trusts to achieve and maintain compliance with the Working Time Directive and the New Deal. With 2009 rapidly approaching, the Agency is continuing to collaborate with the Implementation Steering Group within the DHSSPS to monitor and advise Trusts while ensuring that training opportunities are maintained or improved.

The Agency continues to deepen its collaborative partnerships with Queens University Belfast, the British Medical and Dental Associations, boards and other HPSS 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.

A Year in Review 2007 - 2008

Major achievements during the year

- The construction of 189 three- year programmes of comprehensive GP training.
- The development of specialty schools in all of the main core specialties.
- The introduction of a highly successful IT based recruitment service.
- Sixty-one doctors obtained a Certificate of Completion of Specialist Training.
- Four dentists successfully completed General Professional Training.
- Twenty-seven dentists successfully completed Vocational Training.
- Forty-eight doctors obtained MRCGP.

Foundation and Specialty Training

The Specialty Schools of the NI Medical and Dental Training Agency are responsible for all doctors in training in Northern Ireland, and for ensuring that the PMETB national training standards are maintained.

Specialty Heads of Schools and Deputy Heads of School and Training Programme Directors were appointed to manage specialty training and to advise the Postgraduate Dean on educational developments.

The Foundation Programme

The Foundation Programme was established in August 2005. It provides a solid grounding in practical medicine in primary and secondary care and in particular developing the core clinical skills required to identify and care for the acutely ill patient. A mandatory Generic Skills programme was provided for F2 doctors that allowed them to enhance their communication, team working and IT skills.

Fourteen training programmes were provided within the Northern Ireland Deanery, each programme providing a range of experience in:

- General Medicine and medical specialties
- General Surgery and surgical specialties
- Paediatrics
- Psychiatry
- Obstetrics and Gynaecology
- Accident and Emergency
- General Practice

Training was delivered according to a nationally produced core curriculum and educational objectives. Foundation Trainees were issued with a personal training e-portfolio in which evidence of their training experiences, appraisal and assessments could be retained.

The Agency embarked on a communication strategy on the assessment tools. Workshops were arranged to train both trainees and supervisors on the assessment tools required for the foundation programme.

The recruitment process for the August 2008 intake of Foundation trainees commenced in September 2007. Northern Ireland participated in a national on-line recruitment process (the Foundation Programme Online Application Service), the result of which was the appointment of 234 trainees to a 2-year Foundation Programme.

Specialty Training Programmes

Specialty training is provided through approved specialty training programmes and posts. Entry into specialty training is primarily from foundation or equivalent training. Specialty Registrar (StR) is the generic title that replaced Senior House Officer (SHO), Specialist Registrar (SpR) and General Practice Registrar (GPR) in 2007 as part of the Modernising Medical Careers (MMC) reforms.

Over 700 trainees were appointed to a specialty training posts/programmes commencing August 2007.

Planning for the recruitment process commencing in August 2008 began in September 2007. Heads of Specialty Schools met with the Postgraduate Dean to agree the number of available training posts required for each specialty. Road shows and careers fairs were held in December 2007, and the application system opened in January 2008.

This year, the Agency linked with HPSS Jobs to develop the application form and process for appointment to specialty posts. The online application system worked effectively as an application portal.

Short-listing and interviews took place in February and March 2008. Offers of appointment were rolled out continuously as the interviews took place.

Assessment of Progress

A new assessment process for the progression of those appointed to specialty training programmes was introduced. Within this process trainees were supported through appraisal, assessment and annual planning.

Satisfactory Completion of Training (CCT)

During this period 61 Specialist Registrars (SpRs) satisfactorily completed their specialist training and were awarded the Certificate of Completion of Training (CCT) enabling them to apply for Consultant posts.

Number of SpRs awarded CCT by Specialty	
5	Anaesthetics
3	Cardiology
0	Cardiothoracic Surgery
2	Care of the Elderly
0	Chemical Pathology
2	Clinical Oncology
3	Emergency Medicine

1	Diabetes and Endocrinology
2	Gastroenterology
3	General Surgery
1	Haematology
4	Histopathology
1	Medical Microbiology
1	Nephrology
5	Obstetrics & Gynaecology
0	Occupational Medicine
2	Ophthalmology
4	Orthopaedic Surgery
4	Paediatrics
1	Plastic Surgery
2	Psychiatry - Child & Adolescent
5	Psychiatry - General Adult
1	Psychiatry - Learning Disability
0	Psychotherapy
0	Public Health Medicine
7	Radiology
1	Rheumatology
1	Urology

General Practice Specialty Training

This year has seen a 30% expansion of the numbers of doctors recruited to the General Practice Vocational Training Scheme in Northern Ireland and the introduction of a new curriculum from August 2007. The introduction of new standards and the requirement for quality management of training by deaneries has required an intensive scrutiny of all the GP programmes, placements, courses and assessments.

The introduction of an electronic learning log has led to the increased monitoring of the progress of individual speciality trainers from one year of training to the next.

As a consequence of the new training arrangements the GP department reviewed its structures, functions and resources and introduced change both in roles and working arrangements.

A new single new assessment process for doctors wishing to obtain a CCT (Certificate of Completion of Training) in general practice was introduced in August 2007 and replaced mandatory summative assessment and the old MRCGP examination. This new assessment (nMRCGP) is an essential requirement for entry to the GMC Generalist Register and Membership of the Royal College of General Practitioners. Transition arrangements are in place for those who embarked on summative assessment and MRCGP prior to August 2007.

Assessment Outcomes as at August 2007

Summative Assessment Passes	<u>52 (100%)</u>
MRCGP Passes	<u>48 sat exam 44 (90%) passed</u>

Numbers of Trainers/Training Practices as at August 2007

No. of training practices	<u>88</u>
No. of trainers	<u>143</u>
No. of new training practices 2007-2008	<u>8</u>
No. of new trainers	<u>16</u>

Training Courses for Hospital Doctors

The following courses were provided by the deanery:

Anaesthetics

Primary FCARCSI / FRCA Modules - Full-time (Revision)
 FCARCSI / FRCA - Half day release (Introductory Course)
 Final FCARCSI / FRCA - All day
 Basic Science Course
 Final Revision Course
 Statistics & Measurement
 Obstetric Course in Anaesthesia & Analgesia

Clinical Oncology

FRCR Part I (Joint London Course in Oncology)

Physics Revision Tutorials

ENT

Postgraduate Class
FESS Course & Laser Course

Haematology

Haematology Course
Mandatory Clinical Skills Training

Histopathology

Postgraduate Teaching for Histopathology Trainees

Maxillofacial

Head and Neck Trauma

Medical Microbiology

Postgraduate Courses in Medical Microbiology

Medical Oncology

Postgraduate Oncology Course

Medical Specialties

MRCP Part I (Revision)
MRCP PACES Part II (Clinical)
MRCP Part II (Written)

Neurology

Neurology Programme

Obstetrics & Gynaecology

Family Planning Courses
Continuing Medical Education for Specialist Registrars

Ophthalmology

Postgraduate Training Programme

Orthopaedic Surgery

Higher Surgical Training Programme
Clinical Conferences
Hand & Foot Surgery Tutorials & X-Ray Meetings
Trauma Teaching Sessions

Paediatrics

MRCPCH II Preparation Course (Clinical)
Specialist Registrar Induction Days
Regional Neonatal Resuscitation Training Course

Palliative Medicine

Palliative Medicine Postgraduate Training

Psychiatry

Diploma in Mental Health
MRCPsych Part I

MRCPsych Part II
Introductory Course in Psychotherapy
Balint Group
Doctor/Patient Relationship Group
Child and Adolescent Psychiatry

Radiology

FRCR Part I Physics
FRCR Part II
Higher Professional Training Lecture Series
Study Days

Surgery

Basic Surgical Skills
CCRISP Course
Northern Ireland Surgical Trainees Prize Day

General Practice Education

Appraisal

NIMDTA's second year of managing GP Appraisal has proved very successful. This was due to the excellent teamwork of both appraisers and administrative staff under the leadership of the GP Appraisal Co-ordinator with the support of the Central Board of Management. With new systems and protocols in place the emphasis during 2007-2008 moved to improving the quality of the process. This involved additional training and support for lead appraisers and appraisers who have responded in a very positive way. NIMDTA contributed to work being undertaken by the Royal College of General Practitioners in London to strengthen the appraisal process nationally in preparation for the introduction of revalidation in 2010.

GP Appraisal 2007/8	
Total number of GPs	1383
GP Partners	1080
Number of sessional doctors (non-profit sharing GPs)	303
Number of sessional doctors as % of workforce	22%

Continuing Professional Development

The ATHENA programme provides a comprehensive range of training courses and educational activities. GPs can sign up to become members of the ATHENA programme, for an annual fee, entitling them to have unlimited access to a range of NIMDTA courses and services. ATHENA membership for 2007-2008 was 469 and 127 courses were offered.

The Educational Consortium provided a forum for discussion of needs, provision and quality. Its membership has grown to reflect all the areas of education and training required by the modern General Practitioner.

The 'Internet Academy' provided alternative access to education. Edcast Medical working with NIMDTA have now added very comprehensive modules on Palliative Care and the Management of Allergy to the programme.

Fifty-eight doctors registered with the Higher Professional Education Scheme and took advantage of free membership of ATHENA. Twelve received additional funding to undertake training in special skills areas.

Induction, Refresher and Remedial Training

Work continued with the four boards and the DHSSPS to introduce formal induction, refresher and remedial training schemes for General Practitioners in Northern Ireland. It is anticipated that the number of GPs requiring refresher or remedial training will increase. Over the last two years NIMDTA provided training for the following.

Number of GPs	2006/07	2007/08
Refresher Training Scheme	4	2
Remedial Training Scheme	0	1

General Practice Retainer Scheme

The General Practice Retainees who mostly work four sessions per week in their practices regard this experience very positively as do the practices. The Retainees also evaluate the continuing professional development programme organised by NIMDTA which provides 9 dedicated courses each year for them

Dental Education

Vocational Training (VT)

Vocational training continued to be a major core activity within the dental department of NIMDTA. Twenty-seven dentists successfully completed Vocational Training.

2007/2008 saw the retirement of Barry Mark who was a major influence on the development of Vocational Training in Northern Ireland. Barry's retirement led to the appointment of Neale Armstrong as Adviser in Vocational Training but with additional responsibility for introducing Foundation Training for new graduates. The remaining Advisor position was filled by the appointment of Alison Johnston.

The recruitment process was 'fine tuned' with the practice inspections being carried out throughout the year.

An assessment based Quality Assurance Scheme was introduced in VT incorporating Direct Observation of Procedural Skills, (DOPS), Team Assessment of Behaviour (TAB) / Patient Assessment Questionnaires (PAQ) and feedback for GDP Trainers. A range of assessment processes will be an integral part of the schemes from August 2008.

The Committee for Vocational Training (CVT) met on 2 occasions throughout the year to provide guidance and support for the Advisers in the delivery of the programme.

General Professional Training (GPT)

General Professional Training involving General Dental Practice, Community Services and Hospital Training, continued to be popular with no recruitment problems. Four trainees successfully completed General Professional Training. Trainees had considerable success in both MFDS and the new MJDF examinations of the Royal Colleges.

Work based assessments in General Dental Practice were piloted for both 1st and 2nd year trainees and expanded to include DOPS (Direct Observation of Procedural Skills) / TAB (Team Assessment of Behaviour) / PAQ (Patient Assessment Questionnaires) and feedback for GDP Trainers.

The VT/GPT trainees participated in the Chicago Mid Winter meeting in February with very positive feedback on the educational opportunities provided.

Continuing Education (CE)

A wide range of lectures and courses were provided for General Dental Practitioners as part of the CE programme. Hands-on courses were heavily over-subscribed and NIMDTA uses strict selection procedures to ensure fairness to all applicants.

The General Dental Council has become more specific in determining the amount of continuing professional development that should be undertaken by dentists. The programme of Continuing Professional Development developed by the Continuing Education team will continue to reflect these core activities.

The enthusiasm for knowledge amongst local dentists is demonstrated by the success of the local study clubs which meet to prepare for College examinations.

There has been a high level of success in these exams over recent years. Sixty dentists registered for this initiative during 2007/08.

The General Dental Practice Education Committee provided strong guidance and support to the Dental Advisors on the delivery of Continuing Professional Development to the local practitioners.

Hospital Dentistry

Dentistry is the only hospital discipline that still employs senior house officers (SHOs). The development of Foundation Training will see the demise of these posts over the next few years, to be replaced by Foundation dentists as in the medical model. An increase in the number of posts available for foundation trainees will be required.

The trainees in the specialist disciplines continued to perform to a high standard. The Record of In-Training Assessment (RITA) process allowed for regular review of the trainees. No trainees were identified as being deficient.

Management Development

The Management training programme for Specialty Trainees continues to be based on a 4-day residential module augmented by a follow-up day. Four courses were organised each catering for 20 - 25 Specialist Registrars. The main areas covered this year included the structuring, resourcing, management and performance of the Health Service in Northern Ireland. Particular focus was placed on management at Trust level with specific reference to Trust management structures, corporate and clinical governance, business planning processes and links with the community, primary care and HSC Boards. Other topics covered included the developing primary care agenda, clinical governance, quality and appraisal, complaints handling and the role of the Ombudsman. Also included were sessions on medico-legal issues and the consultant interview process.

The follow-up days were held at Parliament Buildings, Stormont where the course concentrated on political, regional and DHSSPS issues. The trainees had an opportunity to discuss management issues with the Chief Medical Officer, politicians and senior assembly officials. The course continues to be highly valued by the trainees and this is enhanced in the course evaluations.

Management of Doctors and Dentists in Difficulty

In December 2007, Dr John Collins, was appointed as Associate Dean for Career and Personal Development. This new appointment is responsible for ensuring that information and advice about training programmes is provided, including their content and purpose and that trainees with disabilities, ill-health, special educational or other needs are supported.

Less Than Full-Time Training

All doctors and dentists in training are eligible to apply for less than full-time training (LTFT), the purpose of which is to ensure that doctors and dentists who are unable to train on a full-time basis are retained within the health service. During the period 53 doctors were facilitated to train on a less than full-time basis.

SPECIALTY	LTFT TRAINEE
O & G	6
Paediatrics	7
Anaesthetics	9
Psychiatry	11
Cardiology	2
Chemical Pathology	1
Clinical Genetics	1
Clinical Oncology	2
Core Medical Training	1
Dermatology	2
General Practice	3
Histopathology	2
Haematology	1
Medical Oncology	1
Rheumatology	2
Palliative Medicine	1
Paediatric Surgery	1
Dentistry	1
Foundation doctor	1

Equality and Human Rights

The Agency continues to work in close partnership with colleagues from the HPSS Agencies and Special Bodies Consortium in the implementation of its statutory equality duties.

As in previous years, the Agency and its consortium partners developed a comprehensive training plan for the year. It comprised equality awareness sessions for all staff plus additional, specialised training for particular groups of staff on specific aspects of equality scheme implementation, including screening and equality impact assessments.

To ensure that equality and diversity underpinned the work of the Agency 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 the Agency's policies and procedures.

An analysis of Section 75 monitoring data, in relation to the recruitment and selection of doctors to specialty training for 2007-08 was conducted and the results published.

No complaints were received during the year under the terms of section 75.

Information Governance

The Agency conducted a review of its data protection arrangements in relation to the collection, recording, storage, retrieval, access, transmission and the sharing and management of personal and sensitive data. As a consequence of the review

areas of weakness were identified and steps were taken to ensure that the Agency staff and those acting on behalf of the Agency were fully aware and compliant with the Agency's data handling procedures. A review of all the Agency's policies and procedures in relation to data security and records management was conducted and procedures revised in the use and protection of portable media and the transfer of personal and sensitive information. General awareness training in the Data Protection and Freedom of Information Acts was provided and made mandatory for all staff.

The Agency's computer system is incorporated into the DHSSPS network. The Agency will continue to work with the Department's Information Technology Group to identify security risks and ensure that appropriate IT controls are in place.

Remuneration Report

The Northern Ireland Medical and Dental Agency's Remuneration Committee is comprised of:

Dr H McGuigan	Agency Chair and Chair of the Committee
Mr A Baird	Non-Executive Director
Mrs J Eve	Non-Executive Director
Dr R Atkinson	Non-Executive Director
Dr J Marley	Non-Executive Director
Mrs A Eggert	Non-Executive Director

Normally the Chief Executive and Director of Administration attend the meetings of the Committee. The Committee met three times during the 2007/08 financial year.

All Non-Executive Directors are employed on four year fixed term contracts, renewable for a further period. The Chairman's first term of office expired in April 2008 and has been extended until April 2009. Extensions to the contracts of the other Board members are under consideration.

The Chief Executive (Dr McMurray) and the Dental Dean (Dr Hussey) are seconded to the Agency from The Belfast HSC Trust and The Queens University of Belfast respectively. The Dental Dean has been issued with a contract by the Agency with effect from 1 June 2007. The Remuneration Committee are in the process of reviewing the arrangements in respect of the Chief Executive with a view to developing a formal arrangement between the Agency and the Belfast Trust.

The Director of General Practice Education (Dr McKnight) has a contract of employment dated March 2008.

All Senior Executives are subject to an assessment of performance against objectives. Assessment of achievement by the Chief Executive against objectives set is made by the Chairman. Assessment of achievement by all other Senior Executives against objectives set is made by the Chief Executive.

Senior Staff of the Agency are employed on Medical Contracts, which are not subject to performance related pay.

All Senior Executives are on standard employment contracts with 3 months notice required by either party. There is no provision for termination payment, other than the normal statutory terms and conditions requirements.

The overall policy of the Remuneration Committee is to discharge its responsibilities in accordance with Circular HSS (SM) 1/2003 and in particular to have a crucial role in managing and overseeing the performance management process employed within the Agency.

Pension benefits are provided through the HPSS Superannuation Scheme and the Universities Superannuation Scheme (USS). Both schemes are “final salary” defined benefit schemes from which pensions payable are increased annually in line with changes in the Retail Prices Index. The contribution rates for members are 6% (HPSS Scheme) and 6.35% (USS) of pensionable pay. Benefits under both schemes accrue at the rate of 1/80th of pensionable salary for each year of service. In addition a lump sum equivalent to three years’ pension is payable on retirement.

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. In the 2007/08 year there were no relevant interests to declare.

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.

Senior Employees' Remuneration

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	2007-08		2006-07	
	Salary, including Performance Pay £000's	Benefits in Kind (rounded to nearest £100) £	Salary, including Performance Pay £000's	Benefits in Kind (rounded to nearest £100) £
<u>Non-Executive Members</u>				
Dr H McGuigan	10 - 15	-	10 - 15	-
Mr A Baird	0 - 5	-	0 - 5	-
Mrs J Eve	0 - 5	-	0 - 5	-
Dr R Atkinson	0 - 5	-	0 - 5	-
Dr J Marley	0 - 5	-	0 - 5	-
Mrs A Eggert	0 - 5	-	0 - 5	-
	£'s		£'s	
<u>Executive members</u>				
Dr T McMurray (Chief Executive/ Postgraduate Dean)	94,080	-	108,443	-
Dr A McKnight (Director of General Practice Education)	216,995	-	102,749	-
Dr D Hussey (Postgraduate Dental Dean)	49,849	-	40,578	-

Name	Real increase in pension and related lump sum at age 60 £	Total accrued pension at age 60 and related lump sum £	CETV at 31/3/07 £	CETV at 31/3/08 £	Real increase in CETV after adjustment for inflation and changes to market investment factors £
<u>Non-Executive Members</u>					
Dr H McGuigan	-	-	-	-	-
Mr A Baird	-	-	-	-	-
Mrs J Eve	-	-	-	-	-
Dr R Atkinson	-	-	-	-	-
Dr J Marley	-	-	-	-	-
Mrs A Eggert	-	-	-	-	-
<u>Executive members</u>					
Dr T McMurray (Chief Executive/ Postgraduate Dean)	-	-	682,990	625,521	(98,905)
Dr A McKnight (Director of General Practice Education)	-	-	-	-	-
Dr D Hussey (Postgraduate Dental Dean)	-	-	-	-	-

The salary payable to Dr McMurray in 2006/07 included back pay of £18,069 in respect of the implementation of the new consultant contract. There was no back pay due in 2007/08.

Dr McKnight was assimilated to the national GP Director pay scale in 2007/08, the salary as disclosed above includes back pay of £83,083 covering the period April 2004 to March 2007.

Dr Hussey increased his time commitment to the Agency from 40% time to 50% time in 2007/08, the Agency also paid a proportion of Dr Hussey's clinical excellence award.

Dr McMurray and Dr Hussey are employees of The Belfast HSC Trust and The Queens University of Belfast respectively. Their services are provided to the Agency on a secondment basis and the salaries reported above represent the amounts of their total salaries that are allocated by way of recharge to the Agency.

The pension disclosures in relation to Dr McMurray represent his prospective benefits under the HPSS Superannuation Scheme arising out of his employment by The Belfast HSC Trust.

Dr McKnight is a member of the Universities Superannuation Scheme. The employer's pension scheme contributions paid by the Agency during the year in respect of Dr McKnight were £30,379 (2007: £14,385) of which £11,632 related to back pay. Dr Hussey was also a member of the Universities Superannuation Scheme until 30 June 2007. The Agency was recharged £1,281 (2007: £4,736) representing 40% of the employer's contributions paid by The Queens University of Belfast for the period 1 April 2007 to 30 June 2007. Dr Hussey joined the HPSS Superannuation Scheme with effect from 1 July 2007, the Agency paid employers contributions of £2,726.

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 from 2004-05 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 calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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.