

2013/14

Annual Report

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Foreword from the Chair

Once again it is my pleasure to present the Annual Report for 2013/14 which sets out the work of the Northern Ireland Medical and Dental Training Agency (NIMDTA) across our range of functions. The Report also indicates our progress and how we achieved our business objectives.

During the year NIMDTA has made significant progress under the leadership of Professor Keith Gardiner who has brought expertise, professionalism and enthusiasm to the role of Postgraduate Dean/Chief Executive. This has been most evident in the improved quality of our relationships with the widest possible range of partner organisations. The development of these closer working relationships has been a key area not only for Keith, but also for other members of our Senior Management Team.

As always, our primary focus in all that we have done has been on improving the quality of training to postgraduate doctors and dentists in order to enhance patient safety and care in the short, medium and, particularly, in the long term.

With regard to Board membership, we were delighted that both Deane Morrice and Lee Wilson were appointed for second terms and that Gordon Smyth and Derek Maguire both quickly familiarised themselves with NIMDTA's functions and have been able to make significant contributions. Regrettably, Dr John Jenkins tendered his resignation from the Board to take up a non-executive role with RQIA. We wish John every success in meeting the future challenges of this key body within the health and social care community. For most of the year we have, therefore, been without a Non-Executive Medical Member. As we have a relatively small number of Board members in any event, this has placed an even higher demand on the other non-executives in relation to both Board and committee meetings, as well as other visits and events which they attend.

As always, the coming year will present us with significant challenges as we strive to continually improve our effectiveness and implement changes, many of which are dictated by the external environment in which we operate. We believe that our size and single geographical coverage mean that we are well placed to respond flexibly and quickly to changing demands. We have taken cognisance of the implications of the relevant recommendations arising from reports such as Francis, Berwick and Keogh and, of course, in relation to the continuing implementation of Transforming Your Care within Health and Social Care in Northern Ireland. The Board recently hosted a joint workshop on Patient Safety and Quality with GMC and RQIA, emphasising our

respective responses in relation to these various reports and the importance of quality improvement in all that we do.

There are a number of potential changes to the current arrangements which exist for the training of doctors and dentists, for example, as a result of the Shape of Training Review and Enhanced GP Training. In addition, we plan to implement a number of internally-driven initiatives relating to Generic Skills, Fellowships and Accreditation of Training Environments, as well as continuing to explore new opportunities for enhancing partnership working across the health and social care sector.

We are confident that, throughout our team, our staff members have the skills, commitment and professionalism to deliver the objectives identified in our Business and Strategic Plans. We have fully reviewed our Corporate Risk Register during the year and we also have a robust Corporate Governance structure in place. This is managed on a day-to-day basis by the relevant members of our Senior Management Team, with oversight by the Board's Governance and Risk Committee. During the year, we have actively sought to implement all of the recommendations made via the Audit process.

Finally, I would like to acknowledge my Board colleagues for their support and commitment, also to thank the Senior Management Team, our Team Leaders and **ALL** members of staff for their hard work and dedication to the work and the success of NIMDTA during the past year.



Alistair Joynes

Chairman

Date: 29 September 2014

Chief Executive's Report

The Northern Ireland Medical & Dental Training Agency (NIMDTA) was established in 2004, under the Health and Personal Social Services Act 1990, as a Special Agency, sponsored by the Department of Health, Social Services and Public Safety (DHSSPS). NIMDTA is responsible for commissioning, managing and delivering postgraduate medical and dental training. This includes the recruitment, assessment and support of doctors and dentists in training, ensuring that trainers are adequately trained to deliver the best possible educational experience for trainees and assessing the educational value of training posts. NIMDTA is the designated body for almost 1,800 doctors in training, and the Postgraduate Medical Dean is the Responsible Officer for the revalidation of these trainees.

The General Medical Council (GMC) is responsible for the regulation of education and training throughout a doctor's career and sets the standards for the delivery of foundation and specialty training, including general practice training.

NIMDTA, which is also referred to as the Northern Ireland Deanery, has a crucial role in assuring that the postgraduate training of doctors and dentists is consistent with the delivery of safe care and that doctors are trained to the standards set by the GMC. In line with all UK Deaneries (or equivalent), NIMDTA is required to demonstrate compliance with the GMC standards and ensure that its quality processes support the development and improvement of postgraduate medical education and training within Northern Ireland.

Each year, as part of this process, NIMDTA assesses the performance of training units in local education providers (LEPs) against GMC quality management standards. NIMDTA also reviewed its processes for reporting on Deanery Inspection Visits and raising concerns resulting in revised procedures for reporting on areas of concern and the escalation of potential risks in relation to patient or trainee safety.

NIMDTA is required to submit a Dean's Report twice yearly to the GMC (April and October). The Dean's Reports are used by the GMC with other sources of information to monitor the quality of postgraduate medical education and training and ensure that the GMC standards for training are being met.

I am pleased to report that the GMC in assessing NIMDTA's Dean's Report from October 2013 indicated that they agreed with 98.75% of our ratings of identified concerns. The GMC has highlighted this report within their April 2014 Dean's Report guidance to other postgraduate deans as an example of

good practice based on the level of detail, the appropriateness of the quality management action and their agreement with the ratings assigned to items in the report.

To carry out these roles effectively, NIMDTA needs to work closely with its training partners (five HSC Trusts, Public Health Agency, GP and Dental Practices) and to engage with many other local (Queen's University Belfast, Health & Social Care Board, Business Services Organisation, HSC Leadership Centre, Board Liaison Group - BLG, HSC Safety Forum, RQIA, Quality 2020 Implementation Group) and national (GDC, Conference of Postgraduate Deans - COPMeD, Committee of Postgraduate Dental Deans - COPDEND, Committee of GP Education Directors - COGPED, UK Business Managers' Forum, UK Foundation Programme Office, Health Education England - HEE, NHS Education for Scotland - NES, Welsh Deanery, English Local Education and Training Boards- LETB's, Royal Colleges and Faculties, National Clinical Assessment Service - NCAS, BMA, BDA) stakeholders. In the last 12 months, NIMDTA has held a joint workshop with NIPEC, has joined the PHA Medical Directors' Group and the GMC NI Advisory Forum and has set up a Research Opportunities Group with QUB and a Safety & Quality Group with QUB and RQIA.

During the year, NIMDTA successfully introduced revalidation processes into the annual review processes for trainees during which trainees are assessed to decide whether they can progress to the next stage of their training. Revalidation for trainees commenced in April 2013 and in the subsequent 12 months, a positive recommendation for revalidation was made for 172 trainees. Deferrals of recommendations were made for 59 trainees but all these were made as a consequence of a change in the date when the trainee would complete their training. Currently all trainees require a revalidation recommendation at the time they complete their training.

Recruitment to all training posts in Northern Ireland is managed by NIMDTA and staff worked tirelessly during the year to recruit doctors and dentists to training posts in Northern Ireland and to ensure, as far as possible, that maximum fill rates were achieved. In August 2013 the Foundation Programme achieved a fill rate of 98.6% (98.4% in 2012/13) and Specialty Training a fill rate of 94.5% (89.3% in 2012/13). NIMDTA will continue to work with all stakeholders to fill remaining vacancies.

NIMDTA worked with LEPs to deliver programmes of training and was supported by its Foundation and Specialty Schools in ensuring that the curricula were implemented to the standards required and trainees were assessed as competent before progressing to the next stage of training or on completion of training.

Continuing professional development is provided for trained general medical and dental practitioners at various locations throughout Northern Ireland. For dentists 107 courses were provided and 68 for GPs. Evaluations of these courses were very positive. The Dental Continuing Education team won an Institute of Healthcare Management award for Infection Prevention, Control and Decontamination for their work in this area in 2013/14.

NIMDTA co-ordinates and manages appraisal for all General Medical Practitioners in NI. Appraisal was provided for all GPs in Northern Ireland in 2013/14 who requested it. Appraisal is a requirement to remain on the GP Performers' List.

NIMDTA recognises the importance of communicating with its staff and supporting them through the current uncertain and challenging economic climate. Uncertainty continues as to the impact on staff, and on the delivery of NIMDTA's core functions and business objectives, of the review of post-registration education and training. The full implementation of the Finance, Procurement and Logistics (FPL) and Human Resources, Payroll, Travel and Subsistence (HRPTS) systems and the introduction of Shared Services will also provide for discussion on future change.

The Joint Negotiating Forum met on a number of occasions throughout the year to discuss any areas of concern. The views of employees were also sought at staff briefings and engagement workshops, team leader meetings and departmental staff meetings and through NIMDTA's annual staff satisfaction survey.

NIMDTA, with the support of the Health Estates Investment Group (HEIG) was successful in negotiating an extension to the lease on its current premises and a reduction of £23k in the annual rental. The lease, which expires in June 2014, has been renewed for a further period of five years with a break option after three years.

In the period 1st April 2013 – 31st March 2014 there were 188 days lost due to sickness within NIMDTA. This represents a loss rate of 1.7%. By comparison, in the same period for the previous year 229 days were lost to sickness, representing a loss rate of 2%.

NIMDTA participates in both the HSC Superannuation Scheme and the Universities Superannuation Scheme, both of which are multi-employer defined benefits schemes. NIMDTA makes employer contributions of 16% of gross pay under the Universities Superannuation Scheme and 13.3% of gross pay under the HSC Superannuation Scheme. The costs of early retirement

are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement. There were no early retirements in the year ending 31st March 2014. NIMDTA is unable to identify its share of the underlying assets and liabilities in either scheme on a consistent and reliable basis.

Regarding our financial performance NIMDTA met its breakeven target recording a surplus of 0.05%.

The Department requires that Agencies pay their non HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA achieved an outturn of 88.6% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (65%) was 53% by volume and 59% by value. Further details of compliance with the Better Payments Practice code are given in note 15 to the accounts.

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

In April 2012 NIMDTA was informed that the Health Minister had directed the Department to undertake a review of the organisation as part of the overall review of Arms Length Bodies. In 2013/14 DHSSPS decided to broaden the scope of the review to cover Post Registration and Learning. The objectives of the review are to examine the current provision of Post Registration Education and Training across the HSC in order to determine if the current model is fit for future purpose; as well as to identify if there are alternative appropriate models and provide a range of options for the future delivery of Post Registration Education and Training.

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

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2014 have been audited by the Northern Ireland Audit Office (NIAO). The notional cost of audit work performed in 2013/14 was £14,000. The auditors did not perform any non-audit services.

In my role as Accounting Officer I am not aware of any relevant audit information of which the NIAO is not aware. As Accounting Officer I have taken all steps to make myself aware of any relevant audit information and ensure that the NIAO is informed.

A handwritten signature in black ink that reads "Keith Gardiner". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

Date: 29 September 2014

Management Commentary

The Role of NIMDTA

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the highest calibre to recognised training posts and programmes to ensure the provision of a highly competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses their performance through annual review and appraisal. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that the training and supervision of trainees support the delivery of high quality safe patient care.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA also works to the standards in the COPDEND framework for the quality development of postgraduate Dental training in the UK.

NIMDTA seeks to enhance the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA aims to use the resources provided to it efficiently, effectively and innovatively. NIMDTA's approach to training is that trainees, trainers and educators should put patients first, should strive for excellence and should be strongly supported in their roles.

The Role of the Board

The NIMDTA Board is responsible for the strategic direction and control of NIMDTA's activities and comprises a non-executive Chair and five non-executive members (three lay members, one medical practitioner and one dental practitioner).

Mr Alistair Joynes	Chair
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Dr John Jenkins, CBE	Non-Executive Medical Member (resigned with effect from 30 April 2013 – currently vacant)
Dr Derek Maguire	Non-Executive Dental Member

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

The Board delegates specific areas of work to its three sub-committees (Audit, Governance and Risk, Remuneration) and to the Senior Management Committee.

Formal meetings of the Board were held on seven occasions during 2013/14, with the addition of five Non-Executive Workshops.

Audit Sub-Committee

The Audit Sub-Committee supports the Board by providing an independent and objective review of financial systems and information, the adequacy and effectiveness of the systems of internal control, as well as compliance with the law and appropriate guidance.

Mr Deane Morrice, MBE	Chair
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Dr John Jenkins, CBE	Non-Executive Medical Member (resigned with effect from 30 April 2013 – currently vacant)
Dr Derek Maguire	Non-Executive Dental Member

In 2013/14 the Audit Sub-Committee met on four occasions. The Audit Sub-Committee is also attended by representatives of the NIAO, BSO internal audit, and members of the Senior Management Committee (Chief Executive, Administrative Director, Finance Manager and Corporate Governance Manager).

Governance & Risk Sub-Committee

The Governance & Risk Sub-Committee supports the Board by providing oversight of NIMDTA's corporate governance framework. This includes areas such as the implementation and development of an embedded and proactive culture of risk management, the management and investigation of complaints, incidents, and accidents, and the arrangements in place for the processing, transferring, safe keeping and disposal of information records within NIMDTA.

Mr Alistair Joynes	Chair
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Dr John Jenkins, CBE	Non-Executive Medical Member (resigned with effect from 30 April 2013 – currently vacant)
Dr Derek Maguire	Non-Executive Dental Member

In 2013/14 the Governance & Risk Sub-Committee met on five occasions. The Governance and Risk Sub-Committee is also attended by members of the Senior Management Committee (Chief Executive, Administrative Director, Corporate Governance Manager, Finance Manager).

Remuneration Sub-Committee

The Remuneration Sub-Committee supports the Board by considering issues in relation to the remuneration and terms of service of the Chief Executive, Directors, Senior Managers and all other staff to ensure that they are fairly rewarded for their contribution to the organisation.

Mr Alistair Joynes	Chair
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Dr John Jenkins, CBE	Non-Executive Medical Member (resigned with effect from 30 April 2013 – currently vacant)
Dr Derek Maguire	Non-Executive Dental Member

In 2013/14 the Remuneration Sub-Committee met on one occasion.

Senior Management Committee

The Senior Management Committee (SMC) supports the Board through the provision of operational oversight of NIMDTA and the delivery of its services, ensuring that the structures and processes in place, as it strives to deliver excellence, are robust and adequate. During 2013/14, the membership of the Senior Management Committee was expanded to include Dr Ian Steele and Dr Angela Carragher.

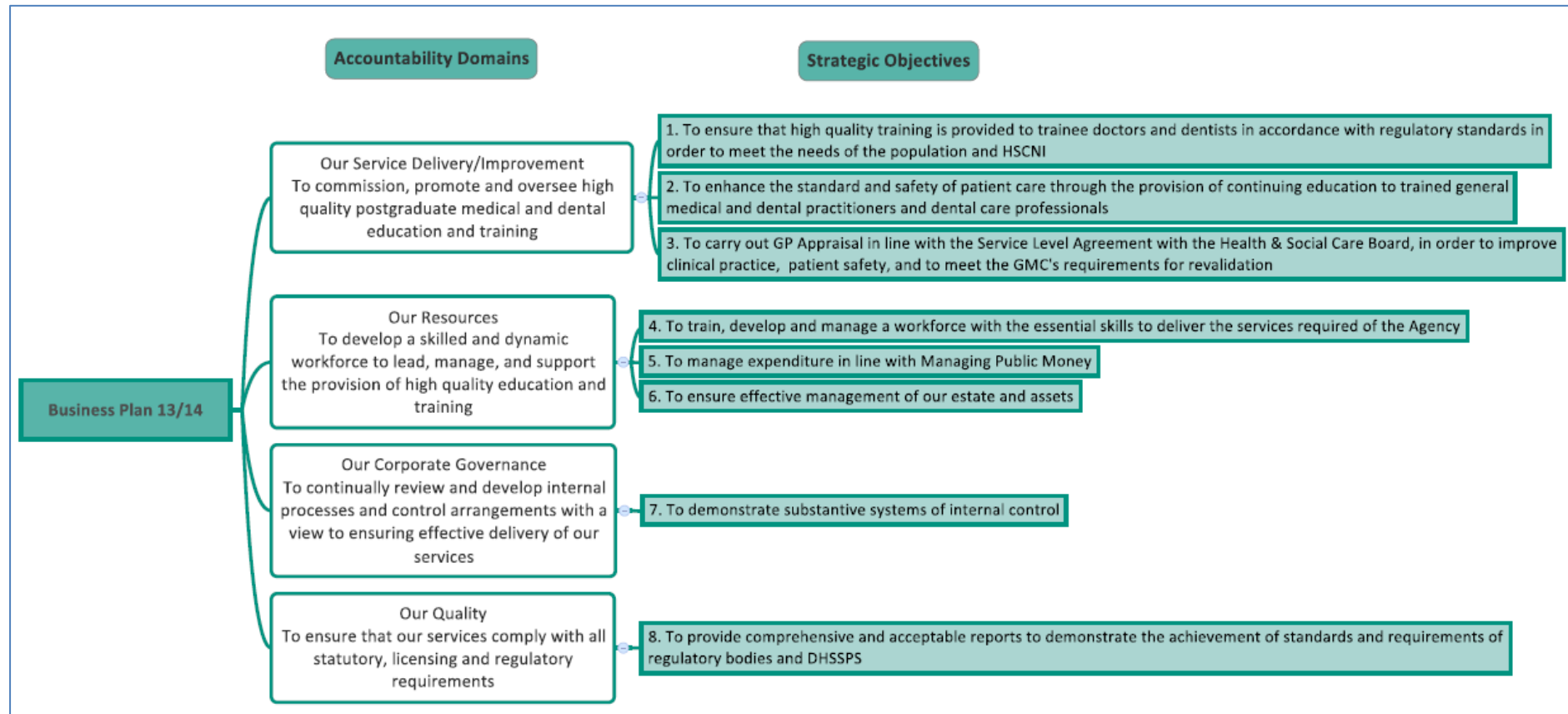
Prof Keith Gardiner	Chief Executive/Postgraduate Medical Dean
Ms Margot Roberts	Administrative Director
Dr Claire Loughrey	Director of General Practice Postgraduate Education
Prof David Hussey	Postgraduate Dental Dean
Dr Ian Steele	Director of Hospital Specialty Training (with effect from 8 January 2014)
Ms Angela Carragher	Director of Foundation School (with effect from 8 January 2014)
Mr Tommy Hutchinson	Finance Manager
Ms Roisin Campbell	Human Resources Manager
Mr Mark McCarey	Corporate Governance Manager

In 2013/14 the Senior Management Committee met on twelve occasions.

A Governance Statement is included on page 86.

Corporate Goals & Business Objectives

The following corporate goals have been the drivers of NIMDTA's performance in 2013/14:



Within the Business Plan 2013/14 a series of business objectives were developed to ensure that the corporate goals were delivered:

Our Service Delivery/Improvement

“To commission, promote and oversee high quality postgraduate medical and dental education and training”.

- 1) To ensure that high quality training is provided to doctors and dentists in training in accordance with regulatory standards in order to meet the needs of the population and HSCNI.
- 2) To enhance the standard and safety of patient care through the provision of continuing education to trained general medical and dental practitioners and dental care professionals.
- 3) To carry out GP Appraisal in line with the Service Level Agreement with the Health & Social Care Board, in order to improve clinical practice, patient safety, and to meet the GMC’s requirements for revalidation.

Our Resources

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

- 4) To train, develop and manage a workforce with the essential skills to deliver the services required of NIMDTA
- 5) To manage expenditure in line with Managing Public Money
- 6) To ensure effective management of our estate and assets

Our Corporate Governance

“To continually review and develop internal processes and control arrangements with a view to ensuring effective delivery of our services”.

- 7) To demonstrate substantive systems of internal control.

Our Quality

“To ensure that our services comply with all statutory, licensing and regulatory requirements”.

- 8) To provide comprehensive and acceptable reports to demonstrate the achievement of standards and requirements of regulatory bodies and DHSSPS

Performance Against Key Performance Indicators

Target	Performance
Our Service Delivery/Improvement	
Ensure 100% of doctors in training have been subject to an annual appraisal	All trainees with the exception of those on statutory leave had their progress assessed by an ARCP/RITA panel
The Learning and Development Agreements (LDA) with the five HSC Trusts are monitored annually.	Meetings were held with each to the Trusts to monitor performance against the LDA
Our Resources	
Absence rate of staff will be benchmarked against the HSC target of 5.2%	NIMDTA's absence rate in 2013/14 was 1.7%.
Achieve an outturn of 95% in accordance with the CBI Prompt Payment Code and Government Accounting Rules.	At year end NIMDTA's compliance percentage with the prompt payment target was 88.6%
Achieve a breakeven target of +0.25%.	NIMDTA recorded a surplus of + 0.05%
Our Corporate Governance	
Achieve substantive compliance with controls assurance standards.	Substantive compliance was achieved across all thirteen applicable standards
Implementation of Audit recommendations.	At year end 60% of audit recommendations were fully implemented and 20% partially implemented
Our Quality	
Submit twice yearly reports to the GMC.	The Dean's reports were submitted in April and October in line with the required deadlines
Provide quarterly summary reports to the Department on the outcome of Deanery visits to HSC Trusts in accordance with the agreed procedures.	100% of the reports were forwarded to both the Department and the HSCB at the appropriate points
Provide quarterly reports to the Department of junior doctor vacancies	100% of reports were forwarded to the Department and the HSCB at the appropriate points

Our Services

The delivery of postgraduate education and training to doctors and dentists by NIMDTA is primarily carried out by four departments, the Dentistry, General Practice, Foundation and Hospital Specialty Training departments. These four departments are supported by a further three administrative departments namely Finance, Human Resources and Corporate Services. This Management Commentary provides an overview of the work of these departments as well as detailing how the objectives contained within the business plan were achieved.

Cross-Departmental Working

NIMDTA must have the structures and processes in place to enable the standards of the regulators and national frameworks to be met. NIMDTA has developed a number of internal cross-departmental groups that work to maintain these structures and processes and ensure that specific areas of our services are delivered consistently across departments, that learning is shared amongst key individuals, and that peer support is available. An overview of the work of these groups in 2013/14 follows.

Senior Management Committee

The Senior Management Committee is a cross-departmental group which supports the Board in fulfilling its statutory functions and in providing good corporate governance.

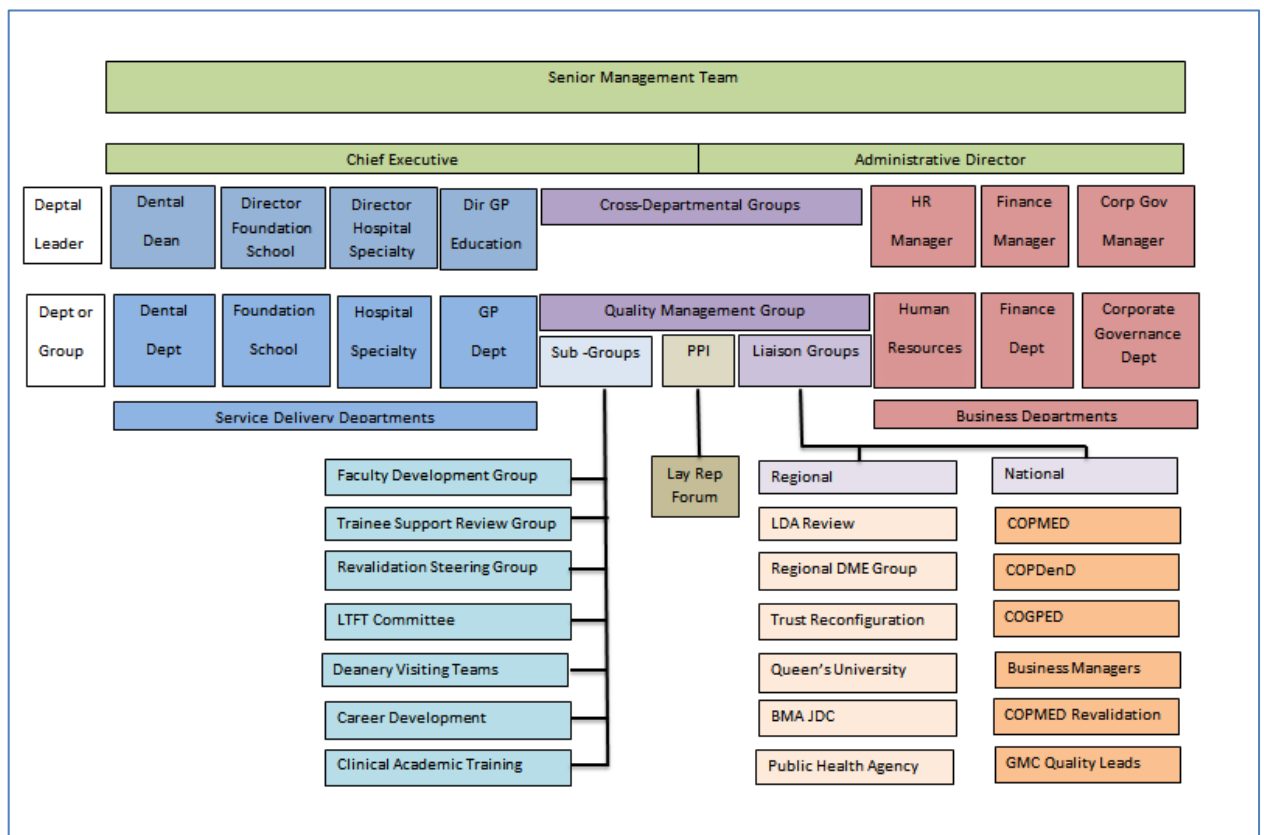
The Committee will advise the Board on:

1. Service Delivery and Improvement. The role of NIMDTA is to commission, promote and oversee high quality postgraduate medical and dental education and training.
2. NIMDTA's Resources. NIMDTA aims to
 - a. Develop a skilled workforce to lead, manage and support the provision of high quality education and training.
 - b. Manage expenditure in line with Managing Public Money
 - c. Ensure effective management of NIMDTA's estate and assets
3. Corporate Governance. NIMDTA aims to continually review and develop internal processes and control arrangements with a view to ensuring effective delivery of its services:
 - a. Organisational Structure
 - b. Annual Report and Accounts

- c. Annual Business Plan
 - d. Three year Corporate Plan
 - e. Risk Management (including complaints and incidents)
 - f. Information Management
 - g. Financial Management
 - h. Health and Safety
 - i. Equality
4. Quality. NIMDTA aims to ensure that its services comply with all statutory, licensing and regulatory requirements.
 5. Any other tasks which are delegated to the Senior Management Committee by the Board

This Committee consists of the Chief Executive/Postgraduate Medical Dean, the Postgraduate Dental Dean, the Director of General Practice Education, the Director of Hospital Specialty Training, the Foundation School Director, the Administrative Director, the Finance Manager, the Human Resources Manager, and the Corporate Governance Manager. During 2013/14, the committee met twelve times

Each department reports to this committee via its departmental head. Cross-departmental service delivery groups report to this committee via the quality management group.



Quality Management Group

The Quality Management Group (QMG) is a cross-departmental group which monitors and assesses the delivery of postgraduate medical training against national standards. The GMC's Quality Improvement Framework outlines the responsibility of NIMDTA as a Deanery for the quality management of postgraduate medical training.

The aims of the QMG are to ensure that standards required by regulatory bodies are met by promoting and sharing good practice across all specialties; enhancing the training of trainers; improving the quality of curriculum delivery in all specialties; removing obstacles to postgraduate medical education and training; and developing the resources and infrastructure of postgraduate medical education and training.

In 2013/14 the QMG met on 24 occasions under the Chairmanship of the Postgraduate Dean or the Director of Hospital Specialty Training.

A major area of work for QMG is providing a report to the GMC on the quality of postgraduate medical education and training in NI twice each year in the Dean's Report. Areas to report on to the GMC are identified from a number of sources including the GMC National Training Survey (NTS) and NIMDTA visits to LEPs.

The GMC NTS (which through active promotion by the QMG to trainees had a 98.5% response rate within NI) incorporates Patient Safety concerns (85 reported by trainees in the 2013 survey), Training Environment concerns (34) and Undermining concerns (48).

The QMG organises and completes NIMDTA visits to LEPs (22 in 2013/14) and conducts province-wide reviews of specialty training (geriatric medicine, cardiology, respiratory medicine in 2013/14).

The QMG functions also include reviewing and responding to GMC Consultations and reviewing NIMDTA guidance and procedures. During 2013/14 the procedures relating to the follow up of LEP Action Plans after a NIMDTA visit to a LEP were refined. This was to clearly outline what is required of the LEP and the process NIMDTA will follow if there are serious concerns identified relating to educational or clinical governance, or there are unaddressed concerns which require urgent action or escalation to other organisations.

The GMC in their response to the October 2013 Dean's Report indicated that they agreed with 98.75% of our risk ratings of identified concerns (the figure across all Dean's reports in the UK was 92%). In their guidance for deaneries in preparation for completion of the April 2014 Dean's Reports, the GMC has highlighted our October 2013 Dean's report along with the reports of two other Deans as examples of good completion of a Dean's Report (based on the level of detail, the appropriateness of quality management action taken and the GMC's agreement with ratings assigned to items in the report).

The QMG also reviews reports from its sub-committees, details of which follow below.

Faculty Development Group

This group is chaired by Dr Richard Tubman, Associate Dean and includes representatives from Queen's University and the Belfast HSC Trust.

The aims of the Faculty Development Group are to develop expertise in medical education through better understanding of medical education theory; to improve skills and knowledge; to enable better enjoyment of teaching and learning; to improve credibility of teachers and trainers; to ensure that curricula are implemented to a high standard in the Deanery and to ensure consistency of approach between the Specialty Schools and LEPs.

The Faculty Development Group met on 6 occasions during 2013/14. During this time progress was made on implementing NIMDTA's plan to deliver the GMC initiative on Recognising and Approving Trainers. Local systems for data entry were in place for the GMC deadline of 31st July 2013.

The Faculty Development Group has been very active during 2013/14 organising, delivering and reviewing training events for Lay Representatives, Trainees, Recognised Trainers, Lead Educators and Senior Educators/Administrators:

1. Lay Representatives- Annual Training Day September 2013
2. Trainees
 - a. Revalidation Awareness Training (4 events)
 - b. Teaching the Teacher (included under Recognised Trainer)
3. Recognised Trainers
 - a. Teaching the Teacher (20 events including events for trainees)
 - b. Trainee Support (7 events)
 - c. Supervisory Skills (5 events)
 - d. Specialty Specific Training (Delivered by Specialty Schools)

4. Lead and Senior Educators
 - a. ARCP Workshops (5 events)
 - b. Faculty Induction (December 2013)
 - c. Appraisal Training (2 events)
 - d. Chairmanship Training (June 2013)
 - e. Leadership Training (May 2013)
 - f. Recruitment and Selection Workshops (3 events)
 - g. Managing Difficult Situations/People (2 events)
 - h. Quality Report Training Workshop (September 2013)
 - i. Advanced Trainee Support (October 2013)
5. Senior Management Team & Board
 - a. Media Training (2 events)

The Annual Educator's Day was held on Friday 27 September 2013 and was very successful. The keynote address on Clinical Leadership was given by Mr Peter Lees, Founding Director of the Faculty Medical Leadership and Management. There were symposia on Quality Training, Quality Service with invited speakers from the GMC (Dr Vicky Osgood) and RQIA (Dr David Stewart and Mr Hall Graham) and on Shape of Training, Shape of Service with invited speakers from the Shape of Training Expert Advisory Group (Dr John Jenkins) and Transforming Your Care (Mr John Compton). In addition there were 4 hot topic presentations and 4 workshops.

Trainee Support Review Group

NIMDTA directly provides support and guidance to many trainees experiencing difficulty. NIMDTA also advises Directors of Medical Education and educational supervisors on the management of these Trainees within LEPs. This work is progressed in line with NIMDTA's Trainee Support Policy which is available online.

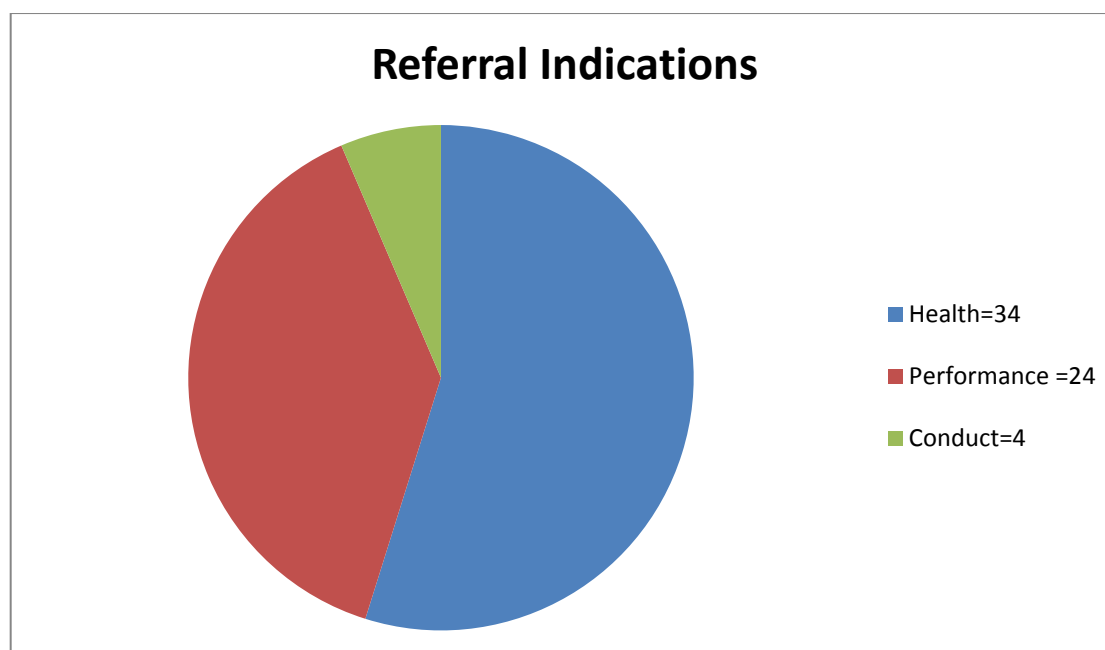
During 2013/14, the Trainee Support Policy was completely rewritten and launched at an Advanced Trainee Support Workshop at Antrim Civic Centre on 23 October 2013. At this workshop, there were contributions from the GMC (Ms Joanne Donnelly), NCAS (Ms Grainne Lynn) and from HSC Trusts (Dr Martin Tohill, Ms Sarah Meekin, Dr Neil Corrigan and Dr Heather Dunn). Members of the Trainee Support Review Group contribute to Trainee Support Courses which are run on HSC Trust sites as part of NIMDTA's Recognised Trainer Programme.

An electronic database aids the tracking and follow up of trainees in difficulty. There are currently 239 trainees entered on the database, of which 82 are

monitored on the TSG support list. Of these, 30-40 trainees are considered active cases under discussion and management.

The Trainee Support Review Group met monthly in 2013/14 under the Chairmanship of the Associate Postgraduate Dean for Career and Personal Development, Dr John Collins. Representatives from HSC Trusts and Queen's University of Belfast are invited to attend. At each meeting trainees, who are actively in need of support, are discussed and their on-going management is agreed. The Group also agree Trainee Support Statements regarding revalidation to be considered at Annual Trainee Reviews and Transfer of Information Statements regarding trainees requiring support which are completed prior to August and February trainee changeovers each year. The Chair also shares Learning Points arising from the management of trainees with educators and trainees.

There has been a considerable increase in referral of doctors in difficulty from a total of eleven in 2011/12 to 62 in 2013/14. The reasons for referral for support, apart from career counselling, are divided into concerns regarding health (34), conduct (4) or performance (24). A breakdown of these referrals shown in the pie chart below:



The majority of referrals were due to concerns about health in the past year. Performance issues included lack of engagement with training and assessment, examination failures, inadequate performance on observed tasks or general assessment of competency levels by the trainers. Health issues, which can be a factor in performance and conduct, resulted in 34 referrals. Support for trainees has been greatly enhanced by a close working

relationship between NIMDTA and Occupational Health services. Conduct is an unusual reason for referral and only occurred in 4 cases.

The work of the Trainee Support Review Group has been audited during 2013/14 by Internal Audit (BSO).

Revalidation Steering Group

A Revalidation Steering Group was set up in 2013 to oversee the implementation of Revalidation for doctors in training in the NI Deanery. The Group is co-chaired by Dr Ian Steele and Dr Claire Loughrey and includes in its membership GMC, HSC Trust, doctors in training and lay representatives. This group met on 6 occasions in 2013/14.

The aims of the Revalidation Steering Group are:

- To design and implement the Deanery systems and processes to manage the revalidation of doctors in training
- To work with Local Education Providers in developing systems to transfer clinical governance information from Local Education Providers to the Deanery
- To support trainees undergoing revalidation through provision of deanery updates, the publication of Frequently Asked Questions and the provision of trainee awareness sessions on revalidation
- To support clinical and educational supervisors in their involvement in revalidation processes through awareness sessions and updates
- To support ARCP panels in their assessment of revalidation information through training and updates
- To provide quality management of the outcomes of ARCP panels' decision
- To review and update Deanery systems and processes
- To disseminate good practice and experience in response to the challenges of revalidation (Specialty Schools Forum, Medical Directors)
- To liaise with Trainee Support Group regarding doctors requiring support
- To ensure the maintenance of GMC Connect

The Group has organised Revalidation Awareness Sessions for doctors in training, produced Frequently Asked Questions about Revalidation which are available on the website, developed and revised revalidation forms, reviewed Trust exception and exit revalidation returns and liaised with the COPMeD Revalidation Steering Group.

Revalidation for doctors in training commenced in April 2013. To date it has been primarily doctors who are at the point of receiving their Certificate of Completion of Training (CCT) who have had a revalidation recommendation made to the GMC by the Postgraduate Dean as their Responsible Officer (RO). The recommendation the RO makes can be a positive recommendation, deferral for up to 12 months or notification of non-engagement with the revalidation process. In the year 2013/14, a revalidation recommendation was made for 172 doctors in training. A positive recommendation was made for 113 doctors. A request for deferral of the recommendation was made for 59 doctors, all of which were as a consequence of their CCT date having moved from the time they were first appointed to their programme, due to changes in the length of time their training was taking place over. There were no doctors in training who required notification to the GMC of non-engagement with the revalidation process.

Revalidation for doctors in training has been introduced successfully in Northern Ireland.

Less Than Full Time Training Panels

NIMDTA is committed to supporting doctors and dentists in training who find they are unable to work full-time. The aims of LTFT training are to:

- Retain within the workforce doctors and dentists who are unable to continue their training on a full-time basis
- Promote career development and work/life balance for doctors and dentists training within the NHS
- Ensure continued training in programmes on a time equivalence (pro-rata) basis
- Maintain a balance between LTFT training arrangements, the educational requirements of both full and part-time trainees and service need

Applications for less than full time training are considered twice per year by a NIMDTA Less Than Full Time Panel. This panel is chaired by Dr John Collins, Associate Dean and involves Trust, Lay and trainee representatives.

During 2013/14, there were 147 Foundation and Specialty trainees, including General Practice trainees who have been considered eligible to work less than full time. A number of these trainees do not currently require less than full time training due to maternity leave (17), out of programme (11) and sick leave (1). Currently 118 trainees are supported by NIMDTA to work on a less than full time basis.

Arrangements were put in place for these trainees as follows:

- 83 reduced hours in a full time post
- 14 in a supernumerary post
- 21 in a slot share arrangement

Deanery Visiting Teams

Visits to local education providers (LEPs) are an important component of NIMDTA's processes to discharge its quality management duties within the Deanery. Deanery visiting teams are chaired by an Associate Dean or Postgraduate Dean.

The aims of these visits are to:

- monitor that standards of the regulators and national frameworks are being met in the LEP through collection of primary, independent, qualitative data that can be triangulated with information from Deanery Self-assessment LEP Reports and Deanery Trainee Surveys;
- explore good practice and areas for improvement within the LEP through face-to-face interviews;
- promote good practice and developments;
- facilitate local problem solving;
- provide verbal and written feedback to the LEP on areas of concern and actions necessary to improve postgraduate medical education and training; and
- promote collaboration, partnership and personal relationships between NIMDTA staff and staff in LEPs.

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

a) Cyclical Monitoring Visit

Cyclical Monitoring Visits to an LEP are an important component of the Deanery's Quality Management processes allowing NIMDTA to obtain primary, independent, qualitative data to triangulate with information obtained from Deanery Self-Assessment LEP reports and from Deanery (and GMC) Trainee surveys. NIMDTA plans to visit all specialties in LEPs within a five year cycle.

b) Interim Progress Visit

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

c) Problem Solving Visit

When an issue of concern is brought to the attention of the QMG that is sufficiently serious to be highlighted as a 'red issue', an urgent problem solving visit will be organised.

Outcomes of Visits

The outcome of the visit is clearly communicated to the LEP in a timely fashion and the LEP is required to produce an action plan detailing how it intends to respond to any concerns raised.

Deanery Visits to Local Education Providers 2013/14

During 2013/14, 22 Deanery visits were made to inspect Foundation, Core and Higher Specialty training posts and units. In addition, there were 3 province-wide Specialty Reviews (Table 1).

These visits were categorised as:

Cyclical	13
Interim Progress (Follow-Up)	9
Problem-solving visit	0

There were Lay Representatives present at all visits and College externality at 15 visits.

Reports from the visits were reviewed and assessed by the Quality Management Group (QMG), taking account of LEP action plans before the Final Reports were released. The outcomes of these visits were shared with the HSC Board (through Liaison meetings), RQIA, DHSSPS (through the Medical Education Policy Group) and the GMC (through the bi-annual Dean's Reports).

Table 1: Foundation, Core and Specialty Hospital Visits 2013/14

Date	Specialty	Location	HSC Trust
13 June 2013	Genitourinary Medicine	RVH	Belfast
20 June 2013	Anaesthetics	RVH	Belfast
27 June 2013	Anaesthetics	Mater	Belfast
27 June 2013	Anaesthetics	BCH	Belfast
12 Sept 2013	Haematology	BCH	Belfast
12 Sept 2013	Oncology	BCH	Belfast
19 Sept 2013	Geriatric Medicine	Province-wide	All
26 Sept 2013	Anaesthetics	Craigavon	Southern
3 Oct 2013	Cardiology	Province-wide	All
17 Oct 2013	Anaesthetics	Antrim	Northern
17 Oct 2013	Anaesthetics	Ulster	South Eastern
24 Oct 2013	Anaesthetics	Altnagelvin	Western
8 Nov 2013	OMFS	Altnagelvin	Western
8 Nov 2013	OMFS	Ulster	South Eastern
28 Nov 2013	General Medicine	RVH	Belfast
28 Nov 2013	General Medicine	BCH	Belfast
6 Dec 2013	Cardiothoracic Surgery	RVH	Belfast
6 Dec 2013	Neurosurgery	RVH	Belfast
12 Dec 2013	Respiratory Medicine	Province-wide	Belfast
30 Jan 2014	Emergency Medicine	Mater	Belfast
30 Jan 2013	Emergency Medicine	RVH	Belfast
20 Feb 2014	Hospital Dentistry	Altnagelvin	Western
27 Mar 2014	General Surgery	RVH	Belfast
28 Mar 2014	General Surgery	Mater	Belfast
28 Mar 2014	General Surgery	BCH	Belfast

Career Development

NIMDTA's work in this area is led by the Associate Postgraduate Dean for Career and Personal Development, Dr John Collins.

From 1 December 2013, twelve introductory career choice workshops were held for over 160 F1 trainees in their workplaces across the Deanery. Career workshops, as part of the Foundation Year 2 generic skills programme, were held in seven whole day sessions throughout August and September 2013. At these events, 260 trainees were introduced to the concepts of career planning and provided with relevant information on the resources for self-assessment, career exploration and decision-making.

The careers section of the new NIMDTA website was updated to reflect changes in specialty training, and the NHS careers website was promoted to all trainees. Information on a wide range of specialties has been added to the NIMDTA website, including the 2013 slide set from career workshops.

An annual Careers Fair was held on 5 November 2013. This involved talks on the Shape of Training, the Specialty Training Application and Selection process for 2014 and presentations from representatives from 6 different specialties followed by an opportunity for attendees to meet specialty representatives. Emergency Medicine as a career was specifically promoted during this event in view of the staffing issues in this specialty in Northern Ireland.

A close working relationship with the Queen's University Medical Undergraduate Careers Lead was maintained with NIMDTA participating regularly in undergraduate events.

Clinical Academic Training Committee

A Clinical Academic Training Committee was established in December 2007 between the QUB School of Medicine, Dentistry and Biomedical Sciences in partnership with NIMDTA and the Belfast HSC Trust to provide research training for medical trainees.

DHSSPS provides the budget for this scheme which is paid to NIMDTA. There are three types of posts –

1. Academic clinical lecturers (ACL) – these are normally 3 year posts and candidates will usually have already completed a PhD or MD;
2. Academic clinical fellows (ACF) – these are normally 2 year posts for those who have yet to complete a research degree
3. Academic F2 – this is a 4 month placement designed as a taster for those interested in academic medicine

In 2013, nine Academic F2, one Academic Clinical Fellow and two Academic Clinical Lecturers were appointed.

Lay Representatives' Forum

NIMDTA recruited 21 Lay Representatives in 2012 to provide external scrutiny and contribute to a number of different Deanery activities. These activities included recruitment and selection panels, assessment panels (Annual Review of Competence Progression - ARCP / Record of In Training

Assessment - RITA); deanery visits and appeal panels. All lay representatives were required to prepare a report for NIMDTA on the processes and outcomes of the activity that they took part in. Lay representatives were present at all Deanery visits in 2013/14.

The annual Lay Representative Forum was held in September 2013.

External Relationships - National

COPMED, COPDEND and COGPED

COPMED is a UK-wide organisation which represents the Postgraduate Deans within the UK. Its aims include managing the delivery and outcomes of postgraduate medical and dental education to the highest possible standards and to ensure that these standards are comparable across the UK.

COPDEND is the UK Committee of Postgraduate Dental Deans and Directors. COPDEND provides standards for dental educators and a framework for the quality development of postgraduate Dental training in the UK.

COGPED is the UK Committee of General Practice Education Directors and offers a forum for Postgraduate GP Directors to meet and share good practice. Its aims are to encourage and maintain a consistent approach to GP training across the UK.

COPMED UK Business Managers Forum offers a forum for deanery and Local Education and Training Boards' business managers to meet and share good practice.

COPMED Revalidation Steering Group

This group organised by the UK Conference of Postgraduate Medical Deans brings together Revalidation Leads from Deaneries in different regions of the UK to discuss data systems, forms and processes that have been introduced to support revalidation for trainees. This group is chaired by Professor David Black (Postgraduate Dean, Kent, Surrey, and Sussex LETB). The Postgraduate Dean or Administrative Director represented NIMDTA on this group.

GMC Quality Leads

This group brings together Quality Leads from all UK Deaneries to discuss good practice, responses to concerns, GMC surveys and visits. The Hospital Training and Specialty Training Coordinators represented NIMDTA on this group.

External Relationships - Regional

Annual Review Meetings with HSC Trusts

NIMDTA Senior Educators and Managers met at least once during 2013/14 with Educational and Service Leaders in each HSC Trust to review the functioning of the Learning and Development Agreement, allocations and vacancies, service reconfigurations, deanery visits, faculty development, GMC reports and developments in education and training in the HSC Trust.

Regional DME Group

This group brings together the Directors of Medical Education in the 5 HSC Trusts in Northern Ireland with the Postgraduate Dean, Administrative Director and Senior Educators from NIMDTA. Its purpose is to provide an opportunity to exchange information between NIMDTA and DMEs, to share good practice, to identify the factors which impact on the development of postgraduate education and training, facilitate input and discussion of Deanery policies and discuss implementation of GMC initiatives. It is scheduled to meet four times per year.

Trust Reconfiguration Meetings

The aim of these meetings is to consider the implications of service reconfigurations on the delivery of postgraduate education and training to NIMDTA trainees. The meetings involve NIMDTA Senior Educators and Senior Administrators, Specialty Leads and Education and Service Leaders in the HSC Trusts.

Liaison - NIMDTA/Queen's University School of Medicine

The Postgraduate Dean, Administrative Director and Senior Educators meet formally with the Head of School, Deputy Head of School, (QUB School of Medicine, Dentistry & Biomedical Sciences) the Director of the Centre of Medical Education from QUB on regular occasions throughout the year. The aim of this liaison group is to enhance existing links on issues such as quality

management, faculty development, careers advice, transfer of information, Foundation training posts and trainees requiring support.

Liaison – NIMDTA/BMA JDC

This group brings together the Postgraduate Dean, Administrative Director and Hospital Training Coordinator with BMA administrators, Chair of BMA Junior Doctor Committee and Chair of BMA Medical Student Committee. Its purpose is to listen to and discuss concerns of junior doctors regarding postgraduate medical education and training.

The group usually meets three times during the year to discuss Deanery policies, service reconfigurations, clinical academic training, recruitment and vacancies, Foundation programme and Revalidation.

Liaison - NIMDTA with HSC Board/Public Health Agency

NIMDTA Senior Educators and Managers met on four occasions during the year to discuss with the Senior Medical Leaders and Managers in the HSC Board and PHA the outcome of Deanery visits, patient safety issues arising from GMC National Trainee survey and service reconfigurations.

Dentistry

The Dentistry department is led by the Dental Postgraduate Dean, Professor David Hussey who is supported by a team of dental educators and administrators representing Dental Foundation Training, Specialty Training, Continuing Education and Community Dentistry.

Key business objectives were applied directly to the work of the Dental department:

To ensure that dental trainees are recruited, trained and assessed in line with approved dental curricula

Dental Foundation Training

Dental Foundation training is delivered in the general dental practice setting. Each year NIMDTA engages in recruitment of trainees and trainers. In 2013/14, Dental Foundation Trainees for England, Wales and Northern Ireland were recruited through a National Recruitment process with thirty five trainees allocated to NIMDTA. As part of this National Recruitment scheme NIMDTA co-ordinated the assessment of 185 applicants at a local centre.

In a local recruitment process, thirty five General Dental Practitioners (GDPs) were appointed as Dental Foundation trainers with effect from August 2014.

Delivery of Curriculum

Dental Foundation Training is based on the Interim Dental Foundation Training Curriculum & Assessment Framework Guidance 2013/14. This curriculum was delivered through dental practice-based training and in community dentistry and hospital bases. The e-portfolio contains all workplace based assessments completed during the year. These were reviewed on a quarterly basis by the Dental Assessment Review Panel and the outcomes reported to the Senior Management Committee. The educational programme for Dental Foundation trainees ensured that there was regular contact with the Dental Advisers. Where issues concerning performance or educational needs were identified these were discussed with the Postgraduate Dental Dean and remedial actions were put in place and, where necessary, referred to the Trainee Support Group.

The Committee for Vocational Training in Northern Ireland (CVTNI), is responsible for overseeing the delivery of the educational programme in Foundation Training, and the committee met twice during the year.

Specialty Training

In 2013/14 Specialty Training was provided across two sites at the Dental Hospital in the Belfast Trust and at Altnagelvin in the Western Trust.

Seven Specialty Registrars (StRs) were appointed to Specialty Training programmes in 2013/14. These were in Orthodontics (post-CCST X2), Restorative Dentistry (x2), Special Care Dentistry, Paediatric Dentistry and Oral Surgery.

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

Continuing Professional Development

The CPD programme for Dentists and Dental Care Professionals (DCPs) continued to be popular, with 1227 dentists and 1715 DCPs registered with NIMDTA's on-line course management system. These figures represent a thirteen per cent increase from 2012/13.

Within 2013/14, 107 CPD courses were offered in various locations across Northern Ireland. These courses delivered over 2000 educational opportunities for dental registrants. A concerted effort was made to ensure that the General Dental Council's recommended core subjects were appropriately addressed and delivered. The dental CPD team delivered 12 Infection, Prevention Control and De-contamination practical workshops for 78 dental registrants. The team's contribution to this subject was recognised with an award from the Institute of Healthcare Management.

Course evaluations provided valuable feedback and assisted with the quality management of the courses. In 2013/14 the Dental CE Team also worked with the Public Health Agency to deliver a series of courses related to Mental Health and Wellbeing. These courses were well attended with 245 attendees provided with insight into this important topic.

More courses in the core areas of dentistry are planned for future programmes.

General Practice

The General Practice, (GP), Team is led by the Director of Postgraduate General Practice Education, Dr Claire Loughrey.

There are 3 main areas of activity in the GP department:

- GP Specialty Training
- GP Appraisal
- GP Continuing Professional Development (CPD).

Activity is supported by a Medical Educator team, as well as an Administrative team.

The Administrative team is led by a Team Co-ordinator who manages administrators in the different areas of activity outlined above.

The Medical Educator team consists of four Specialty Training Associate Directors and a Regional Appraisal Coordinator. An Associate Director in Quality Improvement has filled a vacancy in the team.

There are a number of GPs who work on NIMDTA's behalf. These include:

- 13 Training Programme Directors
- 207 GP Trainers
- 7 Lead Appraisers
- 49 Appraisers
- 1 GP tutor

A number of members of the GP team contributed to national groups including the Committee of General Practice Educators, a group representative of all UK Deaneries. There is also representation on a number of Royal College of General Practitioners (RCGP) committees determining policy and setting standards for General Practice nationally. These roles are likely to be of increasing importance as changes occur with the evolution of the Local Education and Training Boards in England.

The GP Director sits on a number of national committees:

- Committee of GP Educators (COGPED) Elected Vice Chair
- COGPED/General Practice Committee liaison group
- COGPED/RCGP partnership group
- RCGP Quality Training Board
- RCGP Assessment Committee
- RCGP Curriculum Development Group

- Foundation Curriculum Group
- UK Trainee Underperformance group
- COGPED/NCAS/GMC group

One of the Associate Directors is a member of the National GP Recruitment Steering Group and contributes to the item writing for Stage 2 and 3 of the GP recruitment process. One of the Associate Directors has been appointed as an external assessor for the RCGP. This role enables the Deanery to ensure it is adhering to standards set by the RCGP with regard to ARCP panels and other activities.

A GP Programme Director is the Treasurer of the Association of Primary Care Education (APCE).

Key business objectives were applied directly to the work of the GP Department:

To ensure that standards required by the GMC are met

GP Specialty Training

At the end of year there were 225 GP trainees on the GP Specialty Training Programme in Northern Ireland. Demand for GP training in Northern Ireland is high with a recruitment/ selection ratio of 2.75:1.

GP Specialty trainees are provided with a three year programme of training on appointment, based in a Trust area.

Trainees who take time out of the training programme will be out of sync within the training programme. Requests for statutory leave usually result in extensions to training in General Practice. At the end of year there were 57 trainees who were out of sync. There were 52 planned maternity episodes in the year. An audit of sick leave also revealed increased demand for leave. The implications of these statistics are significant in terms of workload in managing programmes and suitable posts to ensure trainees acquire a CCT in General Practice. However, they also have a significant impact on workforce planning since out of the 65 trainees recruited to a 3 year run through programme in 2010 only 50 completed training in July 2013.

In delivering the GP training programme GMC and RCGP standards have to be met. This proves challenging when trainees take time out of the programme, usually for statutory leave.

Recruitment and Selection

Demand for GP Training in Northern Ireland is high. Sixty five trainees are appointed each year to a GP Training programme in Northern Ireland. GP Specialty trainees are provided with a three year programme of training on appointment, which is based in a Trust area.

The GP recruitment process took place in February 2014. National guidelines were strictly adhered to. As in previous years there were high quality applicants for the posts and competition was high. The number of applications continues to be significantly in excess of available posts.

65 trainees have been offered places in the GP specialty training programme to commence in August 2014.

There are 34 trainees working less than full-time, and a further 8 applications which will be considered at the next Less Than Full-Time Panel.

Delivery of Curriculum

The GP team has mapped out all its Quality management activity in Specialty Training. It also has lay and trainee representation on its committees.

A core element of the Quality Management of GP Specialty Training is the accreditation of GP Training Practices and GP Trainers. In 2013/14 there were 12 practice visits carried out and 15 GP Trainers accredited/reaccredited.

All GP Trainees in the NI GP Training programme have an appraisal which mirrors the post CCT GP appraisal. This is in addition to their ARCP panel. This is to ensure that GP Trainees are familiar with the requirements of the GP Appraisal scheme as they move into independent practice.

As part of its Quality Management of GP Specialty Training the GP Department carried out a number of activities:

- Review of Special Circumstances Policy for GP Trainees
- Review of GP Allocations Policy
- ARCP Panel process
- Practice visit documentation
- Learning and Teaching Manual

Utilising the feedback from the previous year's review of communication between NIMDTA and GP trainees the GP department continues to produce a series of information leaflets for GP trainees.

In addition all GP Trainees have the opportunity to curriculum map their Trust post to the Trust specialty.

GP Training Programme Directors have carried out a curriculum mapping activity ensuring that all areas of the RCGP curriculum are covered in the delivery of the formal teaching in ST2 and ST3 General Practice. Annually the TPDs meet for a full day and review the programme and make adjustments as required.

The General Practice Department delivered 329 courses and training events for GP Trainees at different levels in 2013/14.

The Deanery is also continuing to support Practice Based Small Grouping Learning for ST2 and ST3 trainees. This initiative has been well received by GP Trainers and GP trainees alike.

Annual Review of Competence Progression (ARCP) and MRCGP

A key performance indicator for the GP team in relation to this strategic objective is the outcome of Assessment Review of Competence Progression panels. (ARCPs).

The ARCP Panels met in June 2013 and reviewed the e-portfolios submitted by all GP trainees.

- A total of 60 GP ST3 Specialty Trainees completed their training requirements and gained their CCT in 2013/14.
- A total of 126 trainees through ST1/ST2/ST3 achieved satisfactory progress at ARCP.
- 21 trainees were given an unsatisfactory outcome – Insufficient evidence, additional training maybe required.
- 3 trainees were given an unsatisfactory outcome – with no additional training time required.
- 2 trainees were given an unsatisfactory outcome – with additional training time required.
- 27 trainees were given an Out of Programme due to maternity leave.

Since August 2007 there is a single training and assessment system for UK trained doctors wishing to obtain a CCT (Certificate of Completion of Training)

in General Practice. Satisfactory completion of the scheme is an essential requirement for entry to the General Medical Council's GP Register and for membership of the Royal College of General Practitioners.

The MRCGP is an integrated assessment programme that includes three components:

- Applied Knowledge Test (AKT)
- Clinical Skills Assessment (CSA)
- Workplace-Based Assessment (WPBA)

Each of these is independent, and tests different skills but together they assess the curriculum for Specialty Training in General Practice.

Evidence for the workplace-based assessment is collected in the Trainee e-portfolio of each GP trainee. This evidence is reviewed by the ARCP panel which decides whether a trainee is making sufficient progress to proceed in their training.

There is regular review of trainee e-portfolios by GP trainers and Training Programme Directors. Hence feedback can be given to trainees in a timely fashion prior to their ARCP panel if the evidence is lacking.

In 2013/14 a total of 24 trainees sat the AKT in October 2013 (all passed at 1st attempt). 29 trainees sat AKT in January 2014 - 28 passed (1 fail).

In 2013/14 1 trainee undertook CSA in November 2013 and passed. A total of 49 trainees undertook CSA in February/ March 2014 with 1 fail at the 1st attempt.

As always Northern Ireland GP trainees performed well in comparison with their counterparts in other UK Deaneries.

Foundation Training in GP

GP trainers in GP training practices provide training places for foundation trainees.

There are normally 60 places in 20 practices with four month attachments annually.

In 2013/14 there were 58 Foundation trainees who completed a four month placement in General Practice.

Feedback from Foundation trainees in General Practice continues to be positive.

GP Deanery Visits

A core element of the Quality Management of GP Specialty Training is the accreditation of GP Training Practices and GP Trainers. In 2013/14 there were 80 practice visits carried out and 129 GP Trainers accredited.

The process for visiting practices was reviewed and implemented with increased focus on educational governance. Visit reports were reviewed by the Quality Management Group.

General Medical Council Surveys

A key performance indicator for the GP team in relation to this strategic objective is performance in the General Medical Council Surveys (GMC). The trainee survey 2013/14 was analysed in order to look at areas of exceptional practice and areas of concern in General Practice training.

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

Careers Information & Support

Following the recent review of all induction material for GP trainees a number of information leaflets have been produced for GP Trainees.

These included information on:

- Recruitment and selection
- The GP Training Programme
- Out of Hours Training
- Out of Sync Trainees
- Induction for ST1
- New Trainer information

This information was also made available on our website.

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

In 2013/14, eleven trainees were supported by Occupational Health services.

There were a number of GP trainees requiring additional support including those who required minimal intervention to those requiring significant intervention where complex multi-factorial issues prevail. Many low level supports were managed by the GP department and this is an area of increasing demand and workload. 29 trainees were being provided with support of this nature.

When circumstances are more complex the trainee will be managed by the Trainee Support Group. Examples of such circumstances might include trainees who have conditions or undertakings with the GMC.

A large proportion of GP Trainees (57) were 'out of sync' in the programme due to absence for reasons such as maternity and sick leave. The 'out of sync' Trainees meet with their Programme Director prior to their return to work and a suitable educational plan is agreed dependent on their stage of training.

To ensure that medical and dental practitioners and dental care professionals are supported in their learning and development.

There are three main areas of work that help to achieve this objective:

- GP Trainer Development
- Continuing Professional Development
- GP Appraisal.

GP Trainers

We have an established and committed cohort of trainers. There are 207 General Practice trainers in 118 different training practices. There have been 27 new trainers appointed since April 2013 and 10 trainers have retired.

Each year there is continued interest from potential trainers who apply for and successfully complete the learning and teaching course. In 2013/14 a total of 28 GPs attended the *Learning & Teaching Course*. The course aims to provide a basic training for a competent, confident teacher in General Practice by:

- Providing a facilitative learning environment
- Involving participative and flexible learning methods
- Supporting personal development
- Developing skills of critical thinking and self-evaluation
- Modeling good educational practice

Trainers regularly meet with their colleagues within their area group to share learning and receive training from Programme Directors on current issues. These locality (cell-based) learning days form part of the mandatory requirements for trainer re-accreditation along with three-yearly practice visits.

The Trainer Groups organise at least 2 training sessions per year. In the last year topics covered have included:

- Trainees in Difficulty
- Equality Diversity and Opportunity Training
- E-portfolio training

The Deanery also provided training for the following groups:

- Clinical Supervisors in Out of Hours
- Practice managers
- Peer review training for GP Trainers
-

The Deanery regularly met with the Trainer Convenors group to improve information sharing and good practice.

Continuing Professional Development (CPD)

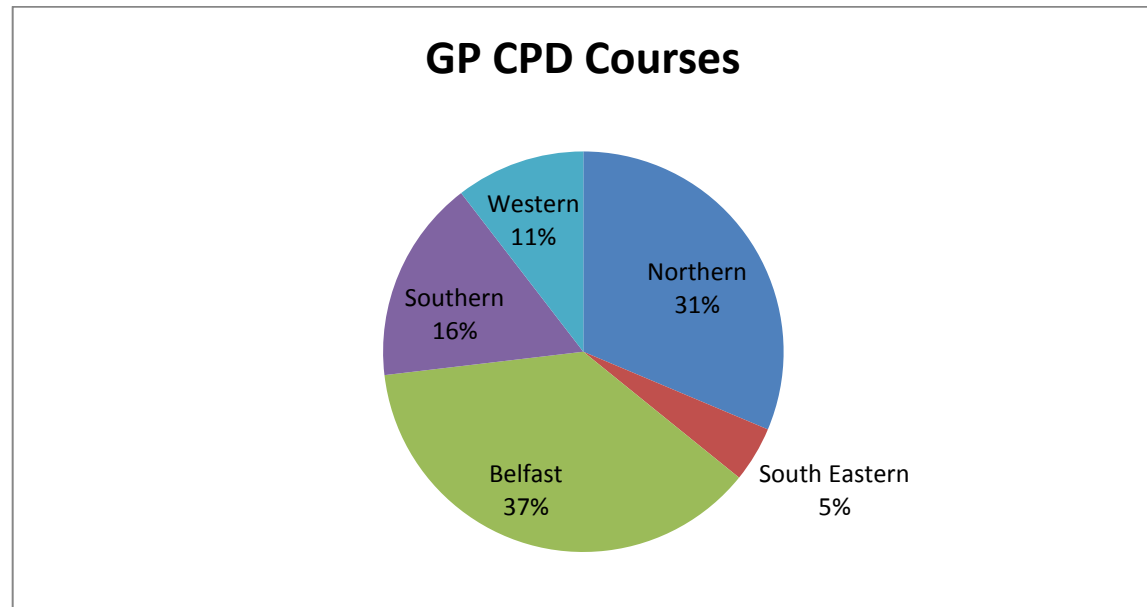
CPD has provided 68 courses between April 2013 and April 2014.

There were 8 GPs on the GP Retainer scheme.

There were 1306 GPs registered on Intrepid.

The number of courses provided in each Trust area during 2013/14 is as follows:

Breakdown of Courses Provided by Area



Evaluations from course attendees are very positive:

“GP update for GP by local GP – update therefore very relevant and tailored to our needs”

“Excellent interactive teaching style, very engaging and relevant to general practice”

“Very clear delivery of all the main points and good interactive speaking”

The GP team along with the HSC Board has implemented a Career Development scheme for GPs being re-introduced to the NI GP workforce.

To ensure that appraisal processes enable the designated responsible officers to discharge their statutory duties

GP Appraisal

NIMDTA co-ordinates and manages the process of GP Appraisal in Northern Ireland and works in partnership with the DHSSPS and the Health & Social Care Board (HSCB) under the guidance of a Central Board of Management. The governance arrangements are underpinned by a Service Level Agreement and Communications Protocol with the HSCB which are updated annually. NIMDTA appraised 1,525 GPs in 2013/14 compared with 1,539 GPs the previous year.

With the introduction of Revalidation, the scheduling of appraisals to meet timelines proved to be an intense activity. Scheduling of appraisals has to dovetail with the appraisee collecting Patient Colleague Feedback.

GP Appraisal Conference

The first conference day was a full day on Wednesday 5th June 2013 at Antrim Civic Centre. This included an update from the Responsible Officer on revalidation, as well as a presentation on responding to change from Dr Fiona Allen. Workshops in the afternoon provided an opportunity for discussion of the proposed new appraisal forms, patient colleague feedback and FAQs in appraisal.

The evaluation of the day showed that more than 90% of appraisers felt that the presentations and workshops were good to excellent.

The second conference day was a full day on Thursday 21st November 2013 at Mossley Mill, Newtownabbey. This included presentations from the GMC, a review of PCF, information on occupational health, an update on revalidation from the Responsible Officer and a short presentation on inspiring colleagues. Workshops provided an opportunity for discussion of Continuing Professional Development, Quality Improvement and Significant Event Analysis and writing a good form 4 and PDP.

Again the evaluation showed that more than 85% of appraisers felt that the conference talks and workshops were very good to excellent.

Meetings with HSCB

The NIMDTA appraisal team met with the HSCB revalidation team quarterly. This provided the opportunity for information sharing between the two groups, and also enhanced team building in facilitating the revalidation of GPs in Northern Ireland.

Sessional Doctors

The Regional Appraisal Co-ordinator (RAC) was involved in meeting with sessional doctors regarding the implementation of revalidation and their particular concerns in the introduction of the GMP Framework for appraisal and revalidation and how this can be best achieved by doctors working in sessional roles. The RAC also provided education for sessional doctors at a NISDA meeting.

A new sessional doctors' handbook for appraisal and revalidation is being developed.

Minimum sessions

There was much discussion regarding the minimum number of sessions which any GP must work in order to complete an appraisal and thus revalidate. As there is no national guidance in this area, it was decided that each appraisee should be appraised according to their fulfilment of the GMP Framework for appraisal and revalidation, rather than completion of a specific number of GMS or OOH sessions.

New forms

New GP appraisal forms have been approved for the recording of information pertinent to appraisal. These forms adhere more closely to the GMP Framework for appraisal and revalidation and will be available for appraisees to use within this appraisal year.

Review of scope of practice during appraisal

The Form Cp2a has been adopted by the Responsible Officer, (RO); - the RO requires that this form is signed for all work outside GMS which requires a license to practice. This includes Out of Hours work. Further guidance on the provision of form CP2as has recently been reviewed and will be available for all appraisers once agreed at HSCB level.

The Communication Protocol

The Communication Protocol has been updated with changes agreed between HSCB and NIMDTA. It is currently being finalised and should be available on the NIMDTA website from June 2014.

Patient and Colleague Feedback

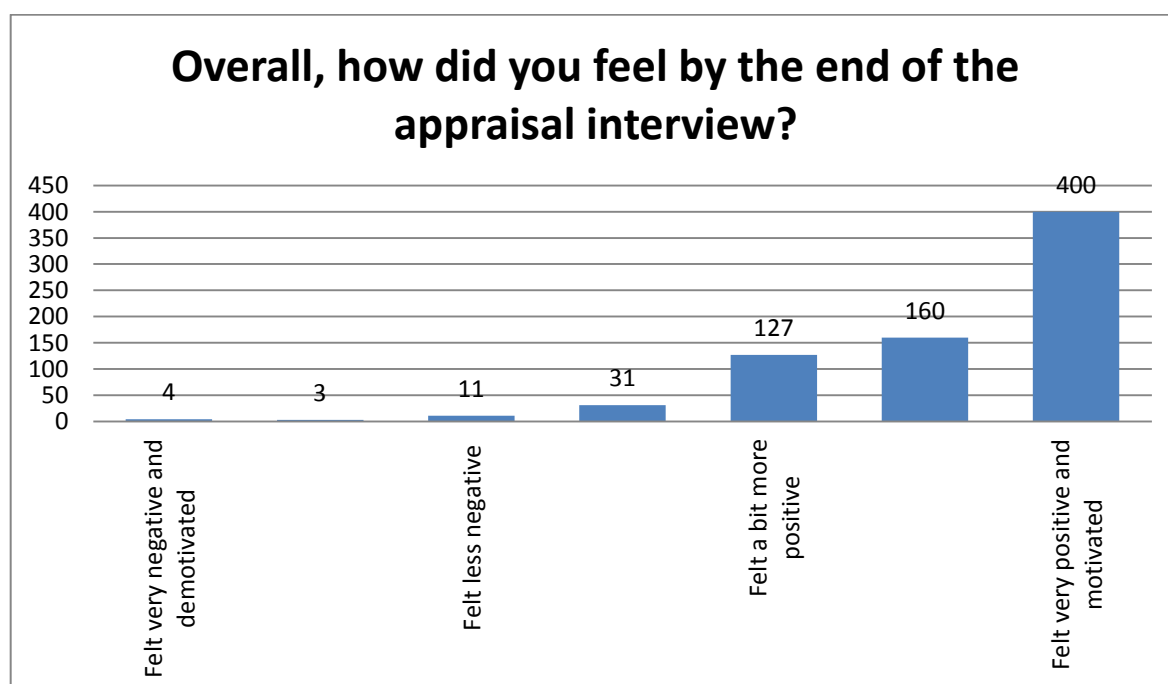
Patient and Colleague feedback is now well established with good communication systems between NIMDTA and HSCB, who co-ordinate it and the provider - the HSC Leadership Centre.

Sharing good practice

GP appraisers are aware of the wealth of good practice that they see on a regular basis during appraisals. A system is being developed to share this good practice through small appraiser groups, and lead appraiser meetings. Agreed examples of good practice will then be cascaded to GPs through the NIMDTA website.

Status	Total	Belfast	South Eastern	Northern	Southern	Western
Partner	855	207	138	200	160	149
Sessional in nGMS	304	109	89	86	79	46
Part Time Partner	211	42	44	53	40	34
Salaried GP	89	26	23	18	24	9
Retainee	17	4	5	3	4	1
Solely Out Of Hours	33	12	6	6	9	6
Assistant	5	2	1	2	2	2
Associate	1	0	0	0	0	1
No longer on PMPL at 31.03.14	10	1	3	2	3	1
TOTAL	1525	403	309	370	321	249

The following chart provides an overview of the evaluation of the appraisal process:



Implementation of Revalidation

HSCB and NIMDTA worked together effectively in the Implementation of Revalidation which began in December 2012. Meetings were held with the HSCB Responsible Officer and the Leadership Centre to agree the information required for revalidation and the application of patient colleague feedback.

Number of Doctors being Revalidated in...	Total
Year Zero (Before end of March 2013)	29
Year 1 Quarter 1 (April 13 – June 2013)	67
Year 1 Quarter 2 (July – September 2013)	65
Year 1 Quarter 3 (October – December 2013)	76
Year 1 Quarter 4 (January – March 2014)	74

Hospital Training

Hospital Training consists of two departments. These are the Hospital Specialty Training Department and the Foundation Department. Both Departments are supported by the Associate Postgraduate Dean for Career and Personal Development (Dr John Collins) and Dr Richard Tubman who was appointed as the Associate Postgraduate Dean for Faculty Development and NIMDTA Visits from January 2013.

The Foundation Department is led by the Associate Postgraduate Dean for the Foundation Programme (Miss Angela Carragher).

The Hospital Specialty Training Department

Dr Ian Steele was interviewed for the post of Associate Postgraduate Dean for Hospital Specialty Training in December 2012 and formerly took up appointment on 1st June 2013 and has led the Department from then.

The Hospital Specialty Training Department comprises eight Specialty Schools. These specialty schools are:

- School of Medicine
- School of Surgery
- School of Paediatrics
- School of Obstetrics and Gynaecology
- School of Psychiatry
- School of Anaesthesia and Intensive Care
- School of Emergency Medicine
- School of Diagnostics

There are 15 Heads and Deputy Heads of Specialty School and administrative support within each school to ensure the requirements of the GMC are achieved.

The School of Diagnostics was formed in December 2013 and comprises Radiology training (which was previously the School of Radiology) and Histopathology training (which was previously part of the School of Pathology). Chemical Pathology and Microbiology were also previously part of the School of Pathology but from December 2013 have been incorporated into the School of Medicine.

NIMDTA relies on the skills and dedication of trained educational and clinical supervisors within the Trusts. There are 45 Training Programme Directors

appointed to manage the Specialty Training Programmes and the delivery of the nationally approved Specialty Training Curricula.

The functions of the Hospital Specialty Training Department are overseen by the Hospital Specialty Training Committee. The Department receives and disseminates information to and from the Schools by a number of approaches including the Specialty Schools Forum and by Specialty School Reviews.

Hospital Specialty Training Committee

In 2012/13 a Hospital Specialty Training Committee was set up to oversee Hospital Specialty Training. The aims of this committee are:

- To oversee strategy for Specialty Schools (includes Recruitment & Selection and Induction)
- To oversee appointments to Specialty School Leadership
- To organise and oversee implementation of appraisals of Specialty School Leadership
- To organise and submit Hospital Specialty components of Annual Report, Bi-Annual Dean's Report to GMC, Reports to SMT and NIMDTA Board
- To organise the Specialty Schools Forum
- To advise on and contribute leadership to Hospital Specialty Visits and Specialty Reviews
- To advise on needs of Faculty and contribute to Faculty Development events.
- To organise representation from the Hospital Training Department to attend QMG, FDG, Revalidation Steering Group, LTFT panels, Specialty Schools Reviews, Lay Representative Forum.
- To represent NIMDTA / Hospital Specialty Training Department on external liaison groups
- To contribute to the development of relevant policies.

The membership of the group is the Associate Dean for Hospital Specialty Training (Chair), Postgraduate Medical Dean, Associate Dean for Faculty Development, Associate Dean for Careers and Personal Development, Administrative Director, Hospital Training Coordinator and Specialty Training Coordinator.

The committee met on ten occasions during 2013/14.

Specialty Schools Forum

The Specialty Schools Forum is chaired by the Associate Dean for Hospital Specialty Training and comprises the Postgraduate Dean, Associate Deans, GP Director and Heads/Deputy Heads of School, Human Resources Manager, Administrative Director and Specialty Training Coordinator. The aims of the Forum are:

- To provide for an exchange of information between the Specialty Schools
- To identify and discuss areas of concern and notable practice
- To identify the factors which impact on the development of postgraduate education and training
- To facilitate input to and discussion of NIMDTA policies
- To ensure consistency in the application of NIMDTA policies and procedures.
- To facilitate transfer of information on quality management, faculty development, revalidation, trainee support and career advice
- To agree the principles underpinning the use of study leave funding and review the arrangements for the approval of study leave
- To promote and review the uptake of less than full-time training opportunities
- To advise on recruitment, allocations and vacancies

The Specialty Schools Forum met on six occasions during 2013/14.

Specialty School Reviews

In December 2012 a Specialty School Review process was set up to conduct a review of each Specialty School every two years. This is carried out with the Head and Deputy Head of a school to discuss the challenges and performance over the previous 12 months. The Schools of Medicine, Pathology, Radiology, Obstetrics and Gynaecology and Emergency Medicine were reviewed in 2013/14. Areas for discussion included: Review of School Board, Recruitment and Selection, Induction to the Specialty, Formal Teaching Programmes, ARCPs and Trainees Requiring Support. The remaining Schools (Surgery and Anaesthetics) will be reviewed in 2014/15.

Recruitment and Selection

Specialty Programmes Recruitment and Selection

NIMDTA is responsible for the recruitment and selection of Specialty Trainees throughout Northern Ireland.

432 posts were advertised for August 2013 from a total of 1,155 Specialty Training posts to which 390 trainees were appointed (325 appointments into programmes of training and 65 to fixed-term specialty training appointments). Trainees were allocated to posts based on ranking at interview on preference.

At 4 August 2013 there were a total of 69 posts remaining unfilled, spread across all specialties but with the largest number of vacancies occurring in Emergency Medicine, Core Medical Training and Core Surgical Training. This figure had increased to 104 by the end of March 2014 due to resignations, maternity leave, sick leave and out of programme training.

Induction

Specialty Programme Induction

Each specialty school provided regional induction for trainees commencing in their specialty at the beginning of the programme. In some specialties this took place on more than one occasion to facilitate the number of trainees and their working patterns.

Deanery-wide Courses for Trainees

Delivery of the curriculum for trainees is a joint responsibility of NIMDTA and LEPS. Each Specialty unit would be expected to have weekly teaching sessions. In addition, NIMDTA provided a range of formal education and examination preparation courses and a Management Training Programme for all Final Year Specialty trainees. Senior trainees were also provided access to the Teaching the Teacher Programme.

Management Training Programme

A total of 106 Specialty Registrars in their final year of training attended a Management Development Programme in 2013/14. This programme aims to equip doctors in training with the necessary management skills to become an NHS consultant.

Study Leave Approval

Most of the required education and training that a trainee needs is built into programmes of training. In addition study leave was granted for attendance at formal education courses and for free-standing local or national courses, local programmes of learning (for example half day release), conferences and private study.

A total of 3,417 study leave applications were received by NIMDTA in 2013/14, eighty of which were not approved. Reasons for non-approval included failure to submit the application in advance of the period of study leave. The 3,337 applications granted equated to £643,541 of spend.

Assessment of Trainee Progress

The seventh year of Assessment Review of Competence Progression (ARCP) took place for Specialty Trainees (StRs). A Record of In-Training Assessment (RITA) process continued for trainees within the Specialist Registrar (SpR) grade.

In 2013/14, a total of 912 trainees were assessed in specialty training: 881 were assessed using the ARCP process and 31 through the RITA process.

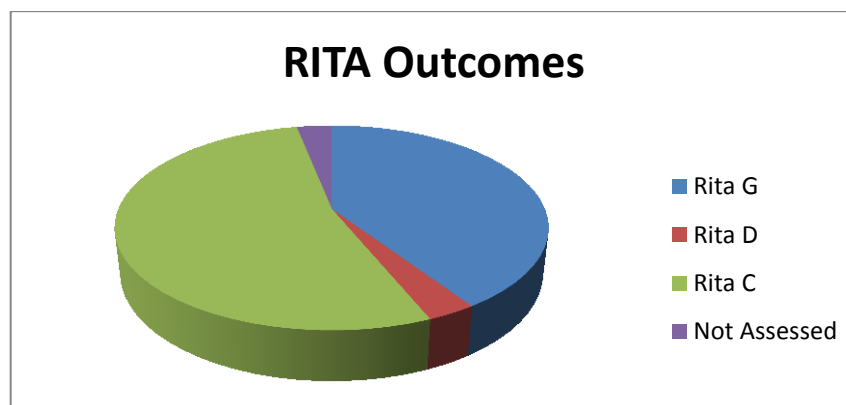
All specialties have introduced a portfolio for trainees to provide a record of progress through training and the achievement of competencies, based on the relevant curricula. Almost all portfolios are now electronic.

ARCP Outcomes		RITA Process	
Satisfactory Progress			
1	Achieving progress and competences at the expected rate	RITA C	The trainee has progressed and achieved the competences at the expected rate
Unsatisfactory or insufficient evidence			
2	Development of specific competences required – additional training time not required	RITA D	Recommendation for targeted training – stage 1 of required additional training
3	Inadequate progress by the trainee – additional time required	RITA E	Recommendation for intensified training/repeat experience – stage 2 of required additional training
4	Released from training programme with or without specified competences		

5	Incomplete evidence presented – additional training time may be required		
Recommendation for completion of training			
6	Gained all required competences	RITA G	Final record of satisfactory progress
Outcomes for trainees out of programme or not in run-through training			
7.1	Satisfactory progress in or completion of the LAT / FTSTA placement.	RITA F	Report of out of programme training/experience
7.2	Development of Specific Competences Required – additional training time not required LAT / FTSTA placement		
7.3	Inadequate progress by the trainee – additional training time required LAT / FTSTA placement		
7.4	Incomplete Evidence Presented - LAT / FTSTA placement.		
8	Out of programme experience for approved clinical experience, research or career break		
9	Top-up training		
Withdrawal of NTN			
The trainee is required to leave the training programme before its completion.			

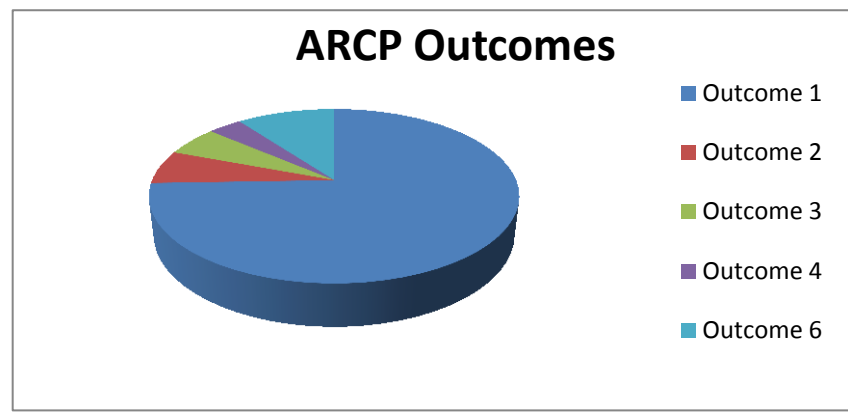
RITA Outcomes for 2013/14

RITA G	13
RITA D	1
RITA C	17
Not Assessed	1



ARCP Outcomes for 2013/14

Outcome 1	656
Outcome 2	55
Outcome 3	49
Outcome 4	31
Outcome 6	90



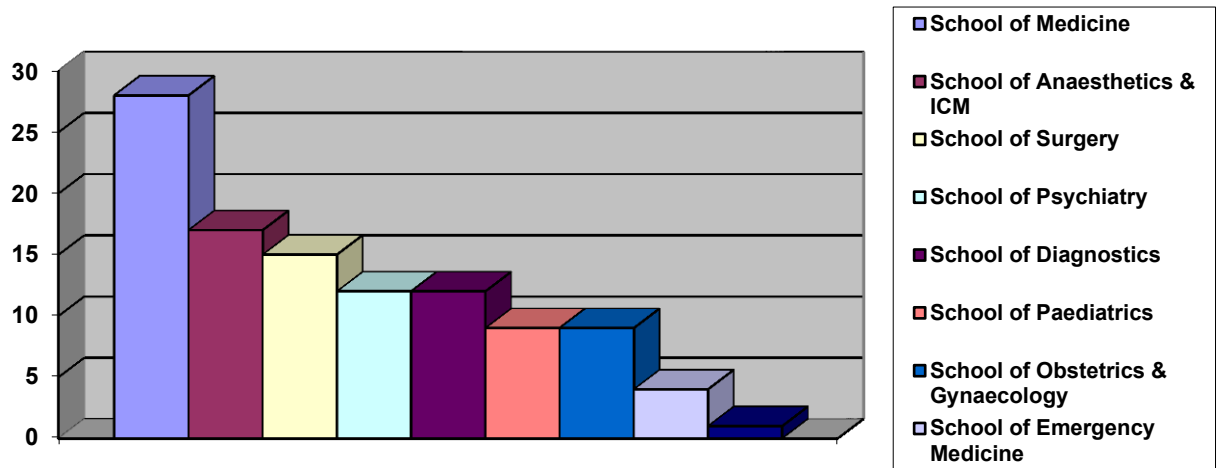
During 2013/14 comprehensive NIMDTA guidance for the ARCP process was developed to be used in conjunction with the national Gold Guide. This new guidance will be in place for the ARCPs being carried out in the 2014/15 year.

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

In 2013/14, 106 specialty trainees completed their training requirements and gained their Certificate of Completion of Training.

CCT Outcomes by Specialty School

Specialty School	Total CCTs
School of Anaesthetics and Intensive Care Medicine	17
School of Emergency Medicine	4
School of Diagnostics (7 radiology; 5 pathology)	12
School of Medicine (27 medicine; 1 public health medicine)	28
School of Obstetrics & Gynaecology	9
School of Paediatrics	9
School of Psychiatry	12
School of Surgery	15



Northern Ireland Foundation School

The Foundation School is led by Ms Angela Carragher, Associate Postgraduate Dean for the Foundation Programme.

The Northern Ireland Foundation School is responsible for all new medical graduates as they make the transition into clinical working practice in Northern Ireland whilst holding GMC provisional registration. A second year of Foundation training (F2 year) ensures preparedness to enter specialty training in a chosen specialty including General Practice.

Foundation Programmes

In the Foundation School there are fourteen programmes of training each headed by a Foundation Programme Director (FPD). Recruited and selected Foundation educational supervisors (FES) oversee defined numbers of Foundation doctors for a year long period of training. Named Foundation clinical supervisors (FCS) internally appointed by a Trust, oversee each individual doctor's four month placement.

During 2013/14 new FPD/ FES training appointments were made as follows:

Dr Gary Heyburn was appointed as FPD in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors;

Dr Kevin Dynan was appointed as FPD in the SE Trust at the Ulster Hospital, Dundonald site;

Dr Suzy Guy was appointed as FES in the Belfast Trust at the Mater Hospital site for F1 / F2 doctors;

Dr Olly Bannon as appointed as FES in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors;

Dr Mary-Clare McGovern appointed as FES in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors;

Dr Philip O'Connor as appointed as FES in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors.

Foundation Programme Recruitment and Selection

There are three strands to recruitment into the Foundation Training Programme. The Foundation School works in conjunction with QUB medical school to provide information to final year medical students about the application process to the national recruitment process.

The Foundation Programme Application System (FPAS) is a UK co-ordinated system used to recruit eligible applicants to a two year Foundation Programme training scheme under the auspices of the United Kingdom Foundation Programme Office (UKFPO). The recruitment process begins annually in October with an online application process and ends when all applicants have been placed in a FP training post. Due to over subscription in recent years, this process may continue until early July in the following year.

Parallel to this process is recruitment to the Academic Foundation programme which involves an assessment and face to face interview. The Northern Ireland Foundation School offers nine posts for Academic Foundation doctors. Thus the academic programme at QUB is enhanced through the attraction of high quality new medical graduates keen to pursue academic careers following foundation training. In 2013, a total of 26 applicants applied, 17 attended for interview with nine offers accepted.

Integral to the application process is a situational judgement test or SJT which is conducted in all UK medical schools and taken with educational performance measures (EPMs) all applicants are awarded a score. This score matches applicants to a Foundation School and with choice of location decided, a second process matches applicants to their choice of post for the first two years of their post graduate medical training.

The Foundation School in the F2 year may have vacancies due to resignations, extended leave or IFST requests and a number of standalone F2 posts are filled through a separate recruitment process conducted in April/May annually.

Foundation Programme Induction

A regional induction day for new Foundation doctors was held on the Monday 5 August 2013. The theme of the morning presentations was Patient Safety with Mrs Margaret Murphy from the World Health Organisation Patients for Patient Safety as guest speaker. She gave a personal account of her son, Kevin's interaction with healthcare. New regional initiatives which included the electronic patient record (NIECR) and the national early warning score (NEWS) were explained with roll out dates indicated. The Foundation School's induction to the Foundation Programme was peer delivered by many current and recent Foundation doctors in the afternoon. Comprehensive evaluations were collated and forwarded to all who spoke at the event.

Study Leave Approval

Study leave is not available for F1 doctors under national terms and conditions of service. The Local Education Providers undertake to provide three hours of educational activities for all F1 doctors weekly.

Study leave for F2 doctors is managed by the Foundation School and provision of Generic Skills training is provided on a mandatory attendance basis and delivered and co-ordinated regionally at NIMDTA. All F2 doctors in General Practice training attend weekly tutorials and have a weekly half day in the GP practice for private study which counts towards their annual allocation of leave days.

Generic Skills Training for Foundation Trainees

In 2013/14, the ninth annual programme of mandatory Generic Skills training days was delivered regionally for all F2 doctors. A total of ten days of study leave is set aside for attendance at these training days. Attendance is closely monitored and if a module is not attended an opportunity is offered to attend in the following year. Sessions include training on the following:

Module 1a: Career Management – Dr John Collins, Associate Dean

Module 1b: Educational Opportunities and Requirements during F2 – eportfolio & requirements for Foundation ARCP

Module 2a: Acute Kidney Injury – Interactive teaching session on Acute Kidney Injury

Module 2b: The Doctor as a Teacher – Teaching and Assessing a Skill and Delivering Feedback

Module 3: Patient Safety / Medico-legal Seminar

Module 4: Teamwork / Fitness to Practice

Module 5: Safeguarding: What you need to know

Module 6: Breaking Bad News and Ethics

Module 7: Professionalism and Resilience awareness

Module 8: Dial 999 (Delivered at the NIAS HQ)

Module 9: Advanced Life Support (ALS) training courses (Trust delivered)

All sessions are interactive and designed to meet the professional needs of this group of doctors as they start their professional careers. To accommodate the increased numbers all modules are delivered on seven separate occasions to ensure all F2 doctors can attend. Valuable on-line feedback from the doctors who attend is scrutinised and contributes to strengthen and enhance these training days.

Foundation Trainee Forum

The Foundation School has an active and well established Foundation Doctors' Forum which promotes inclusion of Foundation doctors' views in regional working groups and sends representatives to national meetings thus linking with other foundation doctors in other regions. Representatives of this forum are full members of the Foundation School Board and include a Final year Medical student along with an F1 and an F2 doctor. Issues pertaining to Foundation doctors are highlighted through this Deanery level reporting structure. The Foundation School links directly with the recruited and selected Foundation Programme Directors based in the Local Education providers, three times a year. Opportunities exist to discuss areas of good practice and directly influence how they are disseminated in the region.

Inter Foundation School transfers (IFST)

Trainees will be expected to show that they have well-founded reasons for wishing to move from their current location. The accepted principles/criteria for consideration of IFST requests for well-founded personal reasons are:

1. Significant life events
2. Caring responsibilities
3. Committed relationship – particularly marriage, civil partnerships
4. Other Relationships including the importance of support networks

Inter Foundation school transfers are managed by mutual regard to vacancies and circumstances governed by a nationally agreed policy instituted by the UKFPO.

Foundation Programme Outcomes

Of the Foundation trainees who completed training in August 2013:

- 157 entered a programme of Core or Specialty training (in Northern Ireland, in England and in Scotland)
- 66 did not apply for ST
- 11 sought employment inside the UK
- 1 sought employment outside of the UK
- 7 undertook a Fixed-Term Specialty Training Appointment (FTSTA) or Locum Appointment for Training (LAT).
- 8 foundation trainees elected, or were required, to complete a further F2 year
- 1 Time out of Programme (TOOP)

Our Internal Processes

Administrative Functions

The administrative functions of NIMDTA are led by the Administrative Director, Ms Margot Roberts. Ms Roberts is supported by three senior managers who each head up individual departments, the Finance Manager, Mr Tommy Hutchinson, the Human Resources Manager, Ms Roisin Campbell and the Corporate Governance Manager, Mr Mark McCarey.

To demonstrate substantive systems of internal control

Controls Assurance

The Governance, Risk Management, Financial Management, Environmental Management, and Purchase and Supply controls assurance standards were independently assessed and benchmarked across the HSC by Internal Audit. All other standards were reviewed by self-assessment. The outcomes were as follows:

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

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

Performance Indicators

The narrative throughout this Management Commentary is structured around the strategic and business objectives as set out in NIMDTA's Business Plan 2013/14. (Performance against key performance indicators is noted on page 17).

Risk Management

The effective management of risk remains a key objective in delivering the business of NIMDTA. Within 2013/14 the Governance & Risk Committee, a sub-committee of the NIMDTA Board met on five occasions. During the year the Committee undertook a major review of the Corporate Risk Register. This then informed a review of each of the Departmental Risk Registers which will continue into 2014/15.

Internal Audit performed an audit on Risk Management within the year. Further, Internal Audit benchmarked NIMDTA's work in this area through the controls assurance process, and substantive compliance was achieved.

Principal Risks & Uncertainties

NIMDTA maintains a Corporate Risk Register, as well as a departmental register for each department. The Corporate Risk Register is regularly reviewed by the Board, the Senior Management Committee, and the Governance and Risk Committee. The following are regarded as key risks:

That the introduction of FPL/HRPTS systems impact adversely on service delivery

This risk relates to the introduction of the Finance Procurement & Logistics (FPL) and Human Resources, Pay & Travel Portal (HRPTS) systems as part of the Business Services Transformation Project (BSTP). The aim of the BSTP is to modernise the HR and Finance systems within Health & Social Care organisations in Northern Ireland (HSCNI). The potential impact on service delivery was twofold as time intensive administrative work was required prior to implementation, as well as uncertainty as to the impact of the software following implementation. The HRPTS system was fully implemented on 1 April 2014, and the FPL system is due to be fully implemented later in the year. This risk will continue to be closely monitored in 2014/15.

That the cost of GP training exceeds the GP Training Budget

The implications of this risk relate to the impact of periods of statutory leave and less than full time training on the GP Training Budget. The training budget is set at a fixed number of trainees (65) being on the scheme in any year, but periods of leave or LTFT can place considerable pressure on this budget, as trainees remain in the scheme for longer than the three year period required in GP Training. The introduction of several management controls saw improved performance in this regard in 2013/14, however the risk will continue to be closely monitored into 2014/15.

Emergency Preparedness

NIMDTA has a Business Continuity Plan that provides instructions on required action if a major incident should occur such as a fire, flooding or an outbreak of an infectious disease. The continuing development of such a plan should ensure that minimum disruption is experienced in the delivery of NIMDTA's services, if such an event were to occur.

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

NIMDTA has a Security Policy that provides further advice in relation to the management of Beechill House, the prevention of security incidents, as well information on how to respond in the event that such an incident occurs.

Information Governance

During 2013/14 staff from NIMDTA continued to participate in meetings regarding the development of the next version of the Intrepid system, Version 10. Intrepid is a database that has been designed in order to facilitate the recording and reporting requirements of Postgraduate Deaneries. The functionality of the core system can be enhanced through additional modules.

The Course Manager module continued to offer:

- Continuing Professional Development courses to General Practitioners, Dentists and Dental Care Professionals
- Training days for the Dental Foundation Programme, the Medical Foundation Programme and the GP Specialty Training Programme

- All of NIMDTA courses for its Hospital Specialty Training Programmes
- Faculty Development courses

In total, there were 9,274 bookings made in 2013/14. NIMDTA continues to work with the supplier regarding improvements to the system. A new version of the Course Manager system has been developed but does not yet include many of the customisations NIMDTA requires – it is hoped that further progress will be made in relation to these during 2014/15.

All local recruitment for Specialty Training, as well as national recruitment for a selection of specialties, was again carried out using the Intrepid Pathway system during 2013/14. Over the period a total of 707 applications were received through Pathway. Staff from NIMDTA attended meetings regarding a new national recruitment system named Oriel.

Also during 2013/14, NIMDTA staff participated in workshops relating to the HSC Business Services Transformation Programme (BSTP). BSTP was tasked with modernising the HR and finance systems within Health & Social Care organisations in Northern Ireland (HSCNI). A local implementation team continued to meet regularly, with Finance and HR staff providing updates from the workshops which they had attended. The Administrative Director was a member of the Project Board for the Regional Organisations Business Services Transformation Project. The FPL system became operational in September 2013, with full implementation during 2014. HRPTS went live on 18 February 2014, with full implementation to be effective from 1 April 2014.

A new staff intranet site, designed as a means of hosting policies and procedures, and to improve communication with staff, was launched in August 2013.

A new Information Management Controls Assurance Standard was introduced for 2013/14 by DHSSPS. A significant amount of effort was made in relation to compliance with the new standard, including the review of all Information Governance related policies and the creation of several new policies. Work will continue during 2014/15 to enhance compliance with the standard.

Information Requests

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

Two requests were received under the Data Protection Act. The requests were processed in accordance with the Data Protection Act and within the required timescale.

There was one data related incident during 2013/14. A former member of NIMDTA staff, who had been on secondment to another HSCNI organisation was found to still have access to two NIMDTA shared email accounts – this access was removed immediately.

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 NIMDTA. Note 23 to the attached accounts provides details of disclosed interests. Guidance requires details of company directorships and other significant interests held by Board Members which may conflict with their management responsibilities to be discussed in the Director's Report.

A formal Register of Interests is available for public scrutiny and can be viewed on request from the Finance Office at NIMDTA.

Environmental Issues

Environmental Management

NIMDTA recognises that good management includes all environmental matters and seeks to ensure that environmental protection and the prevention of pollution are part of decisions, policies and practices to ensure that the impact of the work of NIMDTA on the environment is minimised. NIMDTA is committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. In 2013/14 NIMDTA co-ordinated this area of work through its Environmental Management Policy.

Internal Audit benchmarked NIMDTA's work in this area through the controls assurance process, and substantive compliance was achieved.

Waste Management

Waste originating from NIMDTA's premises is considered as being controlled waste as defined in the Waste and Contaminated Land (Northern Ireland) Order 1997. In accordance with the provisions contained in that Order, NIMDTA has a duty of care in relation to the handling, disposal and management of waste. The duty to dispose of waste properly is set out in the Environmental Protection Act 1990 and the Environmental Protection (Duty of Care) Regulations 1991. In 2013/14, NIMDTA co-ordinated this area of work through its Waste Management Policy.

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

Within 2013/14 NIMDTA provided a Sustainable Development Report to DHSSPS. The information contained within this report will inform a larger report to OFMDFM to provide evidence of progress within DHSSPS on the delivery of the six priority areas for action as identified in the Sustainable Development Strategy and Implementation Plan.

To ensure that equality, quality and PPI are embedded within the business of NIMDTA

Equality and Human Rights

NIMDTA's Equality Scheme was given formal approval by the Equality Commission in September 2011. Throughout 2013/14 NIMDTA has worked in close partnership with colleagues from the HSC Agencies and Special Bodies Consortium in the implementation of its statutory equality duties.

In 2012/13 NIMDTA consulted on and approved both an Equality Action Plan, as well as a Disability Action Plan within the period. Copies of these documents are available on the NIMDTA website.

NIMDTA has an Equal Opportunities policy that applies to all aspects of employment, including recruitment, promotion, training, redeployment and other benefits and facilities. NIMDTA positively and productively promotes and observes the objectives and principles of the various pieces of Equality legislation.

NIMDTA specifically seeks to ensure that it treats all people in a way that prevents discrimination and promotes equality of opportunity.

Social & Community Issues

Personal and Public Involvement (PPI)

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

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

As an HSC organisation NIMDTA has a statutory responsibility to ensure that the PPI agenda is delivered throughout its work. Throughout 2013/14 the Director of Postgraduate General Practice Education and Corporate Governance Manager worked in partnership with colleagues from the HSC in developing PPI activity throughout the sector. An Annual Report on this work has been developed by the Public Health Agency, and will be made available on their website.

As part of NIMDTA's PPI strategy, lay representatives are involved in many different functions. Details of the work that lay representatives carry out is contained throughout the narrative of this report, and in particular at p28.

Our Staff

***To develop a workforce with sufficient skills to deliver the functions of
NIMDTA***

In 2013/14, NIMDTA made the following new appointments:

General Practice Training Appointments

Dr Monica Hughes - GP Lead Appraiser
Dr Moya McAleavey - GP Appraiser
Dr Jennifer Gibson - GP Appraiser
Dr Eimear McLaverty - GP Appraiser
Dr Elaine Lawrence - GP Appraiser
Dr Claire Condron - GP Appraiser
Dr Ciara McLaughlin - GP Appraiser
Dr Philip Cooke - GP Appraiser
Dr Gary Maxwell - GP Appraiser
Dr Stephen Hart - GP Appraiser
Dr Alison Vaughan - GP Appraiser
Dr Jill Edgar - GP Appraiser
Dr Zara Mayne - GP Appraiser
Dr Carla Devlin - GP Appraiser
Dr Marie King - GP Appraiser
Dr Siobhan McEntee - GP Programme Director
Dr Nigel Hart - Associate Director Quality Improvement

Hospital Training Appointments

Dr Say Quah -TPD GU Medicine
Dr Kevin Maguire - Head of School Emergency Medicine
Dr Richard Wright - Head of School Diagnostics
Dr Michael Trimble - Head of School Medicine
Miss Rosie Brennan - TPD Ophthalmology
Dr Brian Grant - TPD Paediatric Cardiology
Dr Lisa Devlin - TPD Immunology
Mr Brian Mockford - TPD Trauma and Orthopaedics

Dental Training Appointments

Ms Ruth Nesbitt - Dental Assessor
Mr David Smyth - Dental Assessor
Mr Matthew Preston - Dental Assessor
Mr David Adgey - Dental Assessor
Mr Paul Grugan - Dental Assessor
Mr Hugh Casey - Dental Assessor
Mr Brian Gibson - Dental Assessor
Mr Paul Cochrane - Dental Assessor
Ms Caroline Tiernan - Dental Assessor

Mr Chris Mulholland - Dental Assessor
Mr Mark Lenny - Dental Assessor

Administrative Appointments

Ms Adele Caskey - Specialty Training Administrator
Ms Bronagh Higgins - Specialty Training Administrator

National Medical and Dental Recruitment

National policy in relation to Medical and Dental Recruitment changes on an annual basis led by the Royal Colleges. The main focus for this year has been process alignment in advance of the introduction of the new medical and dental recruitment system Oriel. The Administrative Director represented NIMDTA on the national Process Alignment Group and the HR Manager represented NIMDTA on the national Recruitment Operational Group.

Administrative Staffing

Vacancy control has been put in place for administrative posts within NIMDTA, however with the introduction of Revalidation and increased requirements from the GMC in terms of quality management and the approval and accreditation of trainers two administrative posts were recruited in the Hospital Training Department. Three further posts were held as redeployment options for staff affected by the introduction of shared services and three members of staff will be redeployed to these posts when transactional processes are outsourced to the shared services centres.

Training and development

NIMDTA supported three medical and dental staff in undertaking the Certificate/Masters Degree in Medical Education. One member of staff was supported in pursuing a professional accounting qualification and a senior educator and a member of the Senior Management Committee undertook a leadership course.

NIMDTA also provided Interview skills training for all staff on two occasions during this period.

Health and Wellbeing

NIMDTA places high value on supporting its Health and Wellbeing Strategy and continues to facilitate staff to take part in a weekly exercise programme. The Dental Training Co-Ordinator provided a Colour Breathing session for staff and Cancer Focus NI undertook body checks for staff on two occasions during the year.

Communication and Engagement with Staff

In line with NIMDTA's Communication Strategy particular attention was paid during the period to Communication and Engagement with staff.

The Senior Management Committee met on a monthly basis and there were four briefings to staff during this period with Board members present at two of these briefings.

A particular focus has been on engagement with NIMDTA's administrative staff and an Administrative Staff Workshop was held on 8 October 2013.

An annual staff satisfaction survey was carried out to assess the satisfaction of staff working in NIMDTA and an action plan was agreed by the Senior Management Committee to deal with any issues arising from the satisfaction report.

Successful negotiations with NIPSA took place over this period with the JNF meeting on two occasions and agreement was reached in relation to the staff being redeployed within NIMDTA who were affected by the introduction of shared services.

Staff Appraisal

In preparation for the roll out of annual appraisals NIMDTA provided Appraisal Training for Appraisers for both the appraisal schemes, KSF Appraisal and Educator Appraisal.

HRPTS

NIMDTA established a HRPTS project team reporting to the HSC Regional Project Management Team on a weekly basis and was pleased to be signed off to go 'live' with the HRPTS system on 1 March 2014.

The HR Manager provided awareness sessions for staff on how to use the HRPTS system and training was provided by NIAS for core users and by BSO for Managers.

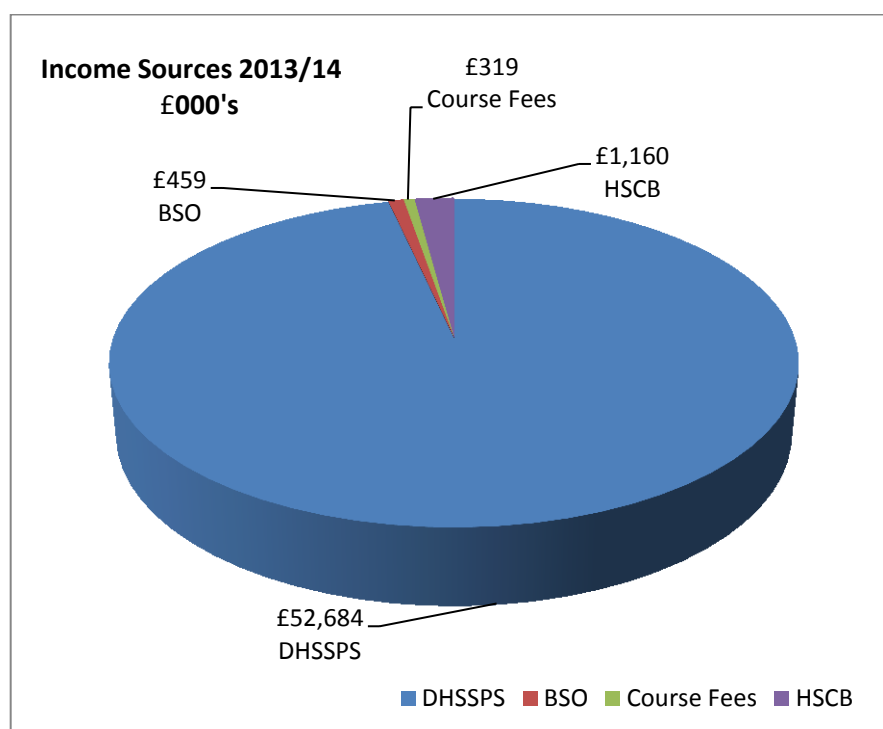
Absence Management Strategy

The HR Manager sits on the Regional Absence Network in the HSC. There is a very robust system in place to manage absence within NIMDTA and NIMDTA is pleased with the low absence rate of 1.7% during this period which is well below the HSC target rate of 5.2%.

Our Finances

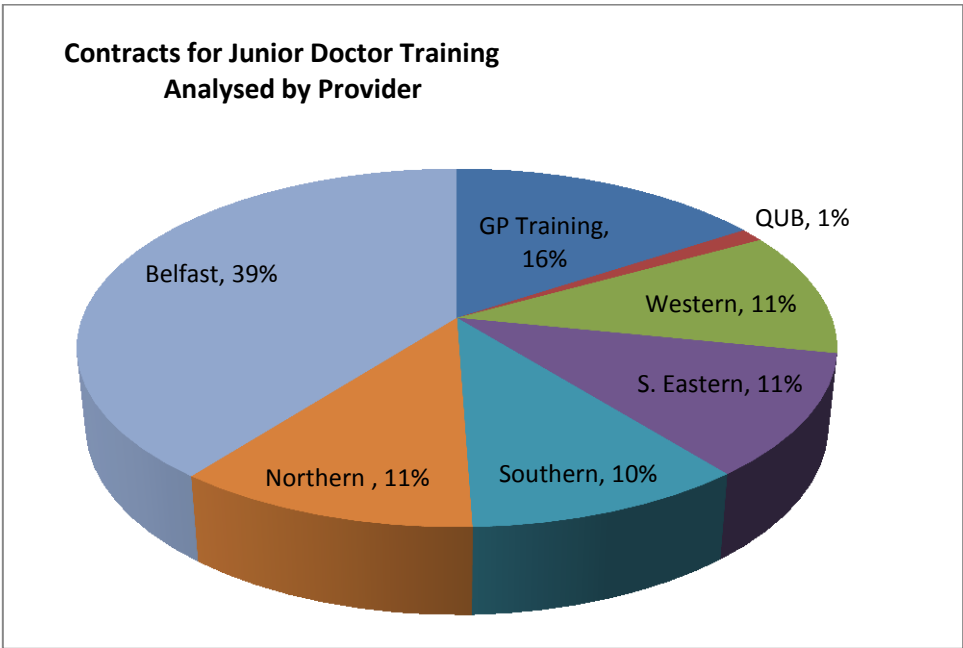
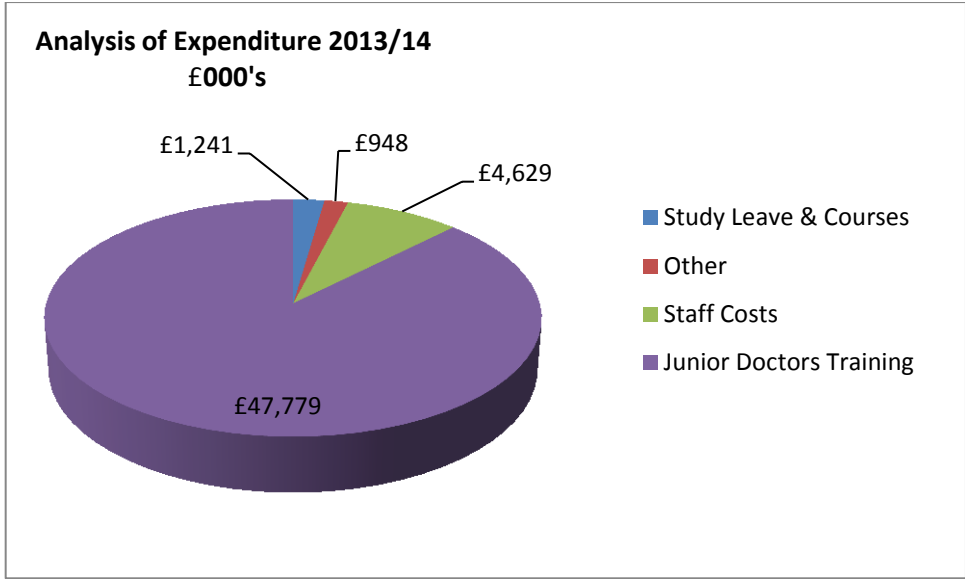
To manage expenditure in line with Managing Public Money

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



NIMDTA spent £54m in 2013/14, the majority of this being spent on Learning and Development Agreements with the five HSC Trusts and other Local Education Providers (LEPs) including GP Training Practices. The payments made under the Learning and Development Agreements include a proportion of the basic salary costs of doctors and dentists in training. These salary costs vary from 50% to 100% depending upon their grading.

NIMDTA employs a number of medical and dental educator staff on a part-time basis to monitor the quality of training provided by LEPs. NIMDTA also delivers training courses which are necessary for doctors and dentists to attend to satisfy the requirements of their specialty curriculum. In addition NIMDTA provides training in the form of continuing professional development (CPD) for qualified medical and dental general practitioners. It also funds trainees to attend training courses provided by external providers.



NIMDTA met its breakeven objective (+/- 0.25%) as outlined in its business plan, having recorded a small surplus of 0.05% (£25,138).

Remuneration Report

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

Remuneration committee

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

Mr. A. Joynes (Chairman)

Mr. D. Morrice (Non-Executive Board Member)

Mr. L. Wilson (Non-Executive Board Member)

Mr. G. Smyth (Non-Executive Board Member)

Dr. J. Jenkins (Non-Executive Board Member – resigned 30 April 2013)

Dr. D. Maguire (Non-Executive Board Member)

Remuneration Policy

The membership of the Remuneration Committee for NIMDTA consists of the Chairman and the five non-executives.

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

Performance of non-educator Senior Executives is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the Board and judgements are made as to their banding in line with the departmental

contract against the achievement of regional organisation and personal objectives.

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

In relation to the policy on duration of contracts, all contracts of senior executives in NIMDTA are permanent. During the year 2013/14 all contracts were permanent and each contained a notice period of 3 months.

Service contracts

There were no service contracts.

Directors

Prof. K. Gardiner was appointed as Chief Executive on 1st November 2012;

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

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

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

Non-executive Directors

Mr. A. Joynes appointed (as Chairman) on 20th June 2011 (for a period of 2 years until 19 June 2013 and further extended to 19 June 2017);

Mr. D. Morrice appointed on 25th July 2011 (for a period of 2 years until 24 July 2013 and further extended to 24 July 2017);

Mr. L. Wilson appointed on 13th February 2012 (for a period of 2 years until 12 February and further extended to 12 February 2018);

Mr. G. Smyth appointed 24th January 2013 (for a period of 2 years);

Dr. J. Jenkins appointed 24th January 2013 (for a period of 2 years but resigned on 30th April 2013);

Dr. D. Maguire appointed 18th March 2013 (for a period of 2 years).

Dr. J. Marley reappointed on 21st January 2009 (for a period of 4 years), resigned 31st July 2012.

Mrs. J. Eve reappointed on 23rd August 2008 (for a period of 4 years), subsequently extended to 23rd January 2013;

Dr. R. Atkinson reappointed on 24th January 2008 (for a period of 4 years), subsequently extended to 23rd January 2013;

Duration of contract

All contracts of senior executives are permanent.

Notice period

At least four weeks' notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Termination Payments

Statutory provisions only apply as detailed in contracts. There were no payments made to directors in respect of compensation for loss of office during 2013/14.

Retirement Age

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

Salary and pension entitlements

The following sections provide details of the remuneration and pension interests of the Non-Executive members and senior management.

Remuneration (including salary) and pension entitlements - Audited.

Name	2013/14			2012/13				
	Salary	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (to nearest £1000)	Salary	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (to nearest £1000)
Non-Executive Members								
Mr A Joynes Chairman	10-15	-	-	10-15	10-15	-	-	10-15
Mr D Morrice Non Executive Director	0-5	-	-	0-5	0-5	-	-	0-5
Mr L Wilson Non Executive Director	0-5	-	-	0-5	0-5	-	-	0-5
Mr G Smyth Non Executive Director	0-5	-	-	0-5	0-5	-	-	0-5
Dr J Jenkins Non Executive Director	0-5	-	-	0-5	0-5	-	-	0-5
Dr D Maguire Non Executive Director	0-5	-	-	0-5	0-5	-	-	0-5
Dr J Marley Non Executive Director	-	-	-	-	0-5	-	-	0-5
Dr R Atkinson Non Executive Director	-	-	-	-	0-5	-	-	0-5
Mrs J Eve Non Executive Director	-	-	-	-	0-5	-	-	0-5

Name	2013/14			2012/13				
	Salary	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (to nearest £1000)	Salary	Benefits in kind (to nearest £100)	Pension Benefits (to nearest £1000)	Total (to nearest £1000)
Executive Members								
Prof K Gardiner Chief Executive & Postgraduate Dean	170-175	-	16	185-190	170-175	-	-15	155-160
Ms M Roberts Acting Chief Executive (until 31st October 2012)	-	-	-	-	60-65	-	-	60-65
Dr C Loughrey Director Of General Practice Education	115-120	-	9	125-130	115-120	-	8	125-130
Prof D Hussey Postgraduate Dental Dean	65-70	-	-	65-70	65-70	-	1	65-70
Highest Earner's Total Remuneration (£'000)			170-175				170-175	
Median Total Remuneration			89,370				85,777	
Ratio			1.9				2.0	

The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

Salary

'Salary' includes gross salary; overtime; reserved rights to London weighting or London allowances; recruitment and retention allowances; private office allowances and any other allowance to the extent that it is subject to UK taxation and any gratia payments.

Benefits in Kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument.

Bonuses

Bonuses are based on performance levels attained and are made as part of the appraisal process. Bonuses relate to the performance in the year in which they become payable to the individual. The bonuses reported in 2013/14 relate to performance in 2013/14 and the comparative bonuses reported for 2012/13 relate to the performance in 2012/13.

Pension Entitlements - Audited

Name	Accrued pension at pension age as at 31/3/14 and related lump sum	Real increase in pension and related lump sum at pension age	CETV at 31/3/14	CETV at 31/3/13	Real increase in CETV	Employer contribution to partnership pension account
	£'000	£'000	£'000	£'000	£'000	Nearest £100
Prof K Gardiner Chief Executive & Postgraduate Dean	55-60 Plus lump sum of 170-175	0-5 Plus lump sum of 0-5	1071	1153	30	19,000
Dr C Loughrey Director of General Practice Education	25-30 Plus lump sum of 80-85	0-5 Plus lump sum of 0-5	480	524	21	15,800
Dr D Hussey Postgraduate Dental Dean	0-5 Plus lump sum of 5-10	0-5 Plus lump sum of 0-5	53	65	9	8,700

Retirement Benefit costs

HSC Superannuation Scheme

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

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

In respect of Directors, there are no provisions for the cost of early retirement included in the 2013/14 accounts.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31st March 2008 valuation will be used in the 2013/14 accounts.

Employee contributions are determined by the level of pensionable earnings.

The employee contribution rates for the 2014/15 year are as follows:

Members of the HSC Superannuation Scheme:

Annual pensionable earnings (full-time equivalent basis)	2014 contribution rate before tax relief
Up to £15,431	5.0%
£15,432 - £21,387	5.6%
£21,388 - £26,823	7.1%
£26,824 - £49,472	9.3%
£49,473 - £70,630	12.5%
£70,631 - £111,376	13.5%
£111,377 and over	14.5%

University Superannuation Scheme

NIMDTA participates in the University Superannuation Scheme. This is a defined benefit scheme with employer contributions of 16% of gross pay. The most up to date actuarial valuation was carried out at 31st March 2011. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent basis.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31st March 2011 valuation will be used in the 2013/14 accounts.

Premature Retirement costs

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

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HSC Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HSC Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks' pay (reduced by 30% for each year of additional service over 6 2/3 years). Alternatively, staff made redundant who are members of the HSC Pension Scheme, have at least two years' continuous service and two years' qualifying membership and have reached the minimum pension age (currently 50 years) can opt to retire early without a reduction in their pension as an alternative to a

lump sum redundancy payment of up to 24 months' pay. In this case the cost of the early payment of the pension is paid from the lump sum redundancy payment however if the redundancy payment is not sufficient to meet the early payment of pension cost the employer is required to meet the additional cost.

In respect of Directors there are no provisions for the cost of premature retirement included in the 2013/14 accounts.

Salary and Pension Entitlements

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 include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the HSC 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 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.



Professor Keith Gardiner
Chief Executive/Postgraduate Dean

Date: 29 September 2014

**NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY
FINANCIAL STATEMENTS**

FOR THE YEAR ENDED 31 MARCH 2014

**Laid before the Northern Ireland Assembly under Article 90(5) of the
Health and Personal Social Services (NI) Order 1972 by the Department
of Health, Social Services and Public Safety**

On

12/01/2015

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

FOREWORD

1. Statutory Background

This is the ninth statement of accounts of the N.I. Medical and Dental Training Agency.

These accounts for the year ended 31 March 2014 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.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

STATEMENT OF ACCOUNTING OFFICER 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 Department of Health, Social Services and Public Safety has directed the Northern Ireland Medical and Dental Training Agency to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on the 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, changes in taxpayers equity and cashflows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FREM) and in particular 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 as set out in FREM 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 Prof K. Gardiner of the Northern Ireland Medical and Dental Training Agency as the Accounting Officer for the Agency. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for the keeping proper records and for safeguarding the Agency's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

CERTIFICATE OF THE CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 106 to 145) 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 HSC bodies approved by the Department of Health, Social Services and Public Safety.

Keith Gorman Chief Executive

29 September 2014 Date

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 106 to 145) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

[Signature] Chairman

29-09-14 Date

Keith Gorman Chief Executive

29 September 2014 Date

Northern Ireland Medical and Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

GOVERNANCE STATEMENT

1. Introduction/Scope of Responsibility

The Board of the Northern Ireland Medical and Dental Training Agency (NIMDTA) is accountable for internal control. As Accounting Officer and Chief Executive of NIMDTA, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety (DHSSPS).

Specifically, NIMDTA has the following key relationships through which it must demonstrate a required level of accountability:

- NIMDTA as an Arm's Length Body of the DHSSPS is subject to regular accountability reviews. A Management Statement and associated Financial Memorandum between the DHSSPS and NIMDTA sets out the framework within which the Agency operates.
- NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for training, educational structures and processes are achieved. NIMDTA is the designated body for the revalidation of doctors in training within Northern Ireland. The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that licensed doctors are up to date and are practising to the standards defined by *Good Medical Practice*. The Postgraduate Medical Dean, as the Responsible Officer, is required to make revalidation recommendations to the GMC.

In addition NIMDTA meets with the Health and Social Care Board (HSCB) on a quarterly basis to discuss any potential patient safety issues, areas of concern or service pressures. NIMDTA also meets at least annually with each of the five Health and Social Care Trusts to monitor compliance with the Learning and Development Agreement (LDA) for the provision of postgraduate medical and dental training and education.

NIMDTA has regular meetings with Queens University, Belfast regarding the governance of the Foundation Training Programme, academic training, quality management, faculty development and trainee support.

NIMDTA also reports to each Royal College/Faculty through NIMDTA's Training Programme Directors on the quality of training within each speciality training programme.

Northern Ireland Medical and Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NIMDTA has a Service Level Agreement (SLA) with the Business Services Organisation (BSO) for the provision of legal, internal audit, equality, procurement, information technology services and the Finance, Procurement and Logistics (FPL) and the Human Resources, Payroll and Travel and Subsistence (HRPTS) systems. A report on performance against the SLA is provided to NIMDTA on a monthly basis and the SLA is subject to annual review.

2. Compliance with Corporate Governance Best Practice

NIMDTA applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. NIMDTA does this by undertaking continuous assessment of its compliance with Corporate Governance best practice. The Board Governance Self-Assessment tool was completed by members of the Board, signed off by the Chair and submitted to the DHSSPS's Central ALB Governance Unit. The Board assessed itself to be compliant with the Corporate Governance Code. This exercise has provided the basis for actions by the Board to achieve good practice in all areas.

3. Governance Framework

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

- A clearly articulated strategic plan covering the period 2012-2015 supported by an annual business plan
- Regular reports to the Board on performance against key performance indicators and objectives
- A clear definition of the roles and responsibilities of the Board and the scheme of delegation which delegates decision making authority within set parameters to the Chief Executive and other officers
- Standing Orders and Standing Financial Instructions
- Clear procurement regulations set out in the Standing Financial Instructions and supported by detailed procedures
- An established structure of standing committees of the Board with clearly defined remits including the Audit Committee, Governance and Risk Committee and Remuneration Committee
- A comprehensive programme of internal audit review
- A Whistle Blowing Policy and Complaints Policy and regular reporting of complaints to the Board
- An induction programme for all new Board members and provision of development opportunities

Northern Ireland Medical and Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

- Clear channels of communication with all stakeholders including Accountability Review meetings with the Department of Health, Social Care and Public Safety (DHSSPS).
- Evaluation of the Board's performance through annual appraisal
- A Board Governance Self-Assessment Tool

The Board

The Board, as constituted, is composed of the Chair and five non-executive members, including one medical and one dental member. While a medical member was appointed to the Board, he resigned with effect from 5 May 2013 to take up another public appointment. A subsequent public competition has not been successful in appointing a suitable replacement.

Although no executive director sits on the Board, members of the Senior Management Committee are in attendance at all Board meetings and report directly to the Board. The Board provides a forum for discussion on NIMDTA's performance against the objectives contained within its Business Plan and the provision of assurance on the management of risk.

Formal meetings of the Board were held on eight occasions with the addition of five Board workshops. Of the seven Board meetings held during the year there was an attendance rate of 100% for three meetings, 80% for two meetings, 60% for one meeting and 40% for one meeting. Due to unforeseen circumstances one meeting of the Board was not quorate. Attendance of members of the Board was as follows:

Board Member	% Attendance
Alistair Joynes (Chairman)	88%
Deane Morrice	100%
Lee Wilson	75%
Gordon Smyth	88%
Derek Maguire	50%
John Jenkins (resigned 5 May)	13%

The Board conducted a self-assessment of its performance during 2013/14 and reported its performance to the DHSSPS. All good practices were assessed to be in place with no amber or red flags identified.

Reports from each of the sub-committees were presented to the Board. The Board examined the quality of papers submitted to meetings as part of DHSSPS's Board governance self-assessment process. A Case Study was used to assess the quality and timeliness of Board reports and the Board confirmed that the information received had provided the level of assurance required. One change was implemented in relation to labelling the papers in line with the purpose that

Northern Ireland Medical and Dental Training Agency

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they had been submitted to the Board. Board papers are now marked for noting, approving, decision or discussion.

The Chief Medical Officer is responsible for the annual appraisal of the Chair of the Board and Board members are, in turn, appraised annually by the Chair. Appraisals were completed for the Chairman and three Board members during 2013/14. The appraisal of the medical member, who was in post from 24 January 2013 to 5 May 2013, did not take place due to his short tenure. The appraisal of the dental member, who commenced appointment in March 2013 will take place in 2014 to coincide with the appraisal of the other Board members.

The Senior Management Committee

The Senior Management Committee is responsible for overseeing the operational management of NIMDTA's business and provides assurances to the Board, through the provision of accurate and timely information, that the services delivered are effective, of high quality and comply with all statutory, licensing and regulatory requirements. The Senior Management Committee met twelve times during 2013/14.

The Audit Committee

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities. The Chair of the Audit Committee reports directly to the Board. The Audit Committee met four times during 2013/14.

The Governance and Risk Committee

The Governance and Risk Committee oversees NIMDTA's governance structures and processes, ensuring that processes are in place for the effective monitoring of identified risks. The Governance & Risk Committee met five times during 2013/14.

The Remuneration Committee

The Remuneration Committee makes recommendations to the Board on the remuneration and terms and conditions of the Chief Executive and the Executive Directors. The Committee met on one occasion during 2013/14.

4. Business Planning and Risk Management

Performance Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within the organisation.

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Business objectives were agreed by NIMDTA's Senior Management Committee, taking account of DHSSPS priorities and targets, and approved by the Board and the DHSSPS. Progress against objectives set in the Business Plan was reported to the Board and to the DHSSPS at Accountability Review meetings. Regular reports on the achievement of objectives and the performance against key financial targets are provided to the Board.

NIMDTA's risk management arrangements are embedded within its performance management framework. Identified risks are aligned to each of the key strategic and business objectives and corrective actions to deliver objectives and minimise risk are regularly monitored and assessed. Operational risk management sits with the Senior Management Committee and risk management is a standing item at monthly senior management meetings. All new and existing risks identified are assessed by the Governance and Risk Committee in terms of likelihood of occurrence and level of impact on the organisation. All significant risks are reported to the Board and highlighted in the Corporate Risk Register for discussion and determination of the risk appetite.

NIMDTA is committed to continuous improvement in the development and implementation of new policies and procedures in response to audit reports and developments in best practice.

Leadership

Committed leadership in the area of risk management is essential to maintaining sound systems of internal control required to manage risks. The Chief Executive has overall responsibility for the implementation of the risk management strategy and for ensuring that NIMDTA has in place the necessary controls to manage identified risks and provide overall assurance to the Board. A system of internal governance, which complies with DHSSPS guidance, has been in place for the year ended 31 March 2014 and up to the date of approval of the Annual Report and Accounts. A midyear assurance statement, which updated progress on the continuing effectiveness of the system of internal control to the Permanent Secretary, was submitted to the DHSSPS on 18 October 2013.

Training

All new staff members are provided with the Assurance Framework as part of the induction process. All staff members are actively encouraged to use NIMDTA's incident reporting form to report incidents. Members of the senior management committee have been trained in risk management and training has been provided to staff with regard to the principles of risk management and completion of departmental risk registers.

Learning

Sharing learning throughout the organisation from complaints, incidents, significant events and claims is key to maintaining the risk management culture within NIMDTA. Staff members are encouraged to disseminate learning acquired

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from the analysis of incidents, complaints and claims, internal and external audit reports, quality management processes, responses from GMC to Dean's reports and inspections from regulatory bodies.

NIMDTA also uses information received from the GMC annual National Trainee Surveys to improve its quality management processes.

Assurance Framework

NIMDTA's Assurance Framework sets out the Chief Executive's overall accountability to the Board for risk management and underpins the activities of risk management and procedures for the escalation of risks. The Assurance Framework, which is reviewed annually by the Board, seeks to develop a consistent approach to risk management that will:

- Implement effective risk management as a key element of good governance and rigorous performance management
- Consider risk as an integral part of corporate and business planning and service delivery
- Encourage considered and responsible risk taking as a legitimate response to opportunity and uncertainty
- Achieve better outcomes through a more realistic assessment of the challenges faced, through improved decision-making and targeted risk mitigation and control
- Engender, reinforce and replicate good practice in risk management

The Assurance Framework is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The framework is based on a continual process designed to identify and prioritise risks to the achievement of organisational policies, aims and objectives and to evaluate the likelihood of those risks being realised, the impact should they be realised, and to manage the risks efficiently, effectively and economically.

Complaints and Incidents

NIMDTA recognises that adverse incidents and complaints can present an opportunity to review processes and control weaknesses with a view to improving services and reducing risk.

All complaints and incidents are reported to the Senior Management Committee and graded according to severity and potential risk. These are reviewed by the Governance and Risk Committee and reported to the Board. During 2013/14 there were four complaints received of which one was assessed as insignificant, two as minor and one as moderate. All complaints were responded to within

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the required timeframe. A total of ten incidents were reported of which three were assessed as insignificant, four minor and three moderate. The three moderate incidents related to problems with the IT network drive. One complaint in relation to the outcome of the specialty recruitment and selection process was also received. This complaint was investigated under NIMDTA's Specialty Training Complaints Procedure and was not upheld.

Corporate Risk Register

An essential element of the risk management process is NIMDTA's Corporate Risk Register. Any new risks identified are highlighted in departmental risk registers, reported to the Governance and Risk Committee for review and assessment and, where appropriate, escalated to the Corporate Risk Register. All departmental risk registers were discussed at the Governance and Risk Committee and risks assessed in accordance with the likelihood of occurrence and their impact on the delivery of NIMDTA's business objectives. The Corporate Risk Register was reviewed and discussed by the Board to take account of new and escalated risks.

Significant risks were identified as follows:

- ***That the GMC removes training recognition from a training programme***

Through NIMDTA's quality management processes concerns were raised in relation to the provision of training within a number of hospital sites and units. These concerns were assessed in terms of both clinical and educational governance risk, logged on NIMDTA's Quality Management Risk Register and brought to the attention of Trust Medical Directors in order that the concerns could be addressed. These concerns continue to be monitored by NIMDTA's Quality Management Group in line with the requirements of the GMC and NIMDTA's and Escalation Policy. NIMDTA is also in the process of introducing a suite of quality indicators for training posts to ensure that the delivery of the specialty curriculum is not compromised due to the lack of training capacity or an unsuitable training environment.

- ***That recruitment and selection processes are subject to a successful legal challenge***

NIMDTA organises and delivers the recruitment and selection of doctors and dentists to foundation, core and specialty training programmes. Its role is to attract and appoint individuals of the highest calibre to recognised training posts and programmes to ensure the provision of a competent medical and dental workforce.

A number of claims were lodged with the Industrial and Fair Employment Tribunals by an applicant who was unsuccessful in being appointed to a programme of training. Although these claims were subsequently withdrawn by the applicant NIMDTA has reviewed its recruitment and

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selection policy and procedures to ensure that the processes are sufficiently robust to withstand legal challenge. NIMDTA has also put in place an annual review of all recruitment processes, to include consideration of reports from external and lay representatives, recruitment outcomes and complaints received.

- ***The allocation of trainees to training posts results in complaints from training partners and/or compromises service delivery***

NIMDTA is also responsible for the allocation of doctors and dentists in training to the local education providers (Health and Social Care Trusts and GP and Dental Training Practices). In determining where a trainee is placed account is taken of the training opportunities that exist, the training needs of the individual and their stated preferences. However, difficulties in recruiting to certain specialties, for example Emergency Medicine and Core Surgical Training resulted in vacancies occurring within HSC Trusts. Vacancies also occurred due to statutory leave, out of programme attachments for clinical or research experience and resignations from training. As Trusts use doctors in training to support service delivery, services can be impacted when vacancies occur. To manage this risk the Trusts, the DHSSPS and the HSCB were kept fully informed of the vacancy situation. NIMDTA also introduced a number of initiatives in an attempt to attract trainees to unpopular training posts and locations. NIMDTA is also reviewing its policy in relation to the allocation of trainees and the management of vacancies to ensure processes are fair and transparent across all specialties.

- ***That the introduction of FPL/HRPTS systems impact adversely on service delivery***

A number of issues were highlighted in relation to the implementation of the FPL and HRPTS systems. The introduction of the new systems created a significant increase in workload for finance staff resulting in NIMDTA failing to meet its prompt payment target. Other issues related to the migration of data onto the new FPL system, staff training and the functionality of the system. NIMDTA continues to work with the BSO and Shared Services to deal with outstanding issues and ensure full implementation of the FPL system.

- ***That the cost of GP training exceeds the GP training budget***

The requirement for extended training in General Practice, primarily due to trainees returning from maternity leave and the increased demand for less than full-time (LTFT) training, continued to be highlighted as a potential significant risk for NIMDTA. Whilst the budget for GP Training was uplifted to fund the extended training it is recognised that this is not sustainable in the long term. NIMDTA is considering a number of options to manage the risk associated with extended GP training. This includes a

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reduction in the number of GP trainees and altering the hours that LTFT trainees can work.

Quality Management Framework

NIMDTA has in place a Quality Management Framework to ensure that local education and training providers meet the standards and requirements set by the the General Medical Council (GMC) and the Committee of Postgraduate Dental Deans (COPDEND). This is done through a system of robust monitoring and inspection visits of local education providers (Health and Social Care Trusts, GP and Dental Training Practices). The reports arising from these visits are considered by the Quality Management Group which meets twice monthly and reports to the Board through the Chief Executive and the Senior Management Committee.

NIMDTA remains alert to all risks which could impact on the delivery of patient care and has in place an Escalation Policy for the reporting of significant areas of concern relating to the DHSSPS, the Health and Social Care Board (HSCB), the Regulation and Quality Improvement Authority (RQIA) and the GMC. NIMDTA also meets regularly with the HSCB, Public Health Agency (PHA) and the DHSSPS to discuss the outcomes of Deanery visits, including patient and trainee safety issues and the impact of unfilled training posts. More robust arrangements for the assessment of the training environment including a more formal mechanism for receiving information from the RQIA, where local education providers have not met minimum safety and quality standards required by the health regulator, were put in place during 2013.

NIMDTA is responsible for the educational governance of all approved foundation programmes and specialty training, including General Practice training programmes, and is expected to demonstrate compliance to the GMC with the standards and requirements that it sets out. To do this NIMDTA works in close partnership with the five Health and Social Care Trusts and other Local Education Providers (LEPs). An educational contract known as the Learning and Development Agreement (LDA) sets out the obligations of both NIMDTA and the Trusts. This LDA is monitored for compliance and is reviewed annually.

Revalidation is the process by which all licensed doctors must demonstrate that they are up to date and fit to practise. This process commenced on 3 December 2012, with the first cycle of revalidation for doctors in training commencing in April 2013. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, was required to make a number of revalidation recommendations to the GMC during 2013/14 and confirm that there were no unaddressed concerns about a trainee's fitness to practise. The recommendations were based on the trainee's appraisals, usually over a five year period, and other information drawn from the employer's clinical governance systems. The appraisal forms part of the annual review of competence progression (ARCP) which is an indicator of the trainee's clinical performance and progress to date.

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Asset Management

NIMDTA has identified the effective management of its estate and assets as a key strategic objective. NIMDTA maintains a fixed assets register and decisions regarding the procurement and disposal of assets are taken in accordance with relevant policies and legislation. The Health and Safety Committee is responsible for monitoring and reviewing NIMDTA's fire safety and health and safety arrangements and risk assessments are completed and reviewed at least annually.

With regard to estate management NIMDTA has produced a Property Asset Management Plan. In September 2012 a Space Utilisation Survey was carried out to assess the suitability of the current premises to support the organisation's business objectives. This survey found that the premises were used effectively and efficiently. However, the rental costs associated with the property were found to be expensive by comparison to those of other leasehold premises. As the lease for the premises expires in June 2014 NIMDTA explored the possibility of renewing the current lease at a lower price. This has resulted in a five year extension to the current lease with a three year break clause and a reduction of £23k in the annual rental.

The DHSSPS has now confirmed that it will be broadening the scope of the original NIMDTA/NIPEC Review to include all post registration education and training across the HSC. The outcome of this review may have some bearing on where the organisation is ultimately located.

5. Information Risk

The Chief Executive as Accounting Officer and Personal Data Guardian is responsible for overseeing all arrangements in relation to the processing and transfer of information and for protecting the confidentiality of service user information. The Administrative Director is the Senior Information Risk Owner (SIRO) and she is responsible for ensuring that information risks within NIMDTA are accurately identified and managed with appropriate assurance mechanisms and for ensuring that any breaches of information security are reported to the Board. Information risks are assessed on an on-going basis and recorded in the Information Governance Risk Register which is the subject of review by the Governance and Risk Committee. The Administrative Director is supported in her role by the Corporate Governance Manager who is NIMDTA's nominated Information Asset Owner. The Administrative Director provided assurances to the DHSSPS that actions relating to the management of information risks had been implemented.

NIMDTA has introduced a series of measures to manage information risks. These include training in records management, data protection, freedom of information and information security. Staff are required to undertake training in relation to records management and information security and have also been issued with NIMDTA's Data Protection Policy, the Code of Practice on Protecting the

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Confidentiality of Service User Information and guidelines on the processing and sharing of information. NIMDTA will continue to review and develop its data protection processes and procedures.

There was one data related incident reported during 2013/14. This was risk assessed as a minor incident and immediate action taken to resolve the issue.

6. Public Stakeholder Involvement

NIMDTA has a statutory responsibility to ensure that the practice of Personal and Public Involvement (PPI) is embedded within the organisation. NIMDTA has established a Working Group to ensure that the PPI agenda is delivered. NIMDTA is represented on the Regional HSC PPI Forum which operates a programme for the promotion and advancement of PPI across health and social care. NIMDTA also uses members of the public as non-clinical lay representatives to provide external scrutiny to NIMDTA processes and to give assurance that they are consistent with the delivery of high quality safe patient care.

In accordance with Section 75 of the Northern Ireland Act 1998, NIMDTA has also developed an Equality Scheme which sets out the arrangements in place for the delivery of its statutory equality obligations. As a member of the HSC Equality Partnership Forum NIMDTA works with other organisations to promote equality and diversity and ensure that processes are in place to consult on and assess the impact of its policies on service users.

7. Assurance

The Board receives regular assurance from a range of sources which include internal and external audit, sub-committee reports, and reports from each member of the senior management committee. The quality of the data presented by members of senior management is regularly reviewed by the Board to ensure the information is accurate, timely and fit for purpose. The Chair also appraises the quality of the information received and the performance of the committees in the annual appraisal of the Board members and Chief Executive.

The assurances that the Board and the Chief Executive require to endorse and approve the Governance Statement, in terms of the effectiveness of internal control, are derived from internal and independent sources of evidence.

Internal Controls

NIMDTA 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 internal governance reports.

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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; and
- a requisition and approval system for procuring goods and services.

NIMDTA's Standing Financial Instructions are designed to ensure that all financial transactions are carried out in accordance with the law and DHSSPS policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. The Senior Management Committee continues to review and improve the efficient and effective use of resources with a view to securing best value for money.

NIMDTA has implemented a range of policies and procedures that are designed to ensure probity, business integrity and minimise the risk of fraud occurring. NIMDTA continues to participate in the National Fraud Initiative. To date no instances of fraud have been detected.

Controls Assurance Standards

NIMDTA assessed its compliance with the applicable Controls Assurance Standards which were defined by the DHSSPS and against which a degree of progress was expected in 2013/14. The following table outlines the current assessment score for each standard, a number of which have been verified by Internal Audit, during 2013/14.

Standard	DHSSPS Expected Level of Compliance	Agency Level of Compliance	Reviewed by
Governance (Core Standard)	Substantive (75% - 99%)	Substantive (90%)	Internal Audit
Risk Management (Core Standard)	Substantive (75% - 99%)	Substantive (89%)	Internal Audit
Financial Management (Core Standard)	Substantive (75% - 99%)	Substantive (85%)	Internal Audit
Purchasing and Supply	Substantive (75% - 99%)	Substantive (84%)	Internal Audit
Environmental Management	Substantive (75% - 99%)	Substantive (77%)	Internal Audit
Waste Management	Substantive (75% - 99%)	Substantive (87%)	Self- Assessed

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Health and Safety	Substantive (75% - 99%)	Substantive (86%)	Self- Assessed
Information Management	Substantive (75% - 99%)	Substantive (75%)	Self-Assessed
Security Management	Substantive (75% - 99%)	Substantive (82%)	Self-Assessed
Human Resources	Substantive (75% - 99%)	Substantive (95%)	Self-Assessed
Fire Safety	Substantive (75% - 99%)	Substantive (89%)	Self-Assessed
Buildings, Land, Plant and Non-Medical Equipment	Substantive (75% - 99%)	Substantive (80%)	Self-Assessed
Information & Communications Technology	Substantive (75% - 99%)	Substantive (83%)	Self-Assessed

NIMDTA will continue to develop its controls and procedures to ensure substantive compliance with all relevant controls assurance standards;

8. Sources of Independent Assurance

NIMDTA obtains independent assurance from the following sources:

8.1 Internal Audit

NIMDTA has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the organisation is exposed and annual audit plans are based upon this analysis. In accordance with the audit plan for 2013/14 Internal Audit conducted the following audit assignments:

Finance Audits

Three finance audits were conducted and the level of assurance provided as follows:

Migration to Finance, Procurement and Logistics (FPL) System

Internal Audit performed a review of the migration to the new Finance, Procurement and Logistics (FPL) system in October 2013 following Go Live in September 2013. The objective of this review was to assess the appropriateness and effectiveness of the procedures and controls in place around the roll out of the new system. The focus of the audit was to review the data migration process, system training, user access, as well as authorisation limits within the system.

In the course of audit testing a number of control issues were identified in relation to:

- FPL Readiness
- Knowledge Transfer and Training

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- Data Migration
- System Security
- Access Privileges
- Authorisation Limits
- Standing Financial Instructions

Twelve recommendations were made by Internal Audit in relation to these control issues, all of which have been accepted and an action plan put in place for their implementation.

Financial Review

Internal Audit carried out a Financial Review in April 2014. The focus of the audit was to review and test the systems in place for the following areas:

- Non-Pay Expenditure
- Payroll
- Bank and Cash
- General Ledger
- Migration to FPL system - Follow up previous audit recommendations

NIMDTA received a limited level of assurance primarily due to the incomplete roll out of the FPL system. Three Priority 1, five Priority 2 and one Priority 3 weaknesses were identified. Fifteen recommendations were made by Internal Audit in relation to these control issues, all of which have been accepted and an action plan put in place for their implementation

Procurement and Contract Management

Internal Audit carried out an audit of Procurement and Management of Contracts in January 2014. NIMDTA received a limited level of assurance and two Priority 1 and three Priority 2 weaknesses were identified in relation to the management of contracts and single tender actions.

Fifteen recommendations were made by Internal Audit in relation to these control issues, all of which have been accepted and an action plan put in place for their implementation.

Corporate Risk Based Audits

Two corporate risk based audits were carried out and the level of assurance provided as follows:

Course Management

Internal Audit carried out an audit of Course Management processes in October 2013. NIMDTA received a satisfactory level of assurance and one Priority 2 weakness was identified. One recommendation was made by Internal Audit in

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relation to this control issue which was accepted by senior management. The recommendation has now been fully implemented.

Doctors in Difficulty

Internal Audit carried out a review of the processes in place for the management of trainees requiring support in March 2014. NIMDTA received a satisfactory level of assurance and four Priority 2 weaknesses were identified. Four recommendations were made by Internal Audit, all of which have been accepted and an action plan put in place for their implementation.

Governance Audits

Controls Assurance Verification

Internal Audit confirmed that NIMDTA had met the required level of compliance with six controls assurance standards (Governance, Risk Management, Financial Management, Management of Purchasing, Environmental Management).

Risk Management

Internal Audit carried out an audit assignment in October 2013 to provide assurance as to NIMDTA's compliance with the processes and guidance contained within the Risk Management controls assurance standard. NIMDTA received a satisfactory level of assurance and three Priority 2 weaknesses were identified. Five recommendations were made by Internal Audit, all of which have been accepted and an action plan put in place for their implementation.

Year End Follow up on Previous Internal Audit Recommendations

During March 2014 Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had passed. Sixty per-cent of the 25 recommendations examined were fully implemented, 20% partially implemented and 20% were not yet implemented as follows:

Area of Review	Recommendations	Fully Implemented	Partially Implemented	Not Implemented
Financial Review 2012/13	7	6	1	-
Course Management	1	1	-	-
Risk Management	5	3	1	1
Migration to FPL	12	5	3	4

An action plan is in place to ensure full implementation of all recommendations.

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Overall Opinion of Head of Internal Audit

In her annual report, the Head of Internal Audit concluded that there was a satisfactory system of internal control designed to meet NIMDTA's objectives. However limited assurance has been provided in relation to finance (associated with the introduction of the new system) and procurement and contract management.

8.2 Northern Ireland Audit Office

The Comptroller and Auditor General is Head of the Northern Ireland Audit Office (NIAO) and is responsible for the audit of NIMDTA's financial statements and for assessing the economy, efficiency and effectiveness with which public money has been deployed.

8.3 General Medical Council

NIMDTA, as the Northern Ireland Deanery, is required to demonstrate compliance with the GMC standards and must satisfy itself that the local education providers (LEPs), primarily the Health and Social Care Trusts, deliver postgraduate medical education and training to the standards required. NIMDTA carries out its functions through the conduct of Deanery Visits, the review of reports and action plans and the evaluation of trainee surveys and assessment outcomes.

NIMDTA is required to submit a Dean's Report twice yearly to the GMC (April and October). The Dean's Reports are used by the GMC with other sources of information to monitor the quality of postgraduate medical education and training and ensure that the GMC standards for training are being met.

The GMC's Quality Scrutiny Group reviewed the Dean's Reports and assessed how NIMDTA dealt with the concerns identified and what it had done to mitigate these risks. The GMC's response to the Dean's Reports indicated that it agreed with 98.75% of NIMDTA's risk assessment ratings. It was also content that the information provided in the Dean's Reports demonstrated appropriate management of these risks and confirmed that no items would be published under the GMC's enhanced monitoring process. NIMDTA was also referenced in the GMC's Good Practice Guide published in March 2014, a decision based on the level of detail, the appropriateness of quality management action taken and the GMC's agreement with RAG ratings assigned to items in the report.

Any risks or areas of concern identified within the Dean's Reports relating to the quality of training or patient safety are further reviewed against the results of the GMC's annual National Trainee Survey which measures the quality of training. The 2013/14 National Training Survey opened on 26 March 2014 and closes on 8 May 2014.

The deadline for the submission of the next Dean's Report is 30 April 2014.

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The GMC, as part of its quality assurance processes, also conducts visits to Postgraduate Deaneries and designated local education providers every three years. It will also carry out triggered visits to local education providers if there are any significant areas of concern. There were no scheduled or triggered visits from the GMC during 2013/14. The next GMC visit is scheduled for 2017.

8.4 Regulation Quality and Improvement Authority (RQIA)

There were no reports from RQIA during 2013/14.

9. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors, the executive managers within NIMDTA 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, Audit Committee and the Governance & Risk Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

10. Internal Governance Divergences

Prior year control issues which have now been resolved

A number of control weaknesses were identified arising from the Internal Audit Report on the Management of Senior Educator Staff. All recommendations have been implemented and procedures for the management of senior educators are now in place.

Prior year control issues which continue to be considered control issues

Outstanding issues remain in relation to the roll out of the new Finance, Procurement and Logistics (FPL) System. These are being taken forward by NIMDTA.

New control issues

NIMDTA went live with the new FPL system in September 2013 and will be joining Shared Services in June 2014. NIMDTA is currently not fully utilising all aspects of the FPL system but is working with the Business Services Transformation Programme (BSTP) Central Team to ensure the remaining aspects are fully implemented.

NIMDTA also went live with the new Human Resources, Payroll, Travel and Subsistence System (HRPTS) in April 2014. Some issues relating to the system's

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functionality have been identified and NIMDTA is working with the BSTP Central Team to resolve these issues. The impact on Finance staff of the full implementation of both these systems and the subsequent move to Shared Services has yet to be fully realised but staff redeployment is anticipated.

Uncertainty continues as to the impact of the Review of NIMDTA, and any organisational change, on the delivery of its core functions and business objectives. The DHSSPS has now confirmed that the scope of the review will be broadened to include the provision of post-registration education and training across Health and Social Care.

NIMDTA awaits the appointment of the medical member of the Board to ensure a full complement of Board members to support the governance framework.

11. Conclusion

NIMDTA has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds as detailed in Managing Public Money NI. In maintaining and reviewing the effectiveness of the system of internal governance, the Board has put in place a framework for reporting on all areas of risk to the organisation and for keeping the Board up to date with NIMDTA's performance against set targets and planned developments.

Further to considering the accountability framework within NIMDTA and in conjunction with the assurances given to me by the Head of Internal Audit I am content that NIMDTA has operated a sound system of internal governance during the period of 2013/14.

Chief Executive 

Date 29/09/14

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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

I certify that I have audited the financial statements of the Northern Ireland Medical and Dental Training Agency for the year ended 31 March 2014 under the Health and Personal Social Services (Northern Ireland) Order 1972 as amended. The financial statements comprise the Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash Flows and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to examine, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Northern Ireland Medical and Dental Training Agency's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Northern Ireland Medical and Dental Training Agency; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Northern Ireland Medical and Dental Training Agency's affairs as at 31 March 2014 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements 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 issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Personal Social Services (Northern Ireland) Order 1972 as amended; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

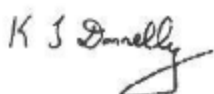
Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

17th November 2014

N.I. Medical & Dental Training Agency

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31st March 2014

	NOTE	2014 £	2013 £
Expenditure			
Staff costs	3.1	(4,629,377)	(4,292,309)
Depreciation	4.0	(47,365)	(63,435)
Other expenditures	4.0	(11,060,905)	(10,731,175)
		<u>(15,737,647)</u>	<u>(15,086,919)</u>
Income			
Income from activities	5.1	777,996	593,467
Other income	5.2	-	-
		<u>777,996</u>	<u>593,467</u>
Net Expenditure		<u>(14,959,651)</u>	<u>(14,493,452)</u>
Revenue Resource Limits (RRL's) issued (to)			
Belfast HSC Trust		(18,473,353)	(18,118,349)
South Eastern HSC Trust		(5,180,573)	(5,237,133)
Southern HSC Trust		(4,784,176)	(4,778,657)
Northern HSC Trust		(5,184,829)	(5,140,277)
Western HSC Trust		(5,236,712)	(5,133,190)
Total RRL issued		(38,859,643)	(38,407,606)
Total commissioner resource utilised			
Revenue Resource Limit (RRL) received from DHSSPS	25.1	53,844,432	53,163,349
Surplus / (Deficit) against RRL		<u>25,138</u>	<u>262,291</u>

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2013 £	2012 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment	6.1/10/6.2/10	-	-
Net gain/(loss) on revaluation of intangibles	7.1/10/7.2/10	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of available for sales financial assets		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2013		<u>(14,959,651)</u>	<u>(14,493,452)</u>

The notes on pages 110 to 145 form part of these accounts.

N.I. Medical & Dental Training Agency

**STATEMENT of FINANCIAL POSITION as at 31 March 2014
as at 31 March 2014**

	NOTE	2014		2013	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	6.1/6.2	91,018		107,453	
Intangible assets	7.1/7.2	1,764		3,526	
Financial assets	8.1	-		-	
Total Non Current Assets			92,782		110,979
Current Assets					
Assets classified as held for sale	9.0	-		-	
Inventories	11.0	6,250		3,664	
Trade and other receivables	12.0	1,249,068		1,193,880	
Other current assets	12.0	93,266		101,382	
Financial assets	8.1	-		-	
Cash and cash equivalents	13.0	22,117		68,978	
Total Current Assets			1,370,701		1,367,904
Total Assets			1,463,483		1,478,883
Current Liabilities					
Trade and other payables	14.0	(3,337,507)		(3,025,316)	
Other liabilities	14.0	-		-	
Total Current Liabilities			(3,337,507)		(3,025,316)
Non Current Assets plus/less Net Current Assets/Liabilities			(1,874,024)		(1,546,433)
Non Current liabilities					
Provisions	16.0	-		(15,000)	
Other payables > 1 year	14.0	-		-	
Financial liabilities	8.1	-		-	
Total Non Current Liabilities			-		(15,000)
Assets Less Liabilities			(1,874,024)		(1,561,433)
Taxpayer's Equity					
Revaluation Reserve		(1,963)		(1,963)	
SoCNE Reserve		(1,872,061)		(1,559,470)	
			(1,874,024)		(1,561,433)

The notes on pages 110 to 115 form part of these accounts.

Signed  (Chairman)

Date 29-09-14

Signed  (Chief Executive)

Date 29.09.14

N.I. Medical & Dental Training Agency

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2014

	NOTE	SOCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2012		(1,305,919)	4,184	(1,301,735)
Prior year adjustment		-	-	-
Restated balance at 1 April 2012		<u>(1,305,919)</u>	<u>4,184</u>	<u>(1,301,735)</u>
Changes in Taxpayer's Equity 2012-13				
Grant from DHSSPS		14,175,000	-	14,175,000
Transfers between reserves		-	(6,147)	(6,147)
(Comprehensive expenditure for the year)		(14,493,451)	-	(14,493,451)
Non cash charges - auditors remuneration	4	13,700	-	13,700
Non cash charges - IT Services	4	51,200	-	51,200
Balance at 31 March 2013		<u>(1,559,470)</u>	<u>(1,963)</u>	<u>(1,561,433)</u>
Changes in Taxpayer's Equity 2013-14				
Grant from DHSSPS		14,633,060	-	14,633,060
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(14,959,651)	-	(14,959,651)
Non cash charges - auditors remuneration	4	14,000	-	14,000
Non cash charges - IT Services	4	-	-	-
Balance at 31 March 2014		<u>(1,872,061)</u>	<u>(1,963)</u>	<u>(1,874,023)</u>

N.I. Medical & Dental Training Agency

STATEMENT of CASH FLOWS for the year ended 31 March 2014

	NOTE	2014	2013
		£	£
Cash flows from operating activities			
Net expenditure after interest		(14,959,651)	(14,493,452)
Adjustments for non cash costs		48,127	168,486
(Increase)/decrease in trade & other receivables		(47,072)	(47,057)
(Increase)/decrease in inventories		(2,586)	692
Increase/(decrease) in trade payables		312,191	68,415
Use of provisions		-	-
		<hr/>	<hr/>
Net cash outflow from operating activities		(14,648,991)	(14,302,916)
Cash flows from investing activities			
(Purchase of property, plant & equipment)		(30,930)	-
(Purchase of intangible assets)		-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
		<hr/>	<hr/>
Net Cash outflow from investing activities		(30,930)	-
Cash flows from financing activities			
Grant in aid		14,633,060	14,175,000
		<hr/>	<hr/>
Net financing		14,633,060	14,175,000
Net increase (decrease) in cash & cash equivalents in the period		(46,861)	(127,916)
Cash & cash equivalents at the beginning of the period	13	68,978	196,894
Cash & cash equivalents at the end of the period	13	22,117	68,978

The notes on pages 110 to 145 form part of these accounts.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting Manual (FReM) and 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.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to HSC bodies. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the Agency for the purpose of giving a true and fair view has been selected. The Agency's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and intangible assets.

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling. The figures in the accounts are shown to the nearest £1.

1.3 Property, plant and equipment

Property, plant and equipment assets comprise Buildings (excluding Dwellings), Information Technology and Furniture & Fittings.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Agency;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as "under construction" are recognised in the statement of financial position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (Statement of Asset Valuation Practice) Appraisal and Valuation Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2010 by Land and Property Services (LPS) which is an independent executive within the Department of Finance and Personnel. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the Agency's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Properties surplus to requirements - the lower of open market value less any material directly attributable selling costs or book value at the date of moving to non current assets.

Modern Equivalent Asset

DFP has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

The Agency does not have any Assets under Construction.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

Short Life Assets

Short life IT assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of "non-current assets held for sale" are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Agency expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Leasehold property	Remaining period of lease
IT Assets	5 years
Intangible Assets	5 years
Furniture & Fittings	10 years

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Agency's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets comprise software and licences. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Agency's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Agency; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

Intangible assets acquired separately are initially recognised at fair value.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

1.8 Donated assets

The Agency does not hold any donated assets.

1.9 Non-current assets held for sale.

The Agency does not hold any assets meeting the criteria to classify them as held for sale.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.11 Income

Operating Income relates directly to the operating activities of the Agency and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid.

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.12 Investments

The Agency does not have any investments.

1.13 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Agency as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Agency's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

1.16 Private Finance Initiative (PFI) Transactions

The Agency had no PFI transactions during the year.

1.17 Financial instruments

- **Financial assets**

Financial assets are recognised on the Statement of Financial Position when the Agency becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

- **Financial liabilities**

Financial liabilities are recognised on the Statement of Financial Position when the Agency becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- **Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non public sector body of a similar size, therefore ALBs are not exposed to the degree of financial risk faced by business entities. ALBs have 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 ALBs in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

- **Currency risk**

The Agency is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Agency has no overseas operations. The Agency therefore has low exposure to currency rate fluctuations.

- **Interest rate risk**

The Agency has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

- **Credit risk**

Because the majority of the Agency's income comes from contracts with other public sector bodies, the Agency has low exposure to credit risk.

- **Liquidity risk**

Since the Agency receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

1.18 Provisions

In accordance with IAS 37, Provisions are recognised when the Agency has a present legal or constructive obligation as a result of a past event, it is probable that the Agency will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DFP's discount rate of 2.2% in real terms (2.8% for employee early departure obligations).

The Agency has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Agency has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Agency has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 Contingencies

Under IAS 37, the Agency discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Agency, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Agency. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using actual staff numbers and costs applied to the actual untaken leave balances as at 31 March 2014. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the Agency and has not been included.

Retirement benefit costs

The Agency participates in the following defined benefit schemes:

HSC Superannuation Scheme

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31 March 2008 valuation will be used in the 2013/14 accounts.

The University Superannuation Scheme

This is a defined benefit scheme with employer contributions of 16% of gross pay. The most up to date actuarial was carried out at 31 March 2011. Further information on this can be obtained from the Universities Superannuation Scheme Limited. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets.

1.22 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.23 Third Party Assets

The Agency does not hold any third party assets.

1.24 Government Grants

The Agency does not receive any government grants.

1.25 Losses and Special Payments

Losses and special payments are items that the Northern Ireland Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

1.26 Accounting Standards issued but not yet adopted.

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A review of the NI financial process is currently under discussion with the Executive which will bring NI departments under the same adaptation. Should this go ahead, the impact on DHSSPS and its arms length bodies is expected to focus around the disclosure requirements under IFRS 12.

The impact on the consolidation boundary of NDPB's and trading funds will be subject to review, in particular, where control could be determined to exist due to exposure to variable returns (IFRS 10), and where joint arrangements need reassessing.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 2: ANALYSIS OF NET EXPENDITURE BY SEGMENT

The core business and strategic objective of the NI Medical & Dental Training Agency is the training of doctors and dentists in Northern Ireland.

The Agency Board acts as the Chief Operating Decision Maker and receives financial information on the Agency as a whole and makes decisions on this basis. Hence, it is appropriate that the Agency reports on a single operational segment basis.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

Staff costs comprise	2014			2013
	Total £	Permanently employed staff £	Others £	Total £
Wages & Salaries	4,118,142	4,076,492	41,650	3,831,645
Social security costs	217,895	217,895	-	167,324
Other pension costs	293,340	293,340	-	293,340
Subtotal	4,629,377	4,587,727	41,650	4,292,309
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	4,629,377	4,587,727	41,650	4,292,309
Less recoveries in respect of outward secondments	-	-	-	-
Total net costs	<u>4,629,377</u>			<u>4,292,309</u>

Of the total an amount of £nil (2012: £nil) has been charged to capital in the year.

The Agency participates in both the HSC Superannuation Scheme and the Universities Superannuation Scheme.

The HSC Superannuation Scheme is a multi-employer defined benefit scheme under which both the Agency and employees pay specified percentages of pay into the scheme and the liability to pay benefits 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.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation as at 31 March 2008 was completed in 2010-11.

The Universities Superannuation Scheme is a multi-employer defined benefit scheme with employer contributions of 16% of gross pay. The most up to date actuarial was carried out at 31 March 2011. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.2 Average number of persons employed

The average number of whole time equivalent persons employed during the year was as follows;

	2014		2013	
	Total	Permanently	Others	Total
	No.	employed staff	No.	No.
		No.		
Medical and dental	26	6	20	26
Administrative and clerical	46	41	5	48
Total net average number of persons employed	72	47	25	74

3.3 Senior Employees' Remuneration

See the Remuneration Report page 73

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.4 Reporting of early retirement and other compensation scheme - exit packages.

There were no early retirement or compensation scheme - exit packages.

3.5 Staff Benefits

There were no staff benefits paid in either the year ending 31 March 2014 or 31 March 2013.

3.6 Retirements due to ill-health

There were no retirements due to ill health either in the year ending 31 March 2014 or 31 March 2013.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 4 OPERATING EXPENSES

Operating Expenses are as follows:-

	2014 £	2013 £
Junior Doctors Salaries	8,561,019	8,556,651
Junior Doctors Study Leave	768,355	683,541
Establishment	581,267	434,668
Premises	144,824	55,154
Training Courses	472,946	475,047
Recruitment	357,861	210,857
Miscellaneous	10,071	954
Rentals under operating leases	163,800	209,252
Total Operating Expenses	11,060,143	10,626,124
Non cash items:-		
Depreciation	47,365	63,435
Amortisation	1,762	25,151
Notional Costs - IT Services	-	51,200
Provisions provided for in year	(15,000)	15,000
Auditors remuneration	14,000	13,700
	48,127	168,486
Total	11,108,270	10,794,610

During the year the Agency purchased no non audit services from its external auditor (NIAO).

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 5 INCOME

5.1 Income from Activities

	2014	2013
	£	£
Other Public Bodies:		
Business Services Organisation	458,710	349,645
Other Sources:		
Course Fees	319,286	243,822
Total	<u>777,996</u>	<u>593,467</u>

5.2 Other Operating Income

The Agency had no other operating income in either the year ending 31 March 2014 or 31 March 2013.

5.3 Deferred income

The Agency had no deferred income at either 31 March 2014 or 31 March 2013.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 6.1 Property, plant & equipment – year ended 31 March 2014

	Buildings (excluding dwellings) £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation				
At 1 April 2013	283,079	109,406	138,626	531,111
Indexation	-	-	-	-
Additions	-	30,930	-	30,930
Donations/Government grant/Lottery funding	-	-	-	-
Reclassifications	-	-	-	-
Transfers	-	-	-	-
Revaluation	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-
(Disposals)	-	-	-	-
At 31 March 2014	283,079	140,336	138,626	562,041
Depreciation				
At 1 April 2013	255,419	46,365	121,874	423,658
Indexation	-	-	-	-
Reclassifications	-	-	-	-
Transfers	-	-	-	-
Revaluation	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-
(Disposals)	-	-	-	-
Provided during the year	5,532	28,097	13,736	47,365
At 31 March 2014	260,951	74,462	135,610	471,023
Carrying Amount				
At 31 March 2014	22,128	65,874	3,016	91,018
At 31 March 2013	27,660	63,041	16,752	107,453
Asset financing				
Owned	22,128	65,874	3,016	91,018
Finance Leased	-	-	-	-
On SoFP PFI contracts	-	-	-	-
Carrying Amount				
At 31 March 2014	22,128	65,874	3,016	91,018

Any fall in value through negative indexation or revaluation is shown as an impairment

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2012 £Nil)

The fair value of assets funded from the following sources during the year was

	2,014 £	2,013 £
Donations	-	-
Government grant	91,018	107,453
Lottery funding	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 6.2 Property, plant & equipment - year ended 31 March 2013

	Buildings (excluding dwellings) £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation				
At 1 April 2012	314,532	109,406	138,626	562,564
Indexation	(31,453)	-	-	(31,453)
Additions	-	-	-	-
Donations/Government grant/Lottery funding	-	-	-	-
Reclassifications	-	-	-	-
Transfers	-	-	-	-
Revaluation	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-
(Disposals)	-	-	-	-
At 31 March 2013	283,079	109,406	138,626	531,111

Depreciation				
At 1 April 2012	253,064	24,454	108,011	385,529
Indexation	(25,306)	-	-	(25,306)
Reclassifications	-	-	-	-
Transfers	-	-	-	-
Revaluation	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-
(Disposals)	-	-	-	-
Provided during the year	27,661	21,911	13,863	63,435
At 31 March 2013	255,419	46,365	121,874	423,658
Carrying Amount				
At 31 March 2013	27,660	63,041	16,752	107,453
At 31 March 2012	61,468	84,952	30,615	177,035

Asset financing				
Owned	27,660	63,041	16,752	107,453
Finance Leased	-	-	-	-
On b/s PFI contracts	-	-	-	-
Carrying Amount				
At 31 March 2013	27,660	63,041	16,752	107,453

Asset financing				
Owned	61,468	84,952	30,615	177,035
Finance Leased	-	-	-	-
On b/s PFI contracts	-	-	-	-
Carrying Amount				
At 31 March 2012	61,468	84,952	30,615	177,035

Any fall in value through negative indexation or revaluation is shown as an impairment

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2012 £Nil)
finance leases and hire purchase contracts is £0 (2012 £0)

The fair value of assets funded from the following sources during the year was:

	2013 £	2012 £
Donations	-	-
Government grant	107,453	177,035
Lottery funding	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 7.1 Intangible Assets - year ended 31 March 2014

	Software licenses	Software	Total
Cost or Valuation	£	£	£
At 1 April 2013	148,135	-	148,135
Indexation	-	-	-
Additions	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve (Disposals)	-	-	-
At 31 March 2014	<u>148,135</u>	-	<u>148,135</u>
Amortisation			
At 1 April 2013	144,609	-	144,609
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve (Disposals)	-	-	-
Provided during the year	1,762	-	1,762
At 31 March 2014	<u>146,371</u>	-	<u>146,371</u>
Carrying Amount			
At 31 March 2014	<u>1,764</u>	-	<u>1,764</u>
At 31 March 2013	<u>3,526</u>	-	<u>3,526</u>
Asset Financing			
Owned	1,764	-	1,764
Finance Leased	-	-	-
On SoFP PFI and other service concession arrangements contracts	-	-	-
Carrying Amount			
At 31 March 2014	<u>1,764</u>	-	<u>1,764</u>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 7.2 Intangible assets - year ended 31 March 2013

	Software licenses	Software	Total
Cost or Valuation	£	£	£
At 1 April 2012	148,135	-	148,135
Indexation	-	-	-
Additions	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve (Disposals)	-	-	-
At 31 March 2013	<u>148,135</u>	-	<u>148,135</u>
Amortisation			
At 1 April 2012	119,458	-	119,458
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve (Disposals)	-	-	-
Provided during the year	25,151	-	25,151
At 31 March 2013	<u>144,609</u>	-	<u>144,609</u>
Carrying Amount			
At 31 March 2013	<u>3,526</u>	-	<u>3,526</u>
At 1 April 2012	<u>28,677</u>	-	<u>28,677</u>
Asset Financing			
Owned	3,526	-	3,526
Finance Leased	-	-	-
On SoFP PFI and other service concession arrangements contracts	-	-	-
Carrying Amount			
At 31 March 2013	<u>3,526</u>	-	<u>3,526</u>
Asset Financing			
Owned	28,677	-	28,677
Finance Leased	-	-	-
On b/s PFI and other service concession arrangements contracts	-	-	-
Carrying Amount			
At 1 April 2012	<u>28,677</u>	-	<u>28,677</u>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 8 FINANCIAL INSTRUMENTS

8.1 Financial instruments

As the cash requirements of N.I. Medical & Dental Training Agency are met through Grant-in-Aid provided by the Department of Health, Social Services and Public Safety, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of the Agency's financial instruments relate to contracts to buy non-financial items in line with the Agency's expected purchase and usage requirements and the Agency is therefore exposed to little credit, liquidity or market risk.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The Agency did not hold any Assets Classified as held for sale at 31 March 2013 or 31 March 2014.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 10 IMPAIRMENTS

The Agency had no impairments at either 31 March 2014 or 31 March 2013.

NOTE 11 INVENTORIES

	2014	2013
	£	£
General Supplies	6,250	3,664
Total	<u>6,250</u>	<u>3,664</u>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2014 £	2013 £
Amounts falling due within one year		
Trade receivables	1,249,068	1,193,880
Other receivables	-	-
Trade and other receivables	<u>1,249,068</u>	<u>1,193,880</u>
Prepayments and accrued income	93,266	101,382
Other current assets	<u>93,266</u>	<u>101,382</u>
 Amounts falling due after more than one year		
Trade receivables	-	-
Other receivables	-	-
Trade and other receivables	<u>-</u>	<u>-</u>
Prepayments and accrued income	-	-
Other current assets falling due after more than one year	<u>-</u>	<u>-</u>
 TOTAL TRADE AND OTHER RECEIVABLES	<u><u>1,249,068</u></u>	<u><u>1,193,880</u></u>
 TOTAL OTHER CURRENT ASSETS	<u><u>93,266</u></u>	<u><u>101,382</u></u>
 TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	<u><u>1,342,334</u></u>	<u><u>1,295,262</u></u>

The balances are net of a provision for bad debts of
£nil (2013 £nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.1 Trade receivables and other current assets: Intra-Government balances

Name	Amounts falling due within 1 year 2013/14 £	Amounts falling due within 1 year 2012/13 £	Amounts falling due after more than 1 year 2013/14 £	Amounts falling due after more than 1 year 2012/13 £
Balances with other central government bodies	-	-	-	-
Balances with local authorities	-	-	-	-
Balances with NHS /HSC Trusts	1,228,201	1,193,880	-	-
Intra-Government Balances	1,228,201	1,193,880	-	-
Balances with bodies external to government	114,133	101,382	-	-
Total receivables & other current assets at 31 March	1,342,334	1,295,262	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 13 CASH AND CASH EQUIVALENTS

	2014	2013
	£	£
Balance at 1st April	68,978	196,894
Net change in cash and cash equivalents	(46,861)	(127,916)
Balance at 31st March	22,117	68,978

The following balances at 31 March were held at

	2014	2013
	£	£
Commercial banks and cash in hand	22,117	68,978

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2014	2013
	£	£
Amounts falling due within one year		
Other taxation and social security	198,385	225,903
Other payables	3,139,122	2,799,413
Accruals and deferred income	-	-
Trade and other payables	3,337,507	3,025,316
Current part of finance leases	-	-
Current part of long term loans	-	-
Other current liabilities	-	-
Total payables falling due within one year	3,337,507	3,025,316
Amounts falling due after more than one year		
Other Payables, accruals and deferred income	-	-
Trade and other payables	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	3,337,507	3,025,316

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 Trade payables and other current liabilities - Intra-government balances

Name	Amounts falling due within 1 year		Amounts falling due after more than 1 year	
	2013/14 £	2012/13 £	2013/14 £	2012/13 £
Balances with other central government bodies	198,385	225,903	-	-
Balances with local authorities	9,894	8,147	-	-
Balances with NHS/HSC Trusts	927,713	1,157,298	-	-
Intra-Government Balances	1,135,992	1,391,348	-	-
Balances with bodies external to government	2,201,515	1,633,968	-	-
Total payables and other liabilities at 31 March	3,337,507	3,025,316	-	-

14.2 Loans

The Agency did not have any loans at either 31 March 2014 or 31 March 2013

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 15 PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that Agencies pay their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The Agency's payment policy is consistent with the Better Payments Practice code and Government Accounting rules and its measure of compliance is:

	2014 Number	2014 Value £	2013 Number	2013 Value £
Total bills paid	2,918	1,616,363	2,535	1,511,441
Total bills paid within 30 day target or under agreed payment terms	2,585	1,495,709	2,424	1,430,895
% of bills paid within 30 day target or under agreed payment terms	88.6%	92.5%	95.6%	94.7%
Total bills paid within 30 days of receipt of an undisputed invoice	2,585	1,495,709		
% of bills paid within 30 days of receipt of an undisputed invoice.	88.6%	92.5%		
Total bills paid within 10 day target or under agreed payment terms	1,533	958,265	1,669	1,021,057
% of bills paid within 10 day target or under agreed payment terms	52.5%	59.3%	65.8%	67.6%

15.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payments being late.	-
Amount of interest paid for payments being late.	-
Total	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES - 2014

	Pensions relating to former directors £	Pensions relating to other staff £	Clinical negligence £	Other £	2014 £
Balance at 1 April 2013	-	-	-	15,000	15,000
Provided in year	-	-	-	-	-
(Provisions not required written back)	-	-	-	(15,000)	(15,000)
(Provisions utilised in the year)	-	-	-	-	-
Cost of borrowing (Unwinding of discount)	-	-	-	-	-
At 31 March 2014	-	-	-	-	-

Comprehensive Net Expenditure Account charges

	2014 £	2013 £
Arising during the year	0	15,000
Reversed unused	(15,000)	0
Cost of borrowing (unwinding of discount)	0	0
Total charge within Operating costs	(15,000)	15,000

Analysis of expected timing of discounted flows

	Pensions relating to former directors £	Pensions relating to other staff £	Clinical Negligence £	Other £	2014 £
Within 1 year	-	-	-	-	-
1 - 5 years	-	-	-	-	-
6 -10 years	-	-	-	-	-
Over 10 years	-	-	-	-	-
Thereafter	-	-	-	-	-
At 31 March 2014	-	-	-	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 16.1 PROVISIONS FOR LIABILITIES AND CHARGES - 2013

	Pensions relating to former directors £	Pensions relating to other staff £	Clinical negligence £	Other £	2013 £
Balance at 1 April 2012	-	-	-	-	-
Provided in year	-	-	-	15,000	15,000
(Provisions not required written back)	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-
Unwinding of discount	-	-	-	-	-
At 31 March 2012	-	-	-	15,000	15,000

A provision has been made for a claim under employment law, the Agency has estimated the appropriate level of provision based on professional legal advice.

Analysis of expected timing of discounted flows

	Pensions relating to former directors £'000	Pensions relating to other staff £'000	Clinical Negligence £'000	Other £'000	2013 £'000
Within 1 year	-	-	-	15,000	15,000
1 - 5 years	-	-	-	-	-
6 -10 years	-	-	-	-	-
Over 10 years	-	-	-	-	-
Thereafter	-	-	-	-	-
At 31 March 2012	-	-	-	15,000	15,000

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 17 CAPITAL COMMITMENTS

The Agency did not have any capital commitments at either 31 March 2014 or 31 March 2013.

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2014	2013
	£	£
Obligations under operating leases comprise		
Land & Buildings		
Not later than 1 year	142,157	160,387
Later than 1 year but not later than 5 years	578,340	53,462
Later than 5 years	-	-
	<u>720,497</u>	<u>213,849</u>
Other		
Not later than 1 year	-	-
Later than 1 year but not later than 5 years	-	-
Later than 5 years	-	-
	<u>-</u>	<u>-</u>

18.2 Finance Leases

The Agency did not have any finance leases in either 2014 or 2013.

18.3 Operating Leases

The Agency did not have any income under operating leases in either 2014 or 2013.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 19 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

The Agency has no PFI contracts at either 31 March 2014 or 31 March 2013.

NOTE 20 OTHER FINANCIAL COMMITMENTS

The Agency has not entered into non-cancellable contracts and has no other financial commitments at either 31 March 2014 or 31 March 2013

NOTE 21 Financial Guarantees, Indemnities and Letters of Comfort

Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC in creating risk than would apply to a non public sector body of a similar size, therefore HSC bodies are not exposed to the degree of financial risk faced by business entities. The Agency has limited power 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 activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

The Agency did not have any financial instruments at either 31 March 2014 or 31 March 2013.

NOTE 22 CONTINGENT LIABILITIES

The Agency is a member of the Universities Superannuation Scheme (USS). Under the terms of this scheme if a cessation event occurs then the employer must fund any debt on a full buy out basis. This is the amount that it would cost to buy out the members benefits by purchasing annuities. A cessation event can occur when the last active member of the scheme ceases to be active or the Agency withdraws from the scheme. The Agency currently has two active members of the scheme. No such cessation event had occurred as at 31st March 2014. The Agency is not in a position to accurately assess the cost of the debt arising from a cessation event.

NOTE 23 RELATED PARTY TRANSACTIONS

The N.I. Medical & Dental Training Agency is a Special Agency sponsored by the Department of Health, Social Services and Public Safety and as such the Department is a related party.

During the year the Agency has undertaken various transactions with the Department and with other entities for which the Department of Health, Social Services and Public Safety is regarded as the parent Department. These are :

Belfast HSC Trust, South Eastern HSC Trust, Southern HSC Trust, Northern HSC Trust, Western HSC Trust and the Business Services Organisation.

Prof. K Gardiner was an employee of the Belfast HSC Trust. His services were provided to the Trust by secondment, during the year the Belfast HSC Trust paid £27,272 to the Agency under this arrangement. This sum includes employers costs £3,095, in respect of national insurance contributions.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

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

Some of the Agency's Non Executive Directors have disclosed interests with organisations from which the Agency purchased services or supplied services to during 2013/14. Set out below are details of the amount paid to these organisations during 2013/14. In none of these cases listed did the Executive/Non Executive Directors have any involvement in the decisions to procure the services from the organisation concerned.

	Payments to Related Party £	Income from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Queens University Belfast	570,363	-	-	-

Interests in the above organisation was declared by the following Board members:-

Prof. D Hussey is a employed as a senior lecturer at Queens University Belfast.

NOTE 24 THIRD PARTY ASSETS

The Agency does not hold any third party assets at either 31 March 2014 or 31 March 2013.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 25 Financial Performance Targets

25.1 Revenue Resource Limit

The Agency is given a Revenue Resource Limit which it is not permitted to overspend

The Revenue Resource Limit (RRL) for NIMDTA is calculated as follows:

	2014 Total £	2013 Total £
HSC Board	1,160,161	1,160,161
SUMDE	-	-
DHSSPS (excludes non cash)	52,684,271	51,849,702
Other Government Department	-	-
Non cash RRL (from DHSSPS)	-	153,486
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	53,844,432	53,163,349

25.2 Capital Resource Limit

The Agency is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2014 Total £	2013 Total £
Gross capital expenditure	30,930	-
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	30,930	-
Capital Resource Limit	31,038	-
(Underspend)/Overspend against CRL	(108)	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

25.3 Break even performance

The Agency is required to ensure that it breaks even on an annual basis by containing net expenditure to within 0.25% of RRL limits.

	2013/14 £	2012/13 £
Net Expenditure	53,819,293	52,901,058
RRL	53,844,432	53,163,349
Surplus / (Deficit) against RRL	25,139	262,291
Break Even cumulative position (opening)	909,139	646,848
Break Even cumulative position (closing)	<u>934,277</u>	<u>909,139</u>

Materiality Test:

	2013/14 %	2012/13 %
Break Even in year position as % of RRL	<u>0.05%</u>	<u>0.49%</u>
Break Even cumulative position as % of RRL	<u>1.74%</u>	<u>1.71%</u>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

NOTE 26 LOSSES & SPECIAL PAYMENTS

Type of loss and special payment	2013-14		2012-13
	Number	£	£
Cash losses			
Cash Losses - Theft, fraud etc	-	-	-
Cash Losses - Overpayments of salaries, wages and allowances	-	-	-
Cash Losses - Other causes	-	-	-
	-	-	-
Claims abandoned			
Waived or abandoned claims	-	-	-
	-	-	-
Administrative write-offs			
Bad debts	-	-	-
Other	-	-	625
	-	-	625
Fruitless payments			
Late payment of commercial debt	-	-	-
Other fruitless payments and constructive losses	-	-	-
	-	-	-
Stores losses			
Losses of accountable stores through any deliberate act	-	-	-
Other stores losses	-	-	-
	-	-	-
Special payments			
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
	-	-	-
TOTAL	-	-	625

26.1 Special Payments

There were no other special payments or gifts made during the financial year.

26.2 Other Payments

There were no other payments made during the year.

26.3 Losses and Special Payments over £250,000

There were no losses or special payments over £250,000 in either the year ending 31 March 2014 or 31 March 2013.

NOTE 27 POST BALANCE SHEET EVENTS

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

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 17th November 2014