

Northern Ireland

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Medical & Dental Training Agency

Annual Report

1st April 2005 - 31st March 2006

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Review of Public Administration

The announcement of the Review of Public Administration (RPA) in November 2005 set out the proposals for the reform of the HPSS. Implementation of the RPA proposals will see the establishment of a new Health and Social Services Authority and seven Local Commissioning Groups (LCG's). An independent Patient and Client Council will also be established to safeguard the interests of service users. All these changes will be implemented in April 2008.

Delivery of health and personal social services will be in the hands of five new Trusts, which will replace eighteen of the existing Trusts. The new Trusts will come into operation in April 2007. The Northern Ireland Ambulance Service will continue to provide a regional ambulance service.

The RPA will also see significant reduction in non-departmental bodies, with only the Blood Transfusion Service, the Social Care Council and the Guardian ad Litem Agency unaffected. Several organisations will be absorbed into the new HSS Authority, and the Fire Authority will, in due course, become the responsibility of local government.

The Department of Health, Social Services and Public Safety has made a central provision for the identifiable one-off investment needed to underpin the establishment of the new HPSS structures created following the Review of Public Administration. The expenditure in question related to early leaving payments, which are not yet quantifiable at individual HPSS level.

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



Chairman's statement



This second report of the Northern Ireland Medical and Dental Training Agency has considerable achievement to record. It was also the first year when we had our full complement of non-executive members and directors in post.

Since it is a minimum requirement that every public body should meet its statutory obligations in terms of the stewardship of public funds, we are pleased to report that the Agency ended the year by balancing its books.

Individually the members of the Board became more familiar with the work of the Agency, not only in the oversight of its affairs and in policy making in the Board and its committees, but through their participation in deanery visits to hospitals and general medical and dental practices to assure the quality of the training and supervision being provided. They also enhanced their knowledge of good public practice by attending a series of workshops and conferences.

It was also the first year that graduate students were recruited to the new foundation programme; concern among students and hospital trusts about how the new procedures would operate was largely unfounded, and the transition went smoothly.

Our new accommodation at Beechill House is a great asset, and apart from providing agreeable working conditions for our staff, it is in constant use with committees at work and with young doctors or dentists being selected, assessed or trained.

It is always pleasing to have external approbation for the quality of our work, and it was very encouraging during the year to have good reports of visiting panels from the Postgraduate Medical Education and Training Board and the General Dental Council.

Towards the end of the year came the announcement of the government's plans for the reshaping of the health and social services in the province and how these would affect the work of the Agency. That it is to be incorporated within the new Health Authority in 2008 has naturally raised anxieties among the staff, but since the details of the arrangements have yet to be settled, we would plan to ensure that the governance of the Agency's activities and the future of our staff in the scheme of things are guaranteed.

Chief Executive/Postgraduate Dean's Statement



The speed of change continues to accelerate unabated. Consequently, the Agency is proposing a major organisational restructuring of the Training Committees into Postgraduate Schools that 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.

The re-location of the Agency to Beechill House in March 2005 has been a resounding success delivering an excellent working environment for all staff and providing a focus for training committees, recruitment and selection and for trainee development and learning.

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. The Agency is working very closely with the DHSSPS, the Royal Colleges and other stakeholders to identify all posts that are suitable for delivery of the Run-through Training curricula. The delivery of these curricula is central to the successful implementation of MMC.

Furthermore, the Agency with the support of the DHSSPS is collaborating with England, Scotland and Wales to develop a "One-Stop-Shop" for recruitment into all Specialties using nationally agreed documentation and selection processes. Our present cadre of Foundation trainees is to enter their second year of training (F2) in August 2005, where they will further develop their skills in treating acutely ill patients within a wide range of healthcare environments. For the first time, sixty F2 trainees will gain experience within Primary Care while others will have opportunities to experience many specialties through "Taster" modules.

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. 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 General Practice Department, has been commissioned to deliver a regional, quality assured process of GP appraisal and has been actively recruiting suitable appraisers. Very innovative but soundly, evidence-based programmes have been developed to deliver the new, competency based run-through training General Practice curriculum.

The Dental Department has encountered significant staff changes and has been busy with new recruitment arrangements for Vocational Training and General Professional Training. The DHSPSS has agreed to increased training numbers from 28 to 40 over two years to reflect the need for more dentists in Primary Care. The Continuing Education programme continues to be a major component of our activities with the demand for postgraduate educational opportunities far exceeding the financial capacity to deliver.

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.

Official Opening of 'Beechill House'

The Agency was officially opened by Dr Andrew McCormick, Permanent Secretary of the DHSSPS on 10 November 2005.



Dr Harry McGuigan, Chairman, Dr Andrew McCormick and Dr Terry McMurray, Chief Executive/Postgraduate Dean.

Doctors and Dentists in Training

There are currently **1677** doctors and dentists in training in Northern Ireland.

Pre-registration House Officers (PRHOs)	230
Senior House Officers (SHOs)	805
<i>Specialist Registrars (SpRs) (LATs) (FTTAs)</i>	<i>548</i>

The gender breakdown of doctors and dentists currently in training is **911** (54%) male and **766** (46%) female:

	Male	Female
PRHOs	111	119
SHOs	440	365
SpRs	312	236

Hospital Department (2005 - 2006)

The Hospital Training Department is responsible for all grades of Medical Trainees who are based at Trusts located throughout Northern Ireland. It ensures that training standards are maintained and assures the quality of education and training provided. Within hospital practice, there are 48 specialties and subspecialties.

Specialty Training Programme Directors are also appointed by the Deanery and advise the Postgraduate Dean on educational developments within their specialty and ensure that training is provided in preparation for postgraduate examinations and higher specialist qualifications. In addition to educational activities organised in-house, the Agency contracts with the Trusts for the provision of postgraduate training of all doctors/dentists employed within the Health and Personal Social Services. Trusts are required to provide a good educational environment that will ensure high quality training in accordance with the criteria set by the body responsible for governance i.e. the General Medical Council/General Dental Council, Postgraduate Medical Education and Training Board. There are 17 Clinical Tutors throughout the Deanery, who are appointed jointly by the Postgraduate Dean and the relevant Trust. They are responsible for the management of the Postgraduate Centre within the Trust and elements of the budget associated with the educational contract.

Modernisation of Medical Careers (MMC)

Prior to August 2005, training in hospital medicine consisted of one year spent as a Pre-Registration House Officer (PRHO), 2-5 years as an Senior House Officer (SHO) and 3-6 years spent as a Specialist Registrar (SpR). At the end of this training the doctor gained a certificate of Completion of Specialist Training and was eligible to apply for a Consultant post.

The Modernising Medical Careers (MMC) project aims to deliver a major reform of postgraduate medical training. The objectives of training are represented by the MMC's 'Seven Principles' – trainee centred, competency assessed, service based, quality assured, flexible, coached, structured

and streamlined. These principles are set to provide a modern training system that will produce better trained and educated doctors for Northern Ireland who are best equipped to deliver the high quality service and are able to adapt to the changes in medicine the future will undoubtedly bring. The implementation of MMC began in August 2005 with the introduction of a two year Foundation Programme. This programme forms the bridge between medical school and Specialist/General Practice Training. On completion of the foundation programme, doctors will compete and progress into 'run through' specialty training, which will replace SHO and SpR grades. Central to these programmes is the principle that for career progression the trainee is required to demonstrate particular competencies.

Foundation Programme

In August 2005 230 medical graduates entered the Northern Ireland Foundation School to embark on a 2-year foundation programme. This programme will provide a solid grounding in practical medicine and in particular develop the core clinical skills required to identify and care for the acutely ill patient. Doctors will also be required to enhance their communication, team working and IT skills.

The Foundation School comprises of fourteen training programmes. Each programme will provide 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

The Agency has identified sixteen Foundation Programme Directors and 41 Educational Supervisors to manage the Foundation Programme at Trust level from August 2005.

During the programme Trainees will be working to a core curriculum and educational objectives that have been produced nationally. Foundation Trainees were issued with a personal training portfolio in which they will store evidence of their training experiences, appraisal and assessments. The portfolio can be extended throughout the rest of their career to provide evidence for GMC revalidation as that is becoming compulsory for all doctors.

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.



(Foundation Programme Workshop)

Recruitment into the foundation programme for August 2006 commenced in September 2005. Northern Ireland participated in a MDAP (Multi-Deanery Appointment Process) system, in addition to 6 of the 14 English Deaneries. Successful applicants were centrally appointed into a 2-year foundation programme on behalf of all Trusts throughout Northern Ireland. The appointment procedure involved an on-line application process. This was a non-interview process and all applicants were scored on a competency-based application form. The scoring process was anonymous and scoring panels consisted of Foundation Programme Directors, Agency, Trust HR and QUB representatives.

The graduates who commenced Foundation Year 1 in August 2005 were allocated into an F2 placement using a similar process.

Specialist Training (Specialist Registrar Training)

Specialist training is currently undertaken in the Specialist Registrar SpR grade. Entry into this grade is by competition with experience, college examinations and other personal attributes being taken into consideration. The recruitment is undertaken on behalf of the Agency by the HR Directorate at the Central Services Agency. During this period 183 doctors entered the SpR grade.

Assessment of progress

Assessment of progress through this grade is determined on an annual basis through the Record of In-training Assessment (RITA) process. Failure to progress may require repeat experience or intensive re-training. During this period 471 of the 522 trainees were assessed, with 9 RITA D's and 1 RITA E being issued. These trainees therefore required intensive re-training.

Satisfactory Completion of Training (CCT)

During this period 60 trainees satisfactorily completed their specialist training and were awarded the Certificate of Completion of Training (CCT) enabling them to apply for Consultant posts.

SpRs awarded CCST by Specialty

Name	Specialty
3	Anaesthetics
1	Cardiology
1	Cardiothoracic Surgery
2	Care of the Elderly
2	Chemical Pathology
2	Clinical Oncology
2	Emergency Medicine
1	Diabetes and Endocrinology
2	Gastroenterology
2	General Surgery
2	Haematology
2	Histopathology
1	Medical Microbiology
2	Microbiology
2	Nephrology
2	Obstetrics & Gynaecology
2	Occupational Medicine
3	Ophthalmology
4	Orthopaedic Surgery
2	Paediatrics
1	Plastic Surgery
3	Psychiatry - Child & Adolescent
1	Psychiatry - General Adult
1	Psychiatry - Learning Disability
1	Psychotherapy
3	Public Health Medicine
7	Radiology
2	Rheumatology
1	Urology

Deanery Monitoring Visits

The Agency quality assures the training and education at Senior House Officer and Foundation Programme posts by undertaking deanery monitoring visits at Trust level. Reports from these visits, supported by trainees surveys, commend good practice and make recommendations if weaknesses are identified. The deanery carried out 28 deanery monitoring visits to hospitals throughout Northern Ireland during this period.

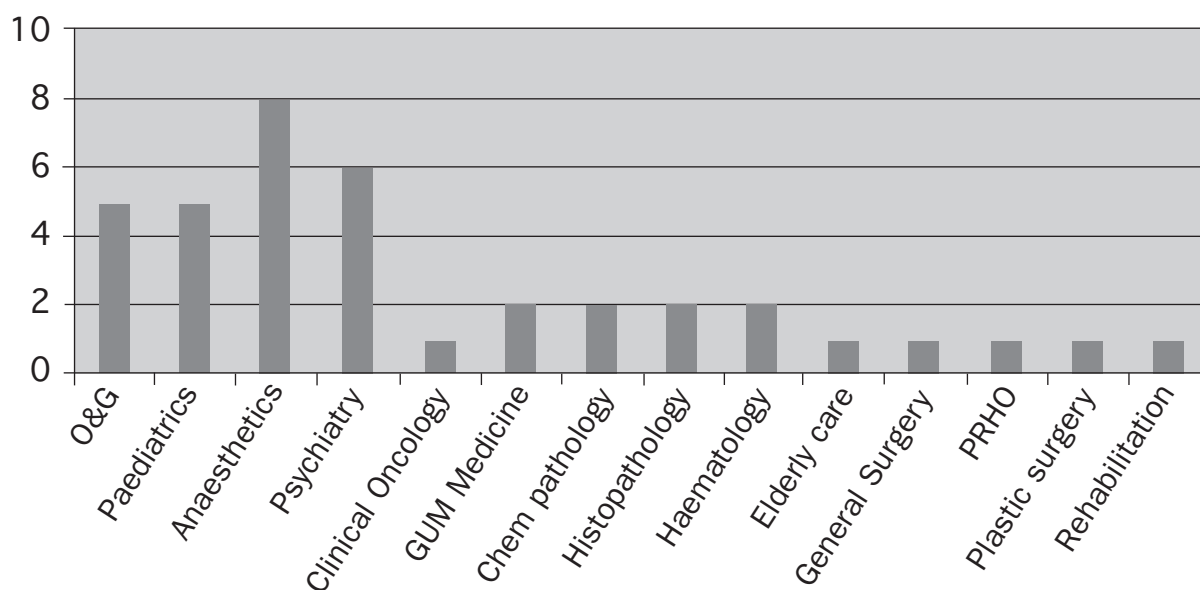
International Medical Graduates (IMGs)

Opportunities exist for International Medical Graduates to undertake periods of training within our National Health System. The Agency provides a one-day induction programme for these doctors who will be working in Northern Ireland for the first time. This was held on 18 August 2005 and 55 delegates enrolled.

Flexible Training Scheme

Many doctors and dentists (male and female) are seeking different working arrangements, often because of domestic responsibilities. The purpose of flexible (part-time) training is to retain within the health service doctors who might otherwise leave because they are unable to train on a full time basis. This is in line with European Law (EC Directive EC 93/16/EEC). Flexible training allows doctors and dentists to work less than full-time in posts that are fully recognised for training and have the educational approval of the Postgraduate Dean and the Royal Colleges. During this period 35 doctors were facilitated to train on a part time basis.

Supernumerary Posts



Specialty	Supernumerary Posts
O&G	5
Paediatrics	5
Anaesthetics	8
Psychiatry	6
Clinical Oncology	1
GUM Medicine	2
Chem pathology	2

Specialty	Supernumerary Posts
Histopathology	2
Haematology	2
Elderly care	1
General Surgery	1
PRHO	1
Plastic surgery	1
Rehabilitation	1

Management of Doctors in Difficulty

A career and counselling service is provided to trainees in Northern Ireland by the Associate Dean and Chief Executive/Postgraduate Dean. Ad personam training placements are tailored to individual needs when this is deemed appropriate. At present, the Agency is supporting 16 trainees, across a range of ill-health or disability disorders, through the provision of supernumerary posts, flexible training and charitable support. This is a huge cost to the Agency but one that the Chief Executive/Postgraduate Dean feels is vital to retain doctors within the health service, who might otherwise have been lost.

Training Courses for Hospital Doctors

The Agency supports 50 courses within the 19 main specialties. These are specialty specific and range from introductory programmes, through day release courses during university terms, to locally delivered examination preparatory programmes. Where courses cannot be delivered locally, trainees may attend the relevant national programme.

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

DRCOG (Revision & Practice OSCE)
DRCOG Part II (Revision & Practice OSCE)
MRCOG Part II Preparation Course
(Written & MCQ)
MRCOG II OSCE Preparation Course

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

Management Training programme for SpRs

The Management training programme for Specialist Registrars continued to be based on a 4-day residential module augmented by a follow-up day. Three courses were organised each catering for 20 Specialist Registrars. Given the tight scheduling of the 4-day residential module registrars are only provided with an introduction to some important health service management topics. The main areas covered this year included the structuring, resourcing, management and performance of the Health Service in Northern Ireland. Particular focus is placed on management at HSS Trust level with specific reference to Trust management structures, corporate and clinical governance, business planning processes and links with the community, primary care and HSS Boards. Other topics covered included the developing primary care agenda and the new GP contract, clinical governance, quality and appraisal, complaints handling and the role of the Ombudsman and the review of public administration. Also included were sessions on medico-legal issues and the consultant interview process.

Some of the important issues around management of HSS Trusts have been addressed this year by using the concept of 'Organisational Raids' whereby small groups of SpRs spend the day with the senior management team of a Trust and then report back on their findings at a plenary session in the evening. This model has been a resounding success and a debt of gratitude is owed to the Chief Executives and Medical Directors of the Trusts involved who have put considerable time and effort into this initiative.

The follow-up days were held at Parliament Buildings, Stormont where the course concentrates on political, regional and DHSSPS issues. The trainees have an opportunity to discuss management issues with the Chief Medical Officer, politicians and senior assembly officials. To date MLAs from the DUP, Sinn Fein, SDLP and Ulster Unionist parties have met with the trainees. In feedback both the organisational raids and the follow-up days at Stormont have been highly valued by the SpRs.

Education Unit

In view of the introduction of MMC the Education Unit provided a series of six courses for educational supervisors and consultant trainers. Some 116 doctors were trained from all of the major specialties.

Two two-day teaching courses were provided for Specialists Registrars. A further one-day programme on advanced teaching methods was piloted during this period. The unit also provided two workshops on critical appraisal.

General Practice Department

This year has been an extremely busy one for the General Practice Department with expansion of activities in many areas.

We are delighted to have the opportunity to become involved in the Foundation Programme following the creation of twenty new posts which will provide the opportunity for sixty F1 doctors to experience four months in General Practice from August 2006. The training practices involved are enthusiastic and keen to make this initiative a success. Dr Grainne Bonnar and Dr Fergus Donaghy will provide training and support for both the Foundation GP Trainers and the Foundation doctors working in close collaboration with the NIMDTA Foundation Hospital Team.

The General Practice Tutor Team under the leadership of Dr Maureen Crawford launched the Athena Programme in October 2005. This has been very successful with over 300 members in the first year. The Education Consortium, which represents a wide variety of stakeholders involved with General Practice education, continues to meet regularly in NIMDTA. All the stakeholders recently gained access to the NIMDTA website for the purposes of advertising their courses. It is hoped that N.I. GPs will now have access to information on a wide variety of courses, which will hopefully meet their needs.

Following the submission of the NIMDTA report to the DHSSPS on GP Appraisal, the Regional GP Appraisal Group invited the Agency to submit a business plan for the management of GP Appraisal. An enormous amount of work was put into this plan particularly by the GP Appraisal Co-ordinator Dr Claire Loughrey, the GP Team Leader Mrs Linda Craig and the Human Resource Manager Ms Roisin Campbell. Agreement on the plan was finally reached in February 2006 and from the 1st April 2006 GP Appraisal in N. Ireland will be managed by the Agency under a service level agreement with the four Boards. We are extremely grateful to the Welsh Deanery for their help and advice in setting up the new system for Northern Ireland. A similar system has been running in Wales since 2003.

GP Vocational Training in N. Ireland has been a success for many years. We were greatly reassured again following a 3 day PMETB inspection visit to the North Down Scheme in February 2006 that we are continuing to provide high quality training and were meeting the required standards. However, we have no intention of becoming complacent and our VT team of Associate Directors and Course Organisers are presently making plans to implement a new speciality training programme for General Practice from August 2007 in line with MMC and PMETB recommendations. The most significant aspiration is for a longer period of time to be spent in the General Practice component of training. NIMDTA will be striving to obtain the resources to make this happen in Northern Ireland.



NORTHERN IRELAND GENERAL PRACTICE VOCATIONAL TRAINING SCHEME
Applicants offer of placements after Assessment Centre

Offer of 1 yr placements after A/C	Total 6
Male	1
Female	4
Overseas	0

Reserves for 1yr placements	Total 0
Male	0
Female	0
Overseas	0

Offer of 3yr placements after A/C	Total 46
Male	18
Female	29
Overseas	0

3yr placements requested deferred from 2006 intake	Total 2
Declined take up of deferment	Male 1
Accepted take up of deferment	Female 1

Declined offer of 3yr placement	Total 3
Male	0
Female	3

Reserves for 3yr placements	Total 18
Male	8
Female	10
Overseas	1

Reserves offered posts at 6th May 2006	Total 5
Reserves offered VTS placement	Male 3
	Female 2
	Overseas 0

Candidates put into national clearing	Total 9
Male	5
Female	4

Unsuccessful 3yr GP SHO	Total 16
Male	8
Female	8
Overseas	7

Summative Assessment Results: 2004/2005 intake

MCQ	41 sat and passed exam at first attempt (includes 2 who passed MRCGP MCQ)
Video	41 submitted and 41 passed
Audit	41 submitted and 41 passed
Trainer Report	41 passed in first instance
100% of 2004/2005 intake passed summative assessment after one year	

MRCGP Exam Results:

June / July 2005 42 Candidates sat exam	32 passed 5 of whom passed with distinction 14 of whom passed with merit
October 2005	5 passed
78 % of 2004/2005 intake passed MRCGP exam within 1 year 77% of 2004/2005 intake passed MRCGP exam after 2 sittings	

Continuing Professional Development

The GP Department in NIMDTA provided 104 courses for GPs throughout the Province between 1 April 2005 to 31 March 2006. This equates to 3120 available places for GPs to attend a wide variety of courses, which have been identified through analysis of the needs assessment carried out in GP Appraisal.

The ATHENA Scheme has been well received. By 31st March 2006, 317 GPs (25%) have joined. All courses are evaluated and most rated 9 or 10 out of 10. The attendance is very good. Only 5 courses had to be cancelled due to low numbers.

Higher Professional Education

This is a programme for doctors who have recently completed training their GpR training. 51 GPs were recruited in August 2005. Courses on dermatology, minor surgery and joint injections were specifically organised for this group in addition to a two day residential course in October 2005 which covered GP Practice IT systems, management and personal financial issues for self employed doctors.

Three doctors undertook clinical placements in Dermatology and Ophthalmology. A further 11 received bursaries to undertake specialist courses in diabetes, obstetrics or gynaecology, acupuncture, family planning, minor surgery, palliative care, tropical medicine.

Vocational Training (VT)

There was a shortfall of trainer applicants in 2004/5 and efforts were made to address this by increased publicity via LDC meetings and trainer preparation courses. As a result 24 trainers and 24 trainees were appointed for the 2005/6 scheme.

In June 2005 Mr Ken Alexander retired and Mr Neale Armstrong was appointed as Adviser in General Dental Practice (Vocational Training)

As a result of an Equality Impact Assessment on trainee recruitment it was decided to centralise trainee selection for the 2006/7 schemes and at the same time review the trainer selection process. Considerable time was spent in first reviewing how the trainer selection process should be modified to give greater equality of opportunity; and subsequently all paperwork associated with trainers' applications was changed. The format of the practice assessment was also modified to be more transparent and NIMDTA through the expertise of Christina Neely, Deputy Director of HR at CSA provided training for practice assessors.

Trainee selection for 2006/7 is to be by central interview panel managed by NIMDTA. Following the selection of trainees a matching process will be used to allocate trainees to their training practice. The process of allocation takes into consideration the preferences of both trainees and trainers. The selection of trainers and trainees is still in process at the time of writing this report.

An information meeting for potential trainee applicants was held on 28th December 2005 and those attending welcomed the changes. This seems to have resulted in an increase in the number of trainee applicants.

There has however been a drop in the number of trainer applicants and at present it is not known whether this is due to trainees staying on in practice, changes in the selection process or uncertainty over possible changes to the GDP contract. NIMDTA plans to investigate possible causes for this. As a result of the shortfall of trainers appointed, the posts were re-advertised and there has been considerable interest expressed.

In October 2005 the DHSSPSNI made funding available for an increase in training places to 30 and for the appointment of another Adviser, with a remit for remote practices. Ms Siobhan Cushley was appointed March 2006.

Continuing Education

The Continuing Education Department continues to be very busy with the bulk of the work being the research, organisation and delivery of lectures and courses.

A total of 124 lectures and courses took place in 05/06 using venues across Northern Ireland. We have been aware of the distances that some dentists have to cover to fulfil their CPD requirements. In an effort to alleviate these problems 43% of the venues used were outside the Greater Belfast area. This correlates closely with the dentist population in Northern Ireland.

We received a total of 6132 applications from dentists to attend the lectures and courses that were organised and we were able to facilitate 2428 places throughout the year.

The GDC is now asking dentists to substantiate their stated CPD hours annually. All dentists have a mandatory requirement of 75 hours verifiable CPD over a five year period.

All educational sessions are monitored by an Adviser and participants have a responsibility to evaluate the speaker, educational content and facilities at the venue. All comments are welcomed, analysed and used to improve the delivery of continuing education.

An annual needs assessment is sent to all dentists at the end of the programme. Local dental committee secretaries are contacted to get suggestions and feedback from the local dentists and the 4 Board directors are asked to note any areas of specific training which they feel is necessary.

The General Dental Practice Education Committee meet twice a year to strengthen contacts within the profession and to review the past, current and future plans with the Dental Department at NIMDTA.

The General Dental Council visited the Deanery on 6th and 7th February 2006. This gave us an opportunity to review, revise and demonstrate our procedures, quality control, venues, facilities and personnel. We await the final report with interest and confidence.

Future plans include using the recently opened Strabane Clinical Skills Centre and the outreaching of radiography training through the radiography departments in the Causeway, Altnagelvin and Erne hospitals.

As a follow up to the recent audit of Cross Infection Control procedures in General Dental Practice in Northern Ireland, the DHSSPS asked that the Area Boards and NIMDTA prioritise cross infection control training to dentists and dental nurses. The aim was to get a dentist and dental nurse from all dental practices in Northern Ireland to a Cross Infection Control workshop.

Four workshops were planned and funded by the CE department with an additional four funded by the Boards.

At present no decision has been made by the DHSSPS as to the provision and validation of training and CPD for the Dental Care Professionals (dental nurses, therapists, hygienists and technicians). The GDC register for DCPs opens on 31 July 2006.

In an effort to encourage team training many of the courses run by the CE department encourage the attendance of a dental nurse along with the dentist involved.

At present there are five dentists involved in the KITS Scheme (Keeping in touch scheme), two of which are re-applications.

Hospital Dentistry

There are 21 SHO posts in Dentistry within the Hospital Service. These posts are held in the Royal Group of Hospitals, in Altnagelvin and in the Ulster Hospital at Dundonald. These are training posts and unlike our medical equivalents, they will continue to function until a Modernising Dental Careers programme comes on stream with a Dental Foundation Programme in 2010. The SHOs are encouraged to study and to sit examinations (MFDS/MFS) in order to prepare them for entry into specialist training programmes. There continues to be a very high success rate for local candidates sitting these examinations. The individual hospitals provide additional educational opportunities for the SHOs in their units with limited Study Leave funding for courses and conferences provided through NIMDTA.

Specialist training is also delivered through the Hospital service in the disciplines of Oral and Maxillofacial Surgery, Orthodontics, Paediatric Dentistry and Restorative Dentistry. There is always pressure to provide suitable trainees who can apply for Consultant posts when retirements occur but this is a difficult issue to predict with any degree of certainty. Nonetheless, we still have very competitive appointment panels with the most popular disciplines attracting a large number of high quality applicants.

The continued support of the Consultants in the training of all dental training grades is greatly appreciated.

Recruitment

During this period the Agency employed 134 staff. The majority of staff are doctors and dentists who are employed on a part-time basis as Training Programme Directors, Clinical Tutors, Specialty Advisers, GP Associate Directors, GP Course Organisers, GP Tutors, Dental Advisers, Dental Tutors, Dental Associate Advisers, and the Postgraduate Dental Dean and Associate Dean. The Chief Executive/Postgraduate Dean and Director of General Practice Education are employed on a full time basis. There are 61 staff based at the Agency's offices at 'Beechill House', Beechill Road, Belfast.

The Agency is responsible for the recruitment and selection of its staff. During this period the following Advisers were appointed:

- Mr Adrian Farquharson - Adviser for General Professional Training
- Ms Siobhan Cushley- Adviser for Vocational Training
- Dr Andrew Nelson – Course Organiser – General Practice
- Dr Fergus Donaghy – Course Organiser – General Practice

The HR Department has been working closely with Mrs Christina Neely, Deputy Director of HR, CSA in the revision of the system for recruitment of Dental trainees and trainers and the production of an open and transparent system for trainer practice assessments.

With the award of the contract for the management of GP Appraisal to NIMDTA work is in progress to develop the selection system to ensure that NIMDTA appoints the best calibre of staff to undertake this role.

Training and Development

The Agency provides a supportive and encouraging learning and development environment for staff. Three members of staff were facilitated to undertake professional qualifications and one member was facilitated to undertake a degree course.

Agenda for Change

During this period significant work has been undertaken to prepare for the transfer of the Agency's staff to Agenda for Change terms and conditions of service.

A project group was established to take this initiative forward and in addition to examine the harmonisation of terms and conditions of service for all administrative staff within the Agency.

Matching training for Agenda for Change was undertaken by Mrs Lesley Whan, Ms Margot Roberts, Mr Terry Wilkinson and Ms Roisin Campbell. Mrs Lesley Whan and Ms Roisin Campbell also undertook Job Evaluation Training.

It is anticipated that the matching of NIMDTA posts in conjunction with the CSA will take place in early April 2006.

Resignations and Retirements

The Agency received with regret, resignations from:

- Mr Ken Alexander
- Dr David Gibson
- Mr John Farmer

The Agency appreciates the valuable contribution they have made over they years.

New HR System

With the increasing number of staff employed by the Agency and the increasing requirement to provide timely management information it was agreed to upgrade the Agency's HR Management system. The system purchased is the PAMs system and an added benefit of the system is that it will facilitate on-line applications. This will ensure that the Agency has a closer interface which will make it much easier for applications to be completed for posts within the Agency.

Fire training

The Agency staff participated in Fire Safety Training provided by South and East Belfast Trust. Miss Gillian Kirk and Mrs Lyn Bickerstaff also undertook Fire Warden training.

Equality

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

During the year an equality impact assessment was carried out on the recruitment of trainees for Dental Vocational Training (VT) and Dental General Professional Training (GPT) and progressed to the consultation stage. Trainees and trainers all received a copy of the consultation document and were invited to provide comments. 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. The EQIAs have proved an important vehicle for reviewing and developing policies and have been utilised to drive organisational change.

A Five Year Review of the Agency's Equality Scheme was conducted and submitted to the Equality Commission. The five-year review has served to update staff on progress in relation to implementing Section 75.

The Agency piloted a new employment monitoring form, which collects data on seven of the nine groups under Section 75. The form, which was developed on the basis of good practice, was endorsed by the Equality Commission. The Agency and its partners also developed other several good practice initiatives, which included a welcome pack for new staff and doctors from outside Northern Ireland.

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

Finance and Administration

The finance department provides a range of management and financial accounting services to the Agency. These include purchase and sales ledger processing, payroll, budgeting and costing of activities and monthly budget and monitoring reports.

During the 2005/06 financial year the number of financial transactions processed by the finance department was 15,433. The percentage of commercial invoices paid within 30 days was 74% by volume and 82% by value. It is anticipated that there will be an improvement in these figures in 2006/07 following the appointment of two additional staff toward the end of the 2005/06 financial year.

There were 226 people on the payroll in 2005/06, which comprised 132 staff and 94 GP Registrars.

Study Leave Budget

The centralisation of the study leave budget for Specialist Registrars, General Practice Registrars and some SHO's allows the Agency to have greater control over the expenditure on study leave. During the 2005/06 financial year the finance department dealt with 3,782 requests for study leave. It is anticipated that this number will rise in 2006/07 with the introduction of centralised study leave for foundation programme trainees.

Corporate Governance

The Agency is required to comply with HPSS Controls Assurance Standards. Levels of compliance are outlined in the table below. Independent assurance by internal audit has confirmed substantive compliance with the core standards of Governance, Financial Management and Risk Management. The Agency has carried out self-assessment of compliance with the remaining standards.

Standard	Compliance Rate (%)
Governance	75
Financial Management	76
Risk Management	73
Fire Safety	42
Human Resources	45
Health & Safety	52
Buildings Plant	42
Information & Communications Technology	43
Environmental Management	32
Waste Management	44
Purchase & Supply	49
Records Management	50

The committee has met regularly, holding three meetings along with the annual smaller specialties audit meeting, this year. Following the initiative to align NIRAAC, RMAG and CREST into a new committee, meetings have continued in order to achieve this end. A date of April next year has been established, by which time the new committee should be in place.

The rolling audit calendar has been a great success in ensuring that audit occurs at the same time on the same day throughout the Province, so minimizing disruption. It was pointed out that by using the first week in the month to carry out audit activity, several weeks were lost as the first week is when various activities such as junior doctor induction programs occur and this reduces the opportunity for audit. After long discussion the committee recommended that the audit week should change to the third week in the month, effective from the beginning of 2007. This change of date has been promulgated to all audit committees and all audit managers and coordinators.

Following an initiative from the Eastern Board Audit Committee, audit training in the Eastern Board has been standardized to ensure all training programs reach a minimum standard of content. There is now a three-stage audit training program for junior doctors and it is hoped this will become standard across Northern Ireland. The first stage of audit training, which teaches the basics, is available on commencement of the F2 year. The second stage is more advanced, with the third stage specializing in 'Training the Trainers' for audit. The aim is that as juniors move around hospitals, they do not need to repeat the training in each hospital.

In the last year the committee has supported two major audit initiatives – 'Review of the BCH cancer multidisciplinary meeting', and an 'Audit of Self Harm Services at the Royal Victoria Hospital, Mater Hospital, and involving North and West Belfast H&SS Trust and the Ambulance Trust'. The committee was presented with other useful audit proposals including an audit of consent, an audit of trauma care and referral patterns and a continuing audit of trauma at the RVH. Unfortunately the funding was not available to support these valuable applications at present.

Dental involvement has always been very important to the committee and Mr. David McKinney commented that under the General Dental Services contract, community dental surgeons are required to undertake 15 hours of audit activity every three years. All dentists on the Register have been circulated with guidance on the requirements. Mr. McKinney noted that he has spoken at an audit facilities meeting to encourage dentists to apply to the Committee for audit funding assistance. Amongst the issues recently audited in dentistry are:

- Cross infection control
- Efficacy of staff training
- Waiting times for patients
- Waiting times for emergencies

The General Practice arm of the committee remains very active. This is essential because audit in General Practice is part of the new GMS contract, and we look forward to building on the strong base already established. There has been a gradual increase in medical audit activities in General Practice since 1990, which initially was patchy but is now well established. Audit in General Practice now takes several forms:

- Individual practice audit activities
- Audit of Chronic Disease management (Diabetes and Asthma).
- Participation in audit programs organised by the Primary Care Audit teams. including: Diabetes, Epilepsy, Asthma, Hypertension and Coronary Heart Disease management.
- Primary Care/Secondary Care interface audits.

The increased acceptance of medical audit in General Practice has come about largely as a result of the development of appraisal and revalidation and has been greatly helped by a wide range of initiatives undertaken by Boards over several years.

This year (2005/2006) is the second year of the new GP contract and the first year that Clinical and Social Care Governance visits have been formally included in the annual practice visits from Boards. This has been a voluntary process, looking at a baseline assessment of Practice Governance activity. An appraisal tool has been developed for all Practices in Northern Ireland, looking at the following areas: -

1. Criterion Based Audit
2. Significant Event Analysis
3. User Involvement
4. Information and Research
5. Professional Regulation
6. Education and Training
7. Risk Management
8. Complaints

This baseline data could form the basis for development of training workshops for practices over the next few years. It will also enable the Primary Care Audit Team to develop resources targeted to practice need.

In this last year there have been changes within the committee itself. Regrettably Dr Diane Corrigan has had to resign from the committee due to pressure of work. Dr Corrigan has been a leading member of the committee for many years and her wise advice is much appreciated. Mrs. Jane Graham has resigned from the committee and we wish to record our deep appreciation of all her hard work on the committee. We have been fortunate to have Councilor Michael Henderson appointed from the Eastern Health and Social Services Council replacing Mrs. Jane Graham. We look forward very much to working with Michael. The largest challenge for the committee remains the proposed amalgamation with RMAG and CREST. We firmly believe this will strengthen audit and will present us with welcome opportunities to facilitate audit, leading to further service improvement.

Remuneration Report

The Northern Ireland Medical & 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 Egert	Non-Executive Director

Normally the Chief Executive and Director of Administration attend the meetings of the Committee. The Committee met three times during the 2005/06 financial year.

All Non-Executive Directors are employed on four year fixed term contracts of which two years have expired.

The Chief Executive (Dr McMurray) and the Dental Dean (Dr Hussey) are seconded to the Agency from The Royal Group HSS Trust and The Queens University of Belfast respectively. The Remuneration Committee are in the process of reviewing these arrangements as to date the secondment arrangements have not been formalised by agreements between these organisations and the Agency.

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 2005/06 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	Salary, including Performance Pay £000's	Benefits in Kind (rounded to nearest £100) £	Real increase in pension and related lump sum at age 60 £	Total accrued pension at age 60 and related lump sum £	CETV at 31/3/05 £	CETV at 31/3/06 £	Real increase in CETV after adjustment for inflation and changes to market investment factors £
Non-Executive Members							
Dr H McGuigan	10 - 15	-	-	-	-	-	-
Mr A Baird	0 - 5	-	-	-	-	-	-
Mrs J Eve	0 - 5	-	-	-	-	-	-
Dr R Atkinson	0 - 5	-	-	-	-	-	-
Dr J Marley	0 - 5	-	-	-	-	-	-
Mrs A Egert	0 - 5	-	-	-	-	-	-
Executive members							
	£'s						
Dr T McMurray (Chief Executive/ Postgraduate Dean)	72,641	-	-	-	361,418	426,334	43,000
Dr A McKnight (Director of General Practice Education)	101,226	-	-	-	-	-	-
Dr D Hussey (Postgraduate Dental Dean)	33,323	-	-	-	-	-	-

Dr McMurray and Dr Hussey are employees of The Royal Group HSS 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 Royal Group HSS Trust.

Dr Hussey and Dr McKnight are members of the Universities Superannuation Scheme. The employer's pension scheme contributions paid by the Agency during the year in respect of Dr McKnight were £14,172 (2005: £13,763) and in the case of Dr Hussey the Agency was recharged £4,705 (2005: £990) representing 40% of the employer's contributions paid by The Queens University of Belfast.

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.

APPENDIX A

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2006

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1. Statutory Background

This is the second statement of accounts of the Northern Ireland Medical and Dental Training Agency.

These accounts for the year ended 31 March 2006 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

2. Results

For the period ended 31 March 2006 there is a surplus, being an excess of income over expenditure of £86,006.

NIMDTA is funded substantially by grants from the Department of Health, Social Services and Public Safety and also by income received for carrying out activities on behalf of the Central Services Agency. There is also some additional income generated during the year from course fees.

STATEMENT OF NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY'S (NIMDTA) RESPONSIBILITIES AND CHIEF EXECUTIVE'S RESPONSIBILITIES.

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Northern Ireland Medical and Dental Training Agency is required to prepare financial statements for each financial year in the form and on the basis determined by the Department of Health, Social Services and Public Safety. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Northern Ireland Medical and Dental Training Agency of its income and expenditure and cash flows for the financial year.


In preparing the financial statements the Agency is required to:

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed, and disclose and explain any material departures in the financial statements;
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Agency will continue in operation;
- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Agency; and
- pursue and demonstrate value for money in the services the Agency provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Dr T McMurray of the Northern Ireland Medical and Dental Training Agency as the Accountable Officer for the Agency. His relevant responsibilities as Accountable Officer, including his responsibility for the propriety and regularity of the public finances for which he is answerable and for the keeping of proper records, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety. The Accountable Officer is also responsible for safeguarding the assets of the Agency and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

Certificate of the Chief Executive

I certify that the Annual Accounts and notes thereof as set out in pages 7 to 37 of the financial statements, which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency, have been compiled from and are in accordance with the accounts and financial records maintained by the Agency and with the accounting standards and policies for Health and Personal Social Services approved by the Department of Health, Social Services and Public Safety.



Dr T McMurray
Chief Executive
21st August 2006

Certificate of the Chairman and Chief Executive

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 7 to 35) as prepared in accordance with the requirements stated in the above Certificate of the Chief Executive have been submitted to and duly approved by the Board.



Dr H McGuigan
Chairman
21st August 2006



Dr T McMurray
Chief Executive
21st August 2006

Statement on Internal Control

The Board of the N.I. Medical & Dental Training Agency is accountable for internal control. As Accounting Officer and Chief Executive of the Board of the N.I. Medical & Dental Training Agency, I have responsibility for maintaining a sound system of internal control that supports the achievement of the policies, aims and objectives, of the organisation and for reviewing the effectiveness of the system.

The system of internal control is designed to manage risk to a reasonable level rather than eliminate the risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of organisational policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the N.I. Medical and Dental Training Agency for the year ended 31 March 2006 and up to the date of approval of the annual report and accounts and accords with Department of Finance and Personnel guidance.

The Board exercises strategic control over the operation of the organisation through a system of corporate governance, which includes: -

- delegation of decision making authority within set parameters to the Chief Executive and other officers
- standing orders and standing financial instructions
- the establishment of an audit committee.

The system of internal financial control is based on a framework of regular financial information, administrative procedures including the segregation of duties and a system of delegation and accountability. In particular it includes: -

- comprehensive budgeting systems with an annual budget which is reviewed and agreed by the Board;
- regular reviews by the board of periodic financial reports, which indicate financial performance against forecast;
- setting targets to measure financial and other performances;
- appropriate formal budget management disciplines.

N.I. Medical & Dental Training Agency has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the Agency is exposed and audit plans are based upon this analysis. In 2005-06 Internal Audit reviewed the following systems - Financial (Payments, Ordering and Receipts of Goods, Salaries and Wages, Travel Expenses, Income, Petty Cash, Bank Reconciliation's and Credit Cards), Corporate Governance, Risk Management and Financial Management.

In his annual report, the Internal Auditor reported that the Agency's system of internal control was adequate and effective. However, weaknesses in control were identified in a small number of areas. Recommendations to address these control weaknesses have been or are being implemented.

With regard to the wider control environment the Agency has in place a range of organisational controls, commensurate with the current assessment of risk, designed to ensure efficient and effective discharge of its business in accordance with the law and departmental direction. Every

effort is made to ensure that the objectives of the Agency are pursued in accordance with the recognised and accepted standards of public administration.

For example the Agency’s recruitment and selection policies are based on the principle of equality of opportunity and controls are in place to ensure that all such decisions are taken in accordance with the relevant legislation.

With regard to assets, decisions are taken within the context of the procurement and disposal of assets as laid down in relevant policies and legislation.

With regard to Estate Management, decisions are taken within an agreed plan, which prioritises management action based on an assessment of risk. Areas such as Fire Code Compliance, Health and Safety handbook for staff are all reviewed and updated on an annual basis.

In Accordance with the requirements of the DHSSPS, the Agency is required to comply with 19 Controls Assurance Standards, not all of which are relevant to its circumstances. The table below outlines the level of the Agency’s compliance with the relevant standards.

Controls Assurance Standard	Compliance Required	Compliance Achieved
Governance	Substantive	Substantive
Financial Management	Substantive	Substantive
Risk Management	Substantive	Substantive
Fire Safety	Substantive	Moderate
Waste Management	Substantive	Moderate
Human Resources	Moderate	Moderate
Health and Safety	Moderate	Moderate
Buildings, Land, Plant and Non Medical Equipment	Moderate	Moderate
Information and Communications Technology	Moderate	Moderate
Environmental Management	Moderate	Moderate
Purchase and Supply	Moderate	Moderate
Records Management	Moderate	Moderate

During 2005/06 Internal Audit performed work on the following Controls Assurance Standards:

- Governance
- Financial Management
- Risk Management

The level of compliance for Governance, Risk Management and Financial Management was assessed as being 'Substantive', i.e. in excess of 70%.

These 3 standards were the only standards validated by Internal Audit.

In response to the internal audit report on these standards, detailed action plans will be developed to address any areas of shortfall.

Apart from fully complying with the risk management system, The Agency will progress further controls assurance work as required by the Department:

- The Agency will continue to develop its controls and procedures to ensure substantive compliance with the Fire Safety and Waste Management controls assurance standards.
- The Agency will systematically gather evidence to demonstrate compliance with all relevant controls assurance standards.
- The Agency will comment on new draft controls assurance standards as and when they are issued by the Department during 2006-2007;
- Initial baseline work on assessing the Agency's compliance with new draft standards will be carried out on each occasion.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within the N.I. Medical & Dental Training Agency who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Agency's Management operates a process of continual review and improvement of internal controls. This is backed up by an assessment by independent internal auditors. All audit reports and progress against audit recommendations are presented to the Audit Committee, which in turn reports to the Board. The Board is also provided with regular financial and where applicable internal control reports.

By order of the Agency.



Dr T McMurray

Chief Executive

21st August 2006

Northern Ireland Medical and Dental Training Agency

The Certificate and Report of the Comptroller and Auditor General to the House of Commons and the Northern Ireland Assembly

I certify that I have audited the financial statements of N.I. Medical and Dental Training Agency for the year ended 31 March 2006 under the Health and Personal Social Services (Northern Ireland) Order 1972 as amended. These comprise the Income and Expenditure Account, the Balance Sheet, the Cashflow Statement and Statement of Total Recognised Gains and Losses and the related notes. These financial statements have been prepared under the accounting policies set out within them.

Respective responsibilities of the Agency, Accountable Officer and Auditor

The Agency and Accountable Officer are responsible for preparing the Annual Report and the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended, and Department of Health, Social Services and Public Safety directions made thereunder and for ensuring the regularity of financial transactions. These responsibilities are set out in the Statement of Agency's and Chief Executive's Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and with International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended and Department of Health, Social Services and Public Safety directions made thereunder. I also report whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. I also report to you if, in my opinion, the Annual Report is not consistent with the financial statements, if the N.I. Medical and Dental Training Agency has not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by relevant authorities regarding remuneration and other transactions is not disclosed.

I review whether the statement on page 7 reflects the N.I. Medical and Dental Training Agency's compliance with the Department of Health, Social Services and Public Safety's guidance on the Statement on Internal Control, and I report if it does not. I am not required to consider whether the Accountable Officer's statements on internal control cover all risks and controls, or to form an opinion on the effectiveness of the N.I. Medical and Dental Training Agency's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. This other information comprises only the Chairman's Statement, the Operating and Review and the Management Commentary. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

Basis of Audit Opinion

I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgements made by the Agency and Accountable Officer in the preparation of the financial statements, and of whether the accounting policies are most appropriate to the N.I. Medical and Dental Training Agency's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or error and that, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

Opinion

In my opinion:

- the financial statements give a true and fair view, in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended and directions made thereunder by the Department of Health, Social Services and Public Safety, of the state of the N.I. Medical and Dental Training Agency's affairs as at 31 March 2006 and of its surplus, total recognised gains and losses, and cashflows for the year then ended;
- the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended and directions made thereunder by the Department of Health, Social Services and Public Safety; and
- in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

I have no observations to make on these financial statements.



JM Dowdall CB
Comptroller and Auditor General
August 2006

Northern Ireland Audit Office
106 University Street
BELFAST BT7 1EU

Revenue Income and Expenditure Account for the year ended 31 March 2006

	NOTE	2006 £	2005 £
Income from Activities	2	40,494,425	37,604,206
		<u>40,494,425</u>	<u>37,604,206</u>
Operating Expenses	4, 5	40,420,148	37,667,285
OPERATIONAL SURPLUS/(DEFICIT) BEFORE PROVISIONS		74,277	(63,079)
Provisions for Future Obligations	7.1	44,456	1,127
RETAINED SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		<u>29,821</u>	<u>(64,206)</u>
Adjustment to add back:			
Notional cost of capital		29,404	28,289
Other notional costs		26,781	141,433
RETAINED SURPLUS FOR THE FINANCIAL YEAR EXCLUDING NOTIONAL COSTS		<u>86,006</u>	<u>105,516</u>

All income and expenditure is derived from continuing activities.
The notes on pages 48 to 69 form part of these accounts.

Capitol Income and Expenditure Account for the year ended 31 March 2006


		2006		2005	
	NOTE	£	£	£	£
Income					
Capital advances from DHSSPS			13,000	771,000	
Proceeds from the disposal of assets			2,000	-	
Total Capital Income			<u>15,000</u>	<u>771,000</u>	
Expenditure					
Payments to acquire intangible assets:					
Software licences	8		<u>11,024</u>	<u>220</u>	
			<u>11,024</u>	<u>220</u>	
Payments to acquire tangible assets:					
Buildings (excluding dwellings)	9		1,445	569,150	
Information Technology	9		5,280	79,083	
Furniture and Fittings	9		<u>10,372</u>	<u>123,501</u>	
			<u>17,097</u>	<u>771,734</u>	
Total Capital Expenditure			<u>28,121</u>	<u>771,954</u>	
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR			<u>(13,121)</u>	<u>(954)</u>	

The notes on pages 48 to 69 form part of these accounts.

Balance Sheet as at 31 March 2006

	NOTE	2006		2005	
		£	£	£	£
FIXED ASSETS					
Intangible assets	8		10,619		4,070
Tangible assets	9		402,047		470,120
			<u>412,666</u>		<u>474,190</u>
CURRENT ASSETS					
Stocks and work in progress	10	7,109		2,624	
Debtors: Amounts receivable within one year	11	210,531		498,729	
Cash at bank and in hand		<u>2,465,535</u>		<u>1,851,393</u>	
		2,683,175		2,352,746	
CURRENT LIABILITIES					
Creditors: Amounts falling due within one year	12	<u>(2,157,794)</u>		<u>(1,944,706)</u>	
NET CURRENT ASSETS			<u>525,381</u>		<u>408,040</u>
TOTAL ASSETS LESS					
CURRENT LIABILITIES			938,047		882,230
Provisions for Liabilities and Charges	13		<u>(77,789)</u>		<u>(33,333)</u>
TOTAL ASSETS EMPLOYED			<u><u>860,258</u></u>		<u><u>848,897</u></u>
FINANCED BY:					
Capital Reserve:					
Capital account	14.1		647,078		703,034
Revaluation reserve	14.1		(244,222)		(238,654)
Income and expenditure reserve:					
Revenue	14.2		471,477		385,471
Capital	14.2		<u>(14,075)</u>		<u>(954)</u>
			<u>860,258</u>		<u>848,897</u>

The notes on pages 48 to 69 form part of these accounts.



Signed: Dr T McMurray

(Chief Executive) Date: 21st August 2006

Statement of Total Recognised Gains and Losses For the Year Ended 31 March 2006

	2006		2005	
	£	£	£	£
Surplus/(Deficit) for the financial year - Revenue		130,462		106,643
Provisions for future obligations		(44,456)		(1,127)
		<u>86,006</u>		<u>105,516</u>
Fixed asset impairment losses			(342,652)	
Indexation of fixed assets	(5,568)		41,013	
		<u>(5,568)</u>		<u>(301,639)</u>
TOTAL GAINS/(LOSSES) RECOGNISED IN FINANCIAL YEAR		<u><u>80,438</u></u>		<u><u>(196,123)</u></u>

Cash Flow Statement for the year ended 31 March 2005

	2006		2005	
	£	£	£	£
Net Cash Inflow/(Outflow) from Operating Activities (Note 21.1)		<u>627,263</u>		<u>624,554</u>
Capital Expenditure				
Payments to acquire intangible fixed assets	(11,024)		(220)	
Payments to acquire tangible fixed assets	(17,097)		(771,734)	
Receipts for sale of tangible fixed assets	<u>2,000</u>		-	
Net Cash Inflow /(Outflow) from Capital Expenditure	(26,121)		(771,954)	
Financing				
Capital Funding	<u>13,000</u>	<u>(13,121)</u>	<u>771,000</u>	<u>(954)</u>
Increase in Cash		<u><u>614,142</u></u>		<u><u>623,600</u></u>

The notes on pages xx and xx form part of this statement.

1. STATEMENT OF ACCOUNTING POLICIES

1.1 Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention as modified by the indexation and revaluation of tangible fixed assets.

1.3 Basis of Preparation of Accounts

The accounts have been prepared in accordance with the 2005/06 HPSS Agency Manual of Accounts issued by the Department of Health, Social Services and Public Safety.

The accounting policies contained in that Manual follow UK generally accepted accounting practice (UK GAAP) to the extent that it is meaningful and appropriate to HPSS Agencies. The accounting policies are selected in accordance with the principles set out in FRS 18 "Accounting Policies" as the most appropriate for giving a true and fair view. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

The principal variations between UK GAAP and the accounting policies directed by the Department of Health, Social Services and Public Safety are:

Paragraph 20 of Financial Reporting Standard 3 "Reporting Financial Performance" requires certain items of expenditure to be separately disclosed in the income and expenditure account after operating surplus/(deficit). These expenditure items do not include the costs associated with provision for liabilities and charges which are normally included within the calculation of the operating surplus/(deficit). However, as the Department measures the operating performance of Agencies by reference to the operating surplus/(deficit) excluding the impact of certain provisions, the income and expenditure account is presented to disclose the operating surplus/(deficit) before provisions for future obligations.

Financial Reporting Standard 15 "Tangible Fixed Assets" requires impairment losses on revalued fixed assets to be recognised in the statement of total recognised gains and losses until the carrying value of the asset falls below depreciated historic cost, at which stage any further impairments are recognised in the income and expenditure account.

However, where an impairment arises due to consumption of economic benefits FRS 15 “Tangible Fixed Assets” requires the loss to be recognised in the income and expenditure account in its entirety.

In the context of their capital accounting HPSS Agencies take those impairment losses resulting from short term changes in price that are considered to be recoverable, in full to the revaluation reserve. These include impairments resulting from the revaluation of fixed assets from their cost to their value in existing use when they become operational. This may lead to a negative revaluation reserve in certain instances.

1.4 Intangible fixed assets

Intangible fixed assets are capitalised when they are capable of being used in an Agency’s activities for more than one year; they can be valued; and they have a cost of at least £5,000 (either individually or as a grouped asset).

Intangible fixed assets held for operational use are valued at historical cost and are depreciated over the estimated life of the asset on a straight line basis, except capitalised Research and Development which is revalued using an appropriate index figure. The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred (either individually or as a grouped asset). They are amortised over the shorter of the term of the licence and their useful economic lives.

1.5 Tangible Fixed Assets - Substance over form

The Department of Health, Social Services and Public Safety retains legal title for all of the Agency’s fixed assets. The Agency manages such assets in accordance with guidance issued by the Department. The substance and financial reality of such transactions are accounted for and presented in the accounts rather than their legal form.

Capitalisation

Tangible assets are capitalised if they are capable of being used for a period which exceeds one year and they:

- individually have a cost of at least £5,000; OR
- they satisfy the criteria of a grouped assets ie collectively have a cost of at least £5,000, are functionally interdependent, broadly simultaneous purchase dates, and anticipated to have simultaneous disposal dates, under single managerial control and have an individual cost of £1,000 ;OR

- form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. They are restated to current value each year. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. All land and buildings are restated to current value using professional valuations in accordance with FRS 15 every five years and in the intervening years by the use of indices.

The buildings index is based on the All in Tender Price Index published by the Building Cost Information Service (BCIS).

The land index is based on the residential building land values reported in the Property Market Report published by the Valuation Office.

Professional valuations are carried out by the District Valuers of the Valuations and Land Agency. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health, Social Services and Public Safety. In accordance with the requirements of the Department, asset valuations were undertaken in 2004/05 as at the valuation date of 31 March 2005.

The valuations are carried out primarily on the basis of Depreciated Replacement Cost for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Additional alternative Open Market Value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

All adjustments arising from indexation and five-yearly revaluations are taken to the Revaluation Reserve. All impairments resulting from price changes are charged to the Statement of Total Recognised Gains and Losses. Falls in value when newly constructed assets are brought into use are also charged there. These falls in value result from the adoption of ideal conditions as the basis for depreciated replacement cost valuations.

Assets in the course of construction are valued at current cost using the indexes as for land and

buildings, as above. These assets include any existing land or buildings under the control of a contractor.

Operational equipment other than IT equipment, which is considered to have nil inflation, is valued at net current replacement cost through annual uplift by the change in the value of the GDP deflator. Equipment surplus to requirements is valued at net recoverable amount.

Depreciation, Amortisation and Impairments

Tangible fixed assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. No depreciation is provided on freehold land, and assets surplus to requirements.

Assets in the course of construction and residual interests in off-balance sheet PFI contract assets are not depreciated until the asset is brought into use or reverts to the Agency, respectively.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as advised by the District Valuer. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life of the asset.

Impairment losses resulting from short-term changes in price that are considered to be recoverable in the longer term are taken in full to the revaluation reserve. These include impairments resulting from the revaluation of fixed assets from their cost to their value in existing use when they become operational. This may lead to a negative revaluation reserve in certain instances.

1.6 Donated Fixed Assets

Donated fixed assets are capitalised at their current value on receipt and this value is credited to the Donated Asset Reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the Donated Asset Reserve and, each year, an amount equal to the depreciation charge on the asset is released from the Donated Asset Reserve to the Income and Expenditure account. Similarly, any impairment on donated assets charged to the Income and Expenditure Account is matched by a transfer from the Donated Asset Reserve. On sale of donated assets, the value of the sale proceeds is transferred from the Donated Asset Reserve to the Income and Expenditure Reserve.

1.7 Research and development

Research and development expenditure is charged against income in the year in which it is incurred, except in so far as development expenditure relates to a clearly defined project and the benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project.

1.8 Stocks and work-in-progress

Stocks are valued inclusive of VAT. In calculating the cost, the Agency has generally used the average cost or latest purchase price.

1.9 Provisions

The Agency provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are adjusted using the Treasury's discount rate of 2.2% in real terms.

Provisions for clinical negligence are recognised only where it is more probable than not that a settlement will be required.

1.10 Pensions

The Agency participates in the following defined benefit schemes:

The HPSS 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 HPSS Superannuation Scheme can be found in the HPSS Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The University Superannuation Scheme.

This is a defined benefit scheme with employer contributions of 14% of gross pay. The most up to date actuarial valuation was carried out at 31 March 2002. Further information on this scheme can be obtained from the Universities Superannuation Scheme Limited.

The Queen's Retirement Benefit Plan.

This is a defined benefit scheme with employer contributions of 14% of gross pay. The most up to date actuarial valuation was carried out at 31 March 2002. Further information on the scheme can be obtained from the Queen's University of Belfast.

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

1.11 Third Party Assets

Assets belonging to third parties are not recognised in the accounts since the Agency has no beneficial interest in them. Details of third party assets are given in note 23 to the accounts.

1.12 Leases

Assets held under finance leases are capitalised at the fair value of the asset with an equivalent liability categorised as appropriate under creditors due within or after one year. The asset is subject to indexation and revaluation and is depreciated on its current fair value over the shorter of the lease term and its useful economic life. Finance charges are allocated to accounting periods over the period of the lease to produce a constant rate of interest on the outstanding balance. Rentals under operating leases are charged to the Income and Expenditure Account in the year in which they arise.

1.13 Losses

This note (Note 20) is a memorandum statement unlike most notes to the accounts which provide further detail of figures in the primary accounting statements. Most of the contents will be included in operating expenses.

1.14 Capital charges

The Capital Charges scheme involves the Department charging the Agency for the use of fixed assets. This charge comprises depreciation and notional interest (interest currently at 3.5%).

The Agency is not currently funded for capital charges, therefore an offset adjustment is made to the Revenue Income and Expenditure Account.

Notes to the Accounts

2. Income from Activities	2006	2005
	£	£
Department of Health, Social Services and Public Safety	39,852,000	37,117,000
Other Public Bodies:		
- Central Service Agency	242,180	221,259
- Queen's University	151,819	127,277
Other Sources:		
- Course Fees	248,426	138,670
Total	40,494,425	37,604,206

3. Other Operating Income

There was no other operating income.

4. Other Operating Expenses

4.1 Other Operating Expenses are as follows:-

	Note	2006	2005
		£	£
Salaries and Wages (excluding Board members remuneration)		2,404,868	1,971,091
Board members remuneration		26,575	17,900
Junior Doctors Salaries		35,018,636	33,067,548
Junior Doctors Study Leave		1,354,586	1,155,824
Establishment		502,823	356,266
Premises		162,886	135,150
Training Courses		657,435	600,953
Recruitment		201,627	169,041
Notional Costs		56,185	169,722
Audit fees		10,218	10,368
Miscellaneous		24,309	13,422
Total		40,420,148	37,667,285

4.2 Operating Leases

	2006	2005
	£	£
Hire of plant and machinery	-	-
Other operating leases	-	-
	-	-

Commitments under non-cancellable operating leases are:

	Land and Buildings 2006 £
Operating leases which expire:	
Within 1 year	-
Between 1 and 5 years	-
After 5 years	1,086,747
	<u>1,086,747</u>

5. Information regarding Board Members and employees

5.1 Staff Costs

	2006 Directly employed £	Other £	Total £
Salaries and wages	2,189,164	21,131	2,210,295
Social security costs	121,688	-	121,688
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	-	-	-
Other pension costs	99,460	-	99,460
Early departure costs	-	-	-
Total	2,410,312	21,131	2,431,443

Of the total, £0 has been charged to capital.

5.2 Average Number of Persons Employed

	2006 Directly employed No.	Other No.	Total No.
Medical and dental	16	-	16
Ancillaries	1	-	1
Administrative and clerical	31	-	31
Total	48	-	48

Figures refer to wholetime equivalents (WTEs) rather than individuals.

5.3 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	Salary, including Performance Pay £000's	Benefits in Kind (rounded to nearest £100) £	Real increase in pension and related lump sum at age 60 £	Total accrued pension at age 60 and related lump sum £	CETV at 31/3/05 £	CETV at 31/3/06 £	Real increase in CETV after adjustment for inflation and changes to market investment factors £
Non-Executive Members							
Dr H McGuigan	10 - 15	-	-	-	-	-	-
Mr A Baird	0 - 5	-	-	-	-	-	-
Mrs J Eve	0 - 5	-	-	-	-	-	-
Dr R Atkinson	0 - 5	-	-	-	-	-	-
Dr J Marley	0 - 5	-	-	-	-	-	-
Mrs A Eggert	0 - 5	-	-	-	-	-	-
Executive members £'s							
Dr T McMurray (Chief Executive/ Postgraduate Dean)	72,641	-	-	-	361,418	426,334	43,000
Dr A McKnight (Director of General Practice Education)	101,226	-	-	-	-	-	-
Dr D Hussey (Postgraduate Dental Dean)	33,323	-	-	-	-	-	-

Dr McMurray and Dr Hussey are employees of The Royal Group HSS 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 Royal Group HSS Trust.

Dr Hussey and Dr McKnight are members of the Universities Superannuation Scheme. The employer's pension scheme contributions paid by the Agency during the year in respect of Dr McKnight were £14,172 (2005: £13,763) and in the case of Dr Hussey the Agency was recharged £4,705 (2005: £990) representing 40% of the employer's contributions paid by The Queens University of Belfast.

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.

5.4 Staff Benefits

There were no staff benefits.

5.5 Retirements due to ill-health

During 2005/06 there were no early retirements from the Agency agreed on the grounds of ill-health.

6. Public Sector Payment Policy

6.1 Measure of Compliance

The Department requires that HPSS bodies pay their non-HPSS trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules.

The Agency's payment policy is consistent with the CBI prompt payment codes and Government Accounting rules and its measure of compliance is:

	2006 Number	2006 £
Total bills paid	7,805	6,666,267
Total bills paid within 30 day target	5,799	5,443,969
% of bills paid within 30 day target	74%	82%

6.2 The late payment of Commercial Debts Regulations 2002

There were no interest payable under this legislation.

7. Provisions for Future Obligations

7.1 Net movement in provisions

	Note	2006 £
Movement in year:		
Employment Discrimination	13	44,456
Subtotal		<u> </u>
Reimbursements Receivable		<u> -</u>
Total increase in provisions (to Income and Expenditure Account)		<u><u>44,456</u></u>

8.	Intangible Fixed Assets Software licences £
Cost or Valuation	
At 1 April 2005	11,353
Indexation	-
Additions - purchased	11,024
Additions - donated	-
Reclassifications	-
Other Revaluation	-
Impairments	-
Disposals	-
At 31 March 2006	<u>22,377</u>
Amortisation	
At 1 April 2005	7,283
Indexation	-
Transfers	-
Revaluation	-
Impairments	-
Disposals	-
Provided during year	4,475
At 31 March 2006	<u>11,758</u>
Net Book Value	
At 31 March 2006:	
- Purchased	10,619
- Donated	-
Total	<u>10,619</u>
At 31 March 2005:	
- Purchased	4,070
- Donated	-
Total	<u><u>4,070</u></u>

9. Tangible Fixed Assets

9.1 Tangible fixed assets comprise the following elements:

Purchased Assets

	Land	Buildings (excluding dwellings)	Information Technology (IT)	Furniture and Fittings	Total
£	£	£	£	£	
Cost or Valuation					
At 1 April 2005	-	275,522	203,390	123,501	602,413
Indexation	-	4,651	(17,946)	901	(12,394)
Additions	-	1,445	5,280	10,372	17,097
Transfers	-	-	-	-	-
Revaluation	-	-	-	-	-
Reclassifications	-	-	-	-	-
Impairments	-	-	-	-	-
Disposals	-	(22,064)	-	-	(22,064)
National revaluation	-	-	-	-	-
At 31 March 2005	-	259,554	190,724	134,774	585,052

Depreciation

At 1 April 2005	-	35,522	84,304	12,467	132,293
Indexation	-	522	(7,439)	91	(6,826)
Transfers	-	-	-	-	-
Revaluation	-	-	-	-	-
Reclassification	-	-	-	-	-
Impairments	-	-	-	-	-
Disposals	-	(7,064)	-	-	(7,064)
Provided during year	-	-	-	-	-
National revaluation	-	-	-	-	-
Provided during the year	-	12,978	38,145	13,479	64,602
At 31 March 2005	-	41,958	115,010	26,037	183,005

Net Book Value

At 31 March 2006	-	217,596	75,714	108,737	402,047
At 31 March 2005	-	240,000	119,086	111,034	470,120

Of the total net book value at 31 March 2006, £217,596 related to buildings, installations and fittings valued at open market value for alternative use.

Note 9.1 (cont'd)

Donate Assets

There were no donated assets.

9.2 Total Tangible Fixed Assets

	2006	Donated	Total	2005
	Purchased	£	£	£
	£	£	£	£
Net book value:				
Land	-	-	-	-
Buildings (excluding dwellings)	217,596	-	217,596	240,000
Information Technology	75,714	-	75,714	119,086
Furniture	108,737	-	108,737	111,034
Total	402,047	-	402,047	470,120

9.3 The net book value of land and buildings comprises:

	2006	2005
	£	£
Freehold	-	-
Long leasehold	-	-
Short leasehold	217,596	240,000
	217,596	240,000

9.4 The net book value of assets held under finance leases and hire purchase contracts are as follows:

There are no assets held under finance leases or hire purchase contracts.

10. Stocks and Work in Progress

	2006	2005
	£	£
Finished goods	7,109	2,624
Total	<u>7,109</u>	<u>2,624</u>

11. Debtors

2006	2005
£	£

11.1 Debtors: Amounts falling due within one year

HPSS or NHS debtors	100,503	179,751
DHSSPSNI	-	171,000
Sundry Debtors	81,817	140,617
Prepayments	<u>28,211</u>	<u>7,361</u>
Total	<u>210,531</u>	<u>498,729</u>

11.2 Debtors: Amounts falling due after more than one year

There are no debtors due after one year.

11.3 Intra-government balances (Debtors)

	Debtors		Debtors	
	Amounts falling due within 1 year	Amounts falling due within 1 year	Amounts falling due after 1 year	Amounts falling due after 1 year
	2005/06	2004/05	2005/06	2004/05
	£	£	£	£
DHSSPSNI	-	171,000	-	-
Other central government bodies HPSS Bodies	100,503	179,751	-	-
Intra-Government Balances	<u>100,503</u>	<u>350,751</u>	-	-
Balances with bodies external to government	110,028	147,978	-	-
Total Debtors at 31 March	<u>210,531</u>	<u>498,729</u>	-	-

12. Creditors

	2006 £	2005 £
12.1 Creditors: Amounts falling due within one year		
HPSS or NHS creditors and accruals	638,663	378,416
Non HPSS or NHS trade revenue creditors	1,508,804	1,558,717
Other accruals	10,327	7,573
Sub Total	<u>2,157,794</u>	<u>1,944,706</u>

12.2 Creditors: Amounts falling due after more than one year

There are no creditors due after one year.

12.3 Intra-government balances (Creditors)

	Amounts falling due within 1 year 2005/06 £	Amounts falling due within 1 year 2004/05 £	Amounts falling due after 1 year 2005/06 £	Amounts falling due after 1 year 2004/05 £
Other central government bodies HPSS	638,663	378,416	-	-
Intra-Government Balances	638,663	378,416	-	-
Balances with bodies external to government	1,519,131	1,566,290	-	-
Total Creditors at 31 March	<u>2,157,794</u>	<u>1,944,706</u>	-	-

12.4 Finance lease obligations

There were no finance lease obligations.

13. Provisions for Liabilities and Charges

	Pensions relating to other staff £	Clinical Negligence £	Restructuring £	Other £	2006 Total £	2005 £
At 1 April 2005	-	-	-	33,333	33,333	32,206
Arising during the year	-	-	-	44,032	44,032	-
Utilised during the year-	-	-	-	-	-	-
Reversed unused	-	-	-	-	-	-
Change in discount rate	-	-	-	424	424	-
Change in discount rate	-	-	-	-	-	-
Unwinding of discount	-	-	-	-	-	-
At 31 March 2006	-	-	-	77,789	77,789	33,333

Expected Timing of Cash Flow

	Pensions relating to former directors £	Pensions relating to other Staff £	Clinical Negligence £	Restructuring £	Other £	2006 Total £	2005 £
Within 1 year	-	-	-	-	77,789	77,789	-
1-5 years 33,333	-	-	-	-	-	-	-
Over 5 years	-	-	-	-	-	-	-

In addition to these provisions, contingent liabilities are given in Note 18.

14. Movements on Reserves

14.1 Movement on Capital Reserves

	Capital Account	Revaluation Reserve	Donation Reserve	Other Reserves	Total
	£	£	£	£	£
At 1 April 2005	703,034	(238,654)	-	-	464,380
Additions	28,121	-	-	-	28,121
Transfers	-	-	-	-	-
Disposals and write-offs	(15,000)	-	-	-	(15,000)
Depreciation- capital charges	(69,077)	-	-	-	(69,077)
Depreciation- other	-	-	-	-	-
Revaluation and indexation of fixed assets	-	(5,568)	-	-	(5,568)
Transfer of realised profits/ (losses)	-	-	-	-	-
Movements in donation reserves	-	-	-	-	-
Fixed Asset Impairments	-	-	-	-	-
Other reserve movements [specify]	-	-	-	-	-
At 31 March 2006	<u>647,078</u>	<u>(244,222)</u>	<u>-</u>	<u>-</u>	<u>402,856</u>

14.2 Movement on Income and Expenditure Reserves

	Revenue £	Capital £	Total £
<i>At 1 April 2005</i>	385,471	(954)	384,517
<i>Retained surplus/(deficit) for the year 86,006</i>	(13,121)	72,885	
<i>Transfer of realised profits/ (losses)</i>	-	-	
<i>At 31 March 2006</i>	471,477	(14,075)	457,402

15. Private Finance Transactions

15.1 PFI Schemes deemed to be off balance sheet

There were no private finance transactions.

16. Capital Commitments

There were no capital commitments at the balance sheet date.

17. Post Balance Sheet Events

There are no post balance sheet events having a material affect on the accounts.

18. Contingent Liabilities

There were no contingent liabilities.

19. Related party transactions

During the current year and previous year, none of the board members, members of the key management staff or other related parties have undertaken any material transactions with the Agency.

20. Analysis of Losses and Special Payments

TYPE OF LOSS	NUMBER OF CASES	VALUE £
1. Cash Losses –Theft, fraud etc	-	-
2. Cash Losses – Overpayments of salaries, wages and allowances	-	-
3. Cash Losses – Other causes including unvouched and incompletely vouched payments)	-	-
4. Nugatory and fruitless payments – Abandoned Capital Schemes	-	-
5. Other nugatory and fruitless payments	-	-
6. Bad debts and claims abandoned	-	-
7. Stores and Inventory Losses – theft, fraud, arson (whether proved or suspected) etc		
i. Bedding and linen	-	-
ii. Other equipment and property	-	-
8. Stores and Inventory Losses – Incidents of the service (result of fire, flood, etc)	-	-
9. Stores and Inventory Losses – Deterioration in store	-	-
10. Stores and Inventory Losses – Stocktaking discrepancies	-	-
11. Stores and Inventory Losses – Other causes		
i. Bedding and linen	-	-
ii. Other equipment and property	-	-
12. Compensation payments (legal obligation)		
i. Clinical negligence	-	-
ii. Public liability	-	-
iii. Employers liability	-	-
13. Ex-gratia payments – Compensation payments (including payments to patients and staff)	-	-
14. Ex-gratia payments – Other payments	-	-
15. Extra statutory payments		
16. i. Losses sustained as a result of damage to buildings and fixtures arising from bomb explosions or civil commotion.	-	-
ii. Damage to vehicles	-	-
TOTAL	NIL	NIL

21. Notes to the Cash Flow Statement

21.1 Reconciliation of operating surplus/(deficit) to net cash inflow from operating activities

	2006 £
Operating surplus/(deficit) after provisions	86,006
Provisions for future obligations (I&E Account)	44,456
(Increase)/decrease in stocks	(4,485)
(Increase)/decrease in debtors	288,198
Increase/(decrease) in creditors	213,088
Net cash inflow from operating activities	<u><u>627,263</u></u>

21.2 Reconciliation of net cash flow to movement in net debt

	2006 £
Increase/(decrease) in cash in the period	614,142
Net cash / debt at 1 April 2005	<u>1,851,393</u>
Net cash / debt at 31 March 2006	<u><u>2,465,535</u></u>

21.3 Analysis of changes in net funds/debt

	At 1 April 2005 £	Cash flows £	Non-cash changes £	At 31 March 2006 £
Cash at bank and in hand	1,851,393	614,142	-	2,465,535
Bank overdrafts	-	-	-	-
Finance leases	-	-	-	-
Current asset investments	-	-	-	-
	<u><u>1,851,393</u></u>	<u><u>614,142</u></u>	<u><u>-</u></u>	<u><u>2,465,535</u></u>

22. Financial Instruments

FRS 13 Derivatives and Other Financial Instruments requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the relationships within HPSS, and the manner in which they are funded, the Agency is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which FRS 13 mainly applies. The Agency has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Agency in undertaking its activities.

23. Third party assets

The Agency did not hold any third party assets.

Northern Ireland Medical & Dental Training Agency

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