

Northern Ireland



Medical & Dental Training Agency

2011/12

Annual Report

CONTENTS PAGE

<u>Section</u>	<u>Page</u>
Foreword from the Chairman	3
Director's Report	4
Management Commentary	12
• Dentistry	12
• General Practice	16
• Hospital Training	25
• Governance	41
• Human Resources	48
• Financial Governance	50
• Remuneration Report	52
Appendix A – Financial Statements	60

Foreword from Alistair Joynes Chairman

“Excellence in learning, ensuring outstanding patient care”

It is with pleasure that I present the Annual Report for 2011-12 which explains the work delivered by the Northern Ireland Medical and Dental Training Agency (the Agency) across a range of functions and how the Agency met its business objectives.

I am delighted to have been appointed as the new Chair of the Board and am sincerely grateful to Mrs Judith Eve who held office for a short period following the death of Dr Harry McGuigan in 2010. This year also saw the appointment of two new Board members, Mr Deane Morrice and Mr Lee Wilson.

The past year has presented the Agency with a number of challenges primarily due to the illness and sad death of Dr Terry McMurray who passed away on Christmas Day. I would like to acknowledge the significant contribution made by Dr McMurray to the development of postgraduate medical and dental education both within Northern Ireland and at a national level. Dr McMurray was appointed to the role of Chief Executive/Postgraduate Medical Dean in 2004 and led the Agency through some difficult times brought about by the new government reforms to postgraduate medical training and the implementation of *Modernising Medical Careers*. He put in place a new educational framework for the local management of postgraduate medical training with the establishment of Postgraduate Foundation and Specialty Schools. He was held in high esteem by all who knew and worked with him and will be a hard act to follow.

It is also with deep regret that I have to report the sad death of Mrs Anna Eggert, non-executive lay member of the Board who passed away on 2 August 2011 after a long illness. Mrs Eggert who was appointed to the Board in 2005, when the Agency was first established will be greatly missed.

I would like to extend my thanks to members of the Board for their support and to all members of staff for their commitment and dedication to the work of the Agency and for ensuring the delivery of its business activities.

The coming year will present a number of fresh challenges, as the Agency responds to a difficult financial climate and the uncertainty around the future of the organisation. I am confident that the Agency will rise to these challenges and continue to work effectively to ensure that it is able to respond to the speed and magnitude of change and work in partnership with others to improve the health of the people of Northern Ireland.



Alistair Joynes
Chairman

Date: 25 July 2012

Director's Report

The Agency was established in 2004, under the Health and Personal Social Services Act 1990, as a Special Agency, sponsored by the Department of Health, Social Services and Public Safety (DHSSPS). The Agency is responsible for commissioning, managing and delivering postgraduate medical and dental training. This includes the recruitment, assessment and remediation 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.

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.

The Agency, also referred to as the Northern Ireland Deanery, has a crucial and extensive role in assuring that patient care is delivered by doctors trained to the standards set by the GMC. In line with all UK Deaneries the Agency 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.

As part of this process, the Agency assessed the performance of the local education providers (LEPs) against the GMC standards. The Agency also reviewed its processes for reporting on Deanery Inspection Visits and raising concerns resulting in new procedures for reporting on areas of concern and the escalation of potential risks in relation to patient or trainee safety.

I am pleased to report that the GMC in assessing the Deanery's performance, confirmed continuation of approval for training.

Recruitment to all training posts in Northern Ireland is managed by the Agency 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 2011 the Foundation Programme achieved a fill rate of 99.2% (95.6% in 2010/11) and Specialty Training a fill rate of 94.3% (93.9% in 2010/11). This fell to 91.4% in February 2012 mainly due to difficulties in recruiting to certain specialties and trainees resigning from training posts or exercising their rights under maternity leave legislation. The Agency will continue to work with all stakeholders to fill remaining vacancies.

The Agency worked with the LEPs to deliver the programmes of training and was supported by its Foundation School 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. The revalidation of doctors is fast approaching and all Schools are working effectively to ensure that robust systems are in

place for the appraisal and assessment of doctors in training in preparation for the introduction of revalidation in December 2012.

The Agency wishes to recognise the high level of activity and energy expended by the LEPs to achieve and maintain compliance with the Working Time Directive and the New Deal. The Agency continues to work with the Health and Social Care Board (HSCB) Liaison Group and the DHSSPS to monitor and advise LEPs while ensuring that training opportunities are maintained and improved.

The Agency looks forward to strengthening its partnerships with Queens University Belfast, the HSCB and other HSC organisations. Nationally we will continue to work in collaboration with the Conference of Postgraduate Medical Deans (COPMeD), and the Conference of Postgraduate Dental Deans (COPDend) to ensure that the delivery and quality management of postgraduate medical education is maintained.

The Agency recognises the importance of communicating with its staff and supporting them through the current uncertain and challenging economic climate. Indeed, the ongoing Business Services Transformation Project and Review of Arms Length Bodies will provide for the discussion of 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 team leader meetings and departmental staff meetings and through the Agency's annual staff satisfaction survey.

In the period 1st April 2011 – 31st March 2012 there were 261 days lost due to sickness within the Agency. This represents a loss rate of 2%. By comparison, in the same period for the previous year 494 days were lost to sickness, representing a loss rate of 3.8%.

The Agency participates in both the HSC Superannuation Scheme and the Universities Superannuation Scheme, both of which are multi-employer defined benefits schemes. Further details are given in notes 1.20 and 3 to the accounts.

Regarding our financial performance the Agency met its breakeven target recording a surplus of 0.23%. The Department requires that Agencies pay their non HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Agency payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules. The Agency achieved an outturn of 95.7% in relation to the prompt payments target. Further details of compliance with the Better Payments Practice code are given in the note 15 to the accounts.

The Agency met the DHSSPS requirement for substantive compliance with the HSC Controls Assurance Standards of Governance, Risk Management, and Financial Management as confirmed by Internal Audit. The effective management of risk remains key to delivering the business of the Agency and

robust systems have been put in place to ensure that the identification and management of risk is embedded within the organisation.

The Accounts and supporting notes relating to the Agency's activities for the year ended 31 March 2012 have been audited by the Northern Ireland Audit Office (NIAO). The notional cost of audit work performed in 2011/12 was £13,700. 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.

Mission Statement

"Excellence in learning, ensuring outstanding patient care".

Corporate Goals

The following corporate goals and strategic objectives have been the drivers of the Agency's performance in 2011/12.

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

OUR SERVICES

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

OUR INTERNAL PROCESSES

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

OUR STAFF

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

OUR FINANCES

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

Strategic Objectives

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

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

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

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

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

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

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

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

Details of Directors

Overall management responsibility rests with the Chief Executive/ Postgraduate Dean and the senior management team. There are currently 131 staff (the whole time equivalent is 75), including a large number of medical and dental professionals, on the payroll of the Agency. 62 members of staff are based at Agency Headquarters.

Board of the Agency

Mr Alistair Joynes	- Chairman (appointed 20 June 2011).
Mrs Judith Eve	-Non-Executive Lay Member (Acting Lay Chairman until 20 June 2011)
Mrs Anna Eggert	- Non-Executive Lay Member (until 2 August 2011)
Dr Ronald Atkinson	- Non-Executive Medical Member
Dr John Marley	- Non-Executive Dental Member
Mr Deane Morrice	- Non-Executive Lay Member (appointed 25 July 2011)
Mr Lee Wilson	- Non-Executive Lay Member (appointed 13 February 2012)

We regret to report that Mrs Anna Eggert passed away on 2 August 2011 after a long illness. Mrs Eggert who was appointed to the Board in 2005 when the Agency was first established will be greatly missed.

Audit Committee

Dr John Marley	- Chairman (until 20 June 2011)
Mrs Judith Eve	- Chairman (from 20 June 2011 to 24 April 2012)
Mr Deane Morrice	- Chairman (from 24 April 2012)
Mrs Anna Eggert	- Board Member (until 2 August 2011)
Dr Ronald Atkinson	- Board Member
Mr Lee Wilson	- Board Member (from 13 February 2012)

In 2011/12 the Audit Committee met on three occasions. Further the business of the Audit Committee was considered at a meeting of the Agency Board on 23 June 2011, as the Audit Committee was not quorate at this time.

Officers of the Agency

Dr Terry McMurray	- Chief Executive/Postgraduate Dean (Ill health retirement 7 December 2011)
Dr Claire Loughrey	- Director of Postgraduate GP Education
Dr David Hussey	- Postgraduate Dental Dean
Ms Margot Roberts	- Administrative Director Acting Chief Executive (from 1 December 2011)

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

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

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

A handwritten signature in black ink, appearing to read 'Ms M Roberts', with a stylized flourish at the end.

Ms M Roberts
Acting Chief Executive

Date: 25 July 2012

Management Commentary

The Work of the Agency

The work of the Agency within 2011/12 was performed in line with its Strategic Plan 2009/12 and Business Plan 2011/12.

The delivery of postgraduate education and training to Doctors and Dentists by the Agency is primarily carried out by three departments, the Dentistry, General Practice and Hospital Training departments. These three departments are supported by a further three corporate functions namely the Finance, Human Resources and Corporate Services teams. Strategic objectives one to six (see p7) relate primarily to the delivery of postgraduate medical and dental education, Therefore the sections relating to the Dentistry, General Practice, and Hospital Training departments will report directly in line with these objectives. Strategic objectives seven to ten (see p7) relate to support functions, or centralised tasks within the Agency, and therefore will be discussed further in the sections that relate to Governance, Human Resources and Finance.

Dentistry

The Dentistry department is lead by the Dental Postgraduate Dean, Professor David Hussey. There are a team of part-time advisers representing Vocational Training (2), General Professional Training (2), Continuing Education (2), Community Dentistry (1) and Hospital Dentistry (1). Two dental tutors are also involved in Continuing Education for the dental team and the department is supported by a team of 5 administrative staff.

Performance of Dentistry against strategic objectives and performance indicators.

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

- 1. To organise and develop Foundation and Specialty Training programmes in line with the standards set by the regulatory authorities.**

The Dentistry department instigated educational visits to the three units that are used for Hospital based training in Northern Ireland. In 2011 the Oral Maxillofacial Surgery unit at the Ulster Hospital was visited and an independent report produced.

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

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

Hospital Training

- All trainees in specialty training progressed satisfactorily in the past year.
- Two career development post opportunities successfully completed their postings. It is anticipated that there should be an increased number in these positions for 2012/13.
- Dental Foundation 2 (DF2) posts have been difficult to fill across the three hospital bases in Northern Ireland but interest for 2012/13 is healthy.

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

The Dentistry department promoted the Foundation Training programmes through the Agency's website but also through direct contact with undergraduates in Northern Ireland.

The educational programme for Dental Foundation Trainees ensures regular meetings with the Dental Advisers for formal and informal contacts. Where issues concerning performance or educational needs are identified, these are discussed with the Dental Dean and remedial actions are put in place. The Dental Dean attends the Agency's Trainee Support Group where such concerns can be reported. The Committee for Vocational Training in Northern Ireland (CVT NI) meets twice a year and oversees the delivery of the educational programme in Foundation Training.

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

Continuing Professional Development (CPD)

- A wide range of lectures and courses were provided for General Dental Practitioners as part of the CPD programme. The introduction of charges was instrumental in helping to generate income. The fee structure for CPD events was revised over the summer months to reflect more accurately the cost of providing this resource.
- The on-line booking and payment system continues to provide an efficient process for recording and administering our CPD programme. It also allows courses to be added to the programme at relatively short notice where a perceived need is identified.
- At the end of the year there were 1008 dentists and 1234 Dental Care Professionals registered on our Intrepid Course Manager. This represents an increase of ten percent in numbers from the previous year.
- Over 12 months from April 2011 we offered over 3000 CPD course places on 116 courses in various locations across the deanery. 2301 educational opportunities were taken up.
- Course evaluations have provided valuable feedback and assisted with the quality management of the courses.
- Infection, Prevention Control and De-contamination practical workshops have proved popular with more planned as dentists strive to meet the standards of HTM 01-05.
- There had been a concerted effort made to ensure that the GDC recommended core subjects have been appropriately addressed and delivered to all members of the dental team.
- A series of new venues were used following guidance from the Department of Health.

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

Recruitment and Selection

- In 2011/12, 27 Vocational Trainees and 4 General Professional Trainees were recruited to the Northern Ireland training schemes.

- The new trainee recruitment process that was introduced in 2011/12 ran for a second year. This is now a trainee-led allocation procedure. An online application process was also introduced this year for both potential trainers and trainees. In the interests of quality assurance and good practice a lay representative was asked to sit in and observe all areas of the process.
- The twenty seven Dental Foundation trainees recruited for the 2011/12 schemes reflects the reduced interest from trainers in general dental practice and may be related to general economic conditions. There was still a very healthy interest from across the UK for trainee positions in Northern Ireland and in the final selection places were offered to graduates from six dental schools – QUB, Trinity, Cork, Dundee, Manchester and Cardiff
- The Workplace Based Assessments have now become well embedded into the training programmes in both VT and GPT. During 2011/12 we reinforced Case-based Discussions (CbD) as an assessment tool. Positive feedback was received from all parties involved in these processes.

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

The Dentistry department maintain a risk register which outlines the risks identified that may obstruct it from achieving the objectives outlined in the business plan. Identified mitigating actions are carried out on an ongoing basis. In 2011/12, the Postgraduate Dental Dean attended two meetings of the Agency's Risk Management Team and Governance Committee in order to review the departmental risk register and brief on action undertaken.

General Practice

The General Practice (GP) Team is lead by the Director of Postgraduate General Practice Education, who is supported by the Deputy Director of Postgraduate General Practice Education. There are three Specialty Training Associate Directors, a Regional Appraisal Coordinator, a GP Training Co-Ordinator and eight administrators. The appraisal team consists of 52 General Practitioners (45 appraisers and seven lead appraisers). There are two GP Tutors who assist in the organisation and running of the CPD programme. There is a team of eleven GP training Programme Directors

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

National Profile

A number of members of the GP team contributed to national groups including the Committee of General Practice Educators a group representative of all Deaneries nationally. The GP Director is a Vice Chair in COGPED. 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 recruitment process. A GP Programme Director is the Treasurer of the Association of Primary Care Education (APCE). 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 in line with the evolution of the White Paper in England.

There is a group of Northern Ireland GPs who are RCGP college examiners. This participation ensures standards within the Northern Ireland Deanery are maintained with a high success rate in membership exams. One of the Programme Directors has been appointed as an external assessor for the RCGP.

Local Profile

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

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

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

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

A key performance indicator for the GP team in relation to this strategic objective is performance in the General Medical Council Surveys (GMC). The trainee survey 2011/12 was analysed in order to look at areas of exceptional practice and areas of concern. There are currently 212 GP trainees on the GP Specialty Training Programme in Northern Ireland. GP Specialty trainees are provided with a three year programme of training on appointment. Trainees who take time out of the training programme will be out of sync within the training programme. There are currently 52 trainees that are out of sync. There are 14 trainees working less than full-time, and a further 10 applications which will be considered at the next Less Than Full-Time Panel.

The GMC survey provides a platform to enable the GP team to influence the education providers in the Trust 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.

The analysis of the survey indicated notable practice in the areas of overall satisfaction, induction and other learning opportunities in Paediatric and Psychiatry posts.

Areas of concern were identified in the areas of handover, local teaching and one post that received multiple areas of concern. This problem post giving rise to concern has been addressed by dialogue with the relevant Head of School.

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

The GP team recruited a lay representative to participate in decision making panels such as Allocation to Placements or Special Circumstances Panels.

In 2011/12 the Deanery received 8 applications from GP Trainees in other Deaneries to train in General Practice in Northern Ireland. However the

training programme is currently oversubscribed and could not accept the applicants into training scheme.

General Practice engages in collaborative working with a number of different stakeholders; GP Trainers, Tutors, Programme Directors, Appraisers, Lead Appraisers, RCGP, HSC Board and the GPC.

The GP team is working with the HSC Board to set up a returner and induction scheme for GPs being introduced to the workforce.

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 cover the curriculum for specialty training for General Practice. Evidence for the workplace-based assessment is collected in the Trainee e-portfolio of each GP trainee.

In 2011/12 a total of 60 Trainees sat the AKT, 59 passed and 1 failed, therefore 98.3% passed.

In 2011/12 trainees undertook the CSA in May 11, November 11 and February 12. So far 54 GP trainees have passed the CSA while 2 trainees have failed the CSA.

Foundation Training

The GP trainers provide training places for foundation trainees. There are generally 60 places in 20 practices with four month attachments. In 2011/12 there were 59 Foundation trainees who completed a four month placement in General Practice.

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

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

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

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

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

The ARCP Panel met in June and July 2011 and reviewed the e-portfolios submitted by all GP trainees. A total of 57 GP ST3 Specialty Trainees completed their training requirements and gained their CCT in 2011/12. All other GP Trainees achieved an outcome to reflect satisfactory progression, except one ST1 who received an outcome 5 relating to substandard workplace based assessment in the e-portfolio. An extension to training was not required.

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

A review of all induction material has been carried out to ensure that all GP trainees are informed about important issues relating to the GP training scheme. The post allocation process has once again been reviewed with GP trainees continuing to be recruited to a three year training scheme in a Trust based locality. An extensive consultation process was undertaken with GP Trainers, the existing GP Trainees and the BMA.

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

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

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

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

A large proportion of GP Trainees are 'out of sync' in the programme due to absence for reasons such as maternity and sick leave. The 'out of sync' Trainees met with their Programme Director and a suitable educational plan was agreed dependant on their stage of training.

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

The GP team has a process in place to ensure regular review of its policies. In 2011/12 the GP team have reviewed and developed the following policies; Recruitment Policy, Allocations Policy, Appeals Policy and Study Leave Guidance Policy.

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

There are three main areas of work that help to achieve this objective Continuing Professional Development, Trainer Development, and Appraisal.

Continuing Professional Development (CPD)

The Agency has organised 62 courses in 2011/12, including a 10 week Certificate in Prescribing Course which was well received. There are currently 1191 GPs registered on the 'Intrepid Course Booking System' in Northern Ireland out of a work force of 1786 General Practitioners (including GP Trainees).

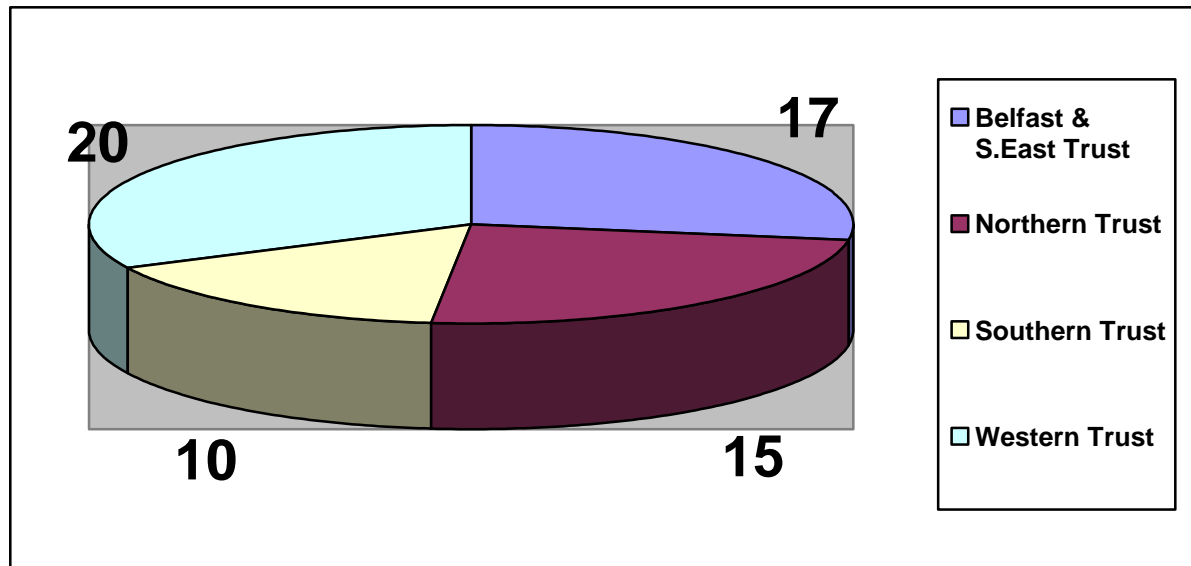
In August 2011, the GP team introduced an Annual Membership Scheme which attracted 109 members. Annual Membership offered GPs the opportunity to attend a variety of courses for a set fee over the academic year.

Following the pilot of Clinical Governance Practice Visits in 2010 a new programme of visits was organised for 2011/12. The purpose of these visits is to assist a practice in delivering its Clinical Governance plan for the current year. So far 13 visits have taken place.

There are currently 32 Retainees. These Retainees now participate in the courses provided by the GP CPD Team.

In response to feedback General Practice have organised 2 new training courses for General Practice Managers, and a further 2 for Practice Nurses in conjunction with the Public Health Agency.

Number of Courses Provided by Area



Trainers

We have a well established and committed cohort of trainers. There are currently 187 General Practice trainers in 106 different training practices. There have been 24 new trainers appointed since April 2011.

Each year there is continued interest from potential trainers who apply for and successfully complete the learning and teaching course. In 2011/12 a total of 22 GPs attended elements of the Learning & Teaching Course during 2011/12.

Trainers regularly meet with their colleagues within their area group to share learning and receive training from Programme Directors on current issues. The Trainer Groups organise at least 3 training sessions per year.

The General Practice Department delivered 372 courses and training events for GP Trainees at different levels in 2011/12. The Deanery also organised a new initiative called Practice Based Small Grouping Learning.

GP Appraisal

The GP team appraised 1520 GPs in the appraisal year 2011/12.

The annual Appraisal Conference took place on 7th April and 8th June 2011. The first day of the conference provided training for appraisers on an on-line

appraisal system. There were demonstrations followed by practical work with each appraiser having the opportunity to use the system. Evaluation of the training revealed that 85% of GPs felt that development of an on-line system for appraisal was a positive step.

The second day of the conference involved assessment of team roles using the Belbin Inventory for each small group of appraisers. This included effective team working and increasing self awareness. The rest of the day focused on understanding individual preferences and giving feedback.

Three appraisers tendered their resignations during the 2011/12 appraisal year. The Regional Appraisal Co-ordinator (RAC) has recently resigned, the post will be recruited to soon. No new appraisers were recruited, however some appraisers increased their sessions. The total number of appraisers within the GP team at the close of 2011/12 was 45 appraisers and seven lead appraisers.

A review of the readiness for revalidation in primary care in Northern Ireland was carried out by the Regulation and Quality Improvement Authority (RQIA) in May 2011. The review team considered that primary care in Northern Ireland is in a good position to begin revalidation. The team noted that there were effective working relationships between the HSCB and the Agency which were underpinned by a well constructed communications protocol and considered the communications protocol to be an example of best practice. RQIA states that the process to procure an IT solution for appraisal and revalidation must be a priority for DHSSPS, HSCB and the Agency. The Communication Protocol is currently being reviewed by the Responsible Officer (RO) to clarify their role and will be updated accordingly.

RQIA reviewed the difficulties faced by sessional doctors in providing evidence for appraisal. Plans are at an advanced stage for sessional doctors to have the opportunity to become an affiliated doctor in participating practices allowing involvement in clinical governance activity in the practice.

Anecdotally, during appraisal discussions, some sessional doctors had reported difficulties in reporting significant events in practice. A presentation was delivered to the Northern Ireland Sessional Doctors Association (NISDA) on Clinical Governance and the issues of reporting on significant events and adverse incidents. A questionnaire has been formatted to assess the experience of sessional doctors with regard to this issue. Distribution of the questionnaire has been discussed with the RO and a decision is awaited.

A pilot of Patient and Colleague Feedback (PCF) was undertaken through GP appraisal. Thirty-two doctors have participated and completed the pilot. An analysis of the pilot is being carried out.

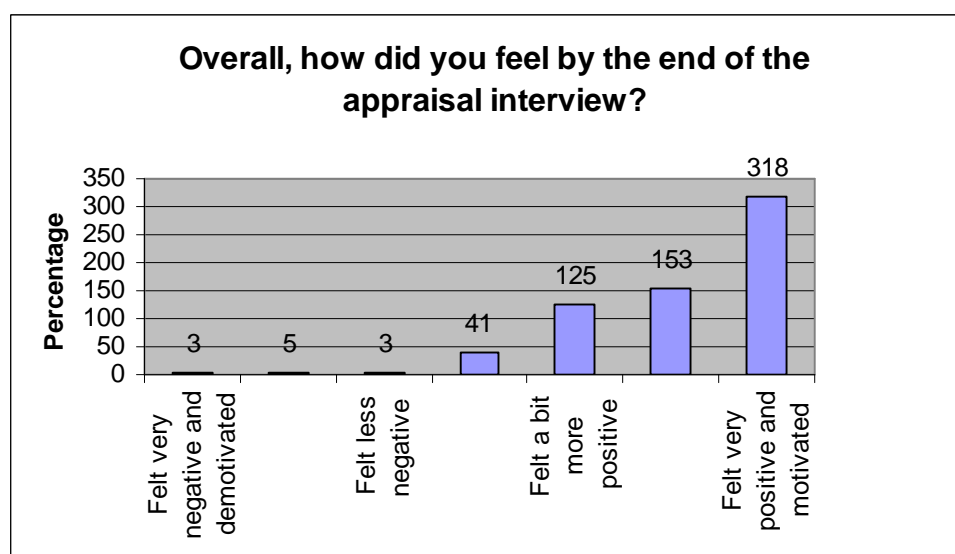
Breakdown of Doctors Appraised

The table below shows the number of doctors appraised in the 2011/12 appraisal year against their status and geographical areas.

Status	Total*	Belfast	South Eastern	Northern	Southern	Western
Partner	877	217	137	207	172	150
Sessional in nGMS	292	113	74	94	79	65
Part Time Partner	205	56	27	46	36	36
Salaried GP	70	21	17	13	20	4
Retainee	39	17	5	12	5	1
Solely Out Of Hours	25	10	4	4	8	5
Assistant	7	3	2	2	0	0
Associate	0	0	0	0	0	0
Medical Support Services	0	0	0	0	0	0
No longer on PMPL at 31.03.12	5	1	1	1	0	2
TOTAL	1520	432	223	379	320	263

*The totals in this table are affected by the geographical position of practices, and the fact that practitioners may work in several geographical areas. Therefore in some instances the figures provided may not equal the total indicated.

Evaluations from appraisees on their appraisal



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

The recruitment process took place in March 2012. 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.

Sixty-five trainees were appointed to ST1 posts in General Practice Specialty Training at August 2011.

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

The General Practice Team maintain a risk register which outlines the risks identified that may hinder it from achieving the objectives outlined in the business plan. Controls are implemented as necessary.

Hospital Training Department

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

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

The Specialty Schools Forum which was, established in 2008, met five times in 2011/2012 to exchange information, ensure consistency in the application of the Agency's policy and procedures and measure progress against the General Medical Council's (GMC) standards for training.

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

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

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

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

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

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

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

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

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

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

Quality Management Group

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

During 2011/12, the QM Group promoted the GMC National Training Surveys, responded to the GMC requests and completed the GMC Deanery Reports.

The QM Group continued its programme of visits to LEPs, its pre-visit surveys and collected and reviewed reports from Specialty Schools (annual reports; reports on recruitment and selection; lay representative reports on Annual

Reviews of Competence Progression) and LEPs (annual reports; responses and action plans concerning LEP visits).

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

In 2011/12, a visit cycle flow diagram and visit timeline were introduced, the LEP visitation template and report forms have been revised and the visit outcome grid was revised.

Templates for Specialty School and LEP annual self-assessment reports to the Agency were revised.

Faculty Development Sub-Group

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

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

In the last year there have been new specialty leaders appointed - 3 new Heads of School appointed (Surgery, Anaesthetics and Intensive Care, Psychiatry) and 3 new Deputy Heads of School (Surgery, Anaesthetics and Intensive Care, Psychiatry) and 9 Training Programme Directors (Chemical Pathology, Otorhinolaryngology, Palliative Medicine, General Surgery, Public Health Medicine, Paediatric Surgery, Gastroenterology, Haematology and Cardiothoracic Surgery).

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

The Agency is now running additional courses to support faculty

- Managing Trainees in Difficulty Workshops – run on 6th May 2011, 1st September, 21st October 2011, 12th January 2012, 24th February 2012 (in collaboration with the Trusts as LEPs)
- Recruitment and Selection Workshops – run on 5th and 13th January 2012
- ARCP Workshops – run on 19th and 20th April 2012

- Lay Representative Training Day – 29th September 2011
- Patient Safety Workshop – 20th October 2011

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

In 2011/2012 the Associate Dean for Specialty Training has carried out a research project on faculty development involving ten 1-1 one hour interviews with senior Deanery leaders and four focus groups with Heads/Deputy Heads of School, Training Programme Directors and Specialty School Administrative staff. The plan is to use the information gathered from this research to develop a formal, systematic Faculty Development Programme.

Curriculum Delivery Sub-Group

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

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

The Curriculum Delivery Sub-Group has developed Deanery Guidance on:

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

LEP Visitation

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

- monitor that GMC standards are being met in the LEP through collection of primary, independent, qualitative data that can be triangulated with information from Deanery Self-assessment LEP Reports and Deanery Trainee Surveys;

- explore good practice and deficiencies within the LEP through face-to-face interviews;
- promote good practice and developments;
- facilitate local problem solving;
- provide verbal and written feedback to the LEP on areas of concern and actions necessary to improve postgraduate medical education and training (areas of concern and actions will be risk stratified as green, amber and red); and to
- promote collaboration, partnership and personal relationships between the Agency staff and staff in Local Education Providers.

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

a. Cyclical Monitoring Visit

Cyclical Monitoring Visits to an LEP are an important component of the Deanery's Quality Management processes allowing the Agency to obtain primary, independent, qualitative data to triangulate with information obtained from Deanery Self-Assessment LEP reports and from Deanery (and GMC) Trainee surveys. The Agency planned visits to LEPs covers three specialties per year to enable all specialties to be covered within a three year cycle. In 2011/2012, the team visited all paediatric, pathology and psychiatry units in Northern Ireland (23 visits).

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. During 2011/12, the team carried out 10 Interim Progress Visits.

c. Problem Solving Visit

When an issue of concern is brought to the attention of the QM Group that is sufficiently serious to be highlighted as a 'red issue', an urgent problem solving visit will be organised. During 2011/12, the team carried out 4 problem solving visits. In three of the visits, the team were requested to carry out the visit by the GMC and were accompanied by GMC Observers.

Outcomes of Visits

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

- verbal feedback of key points to LEP Senior Management at the end of the visit;
- areas of concern requiring immediate response are emailed to the DME of LEP the next working day;
- a provisional written report is supplied to DME of LEP within 15 working days for a check on factual accuracy. This is to be completed within 25 working days of the visit;
- production of an interim report (according to GMC domains) highlighting good practice and areas of concern to be signed off by QM Group and distributed to all members of Visitation Team, DME and Senior Management of LEP, and to the relevant Specialty School within 35 working days of the visit
- the Trust to produce action plan in response to Interim Report within 45 working days of visit
- the Quality Management Group to review the action plan and to issue final report with grading within 55 working days of visit
- the Quality Management Executive Officer produces an audit trail of responses to Visit Report ensuring that all agreed Action Plans are followed up and suitable evidence is provided;
- an Interim Progress Visit may be organised if there are red and/or amber issues that require follow-up;
- the final report(s) will be shared with the DHSSPS, HSCB and the RQIA;
- Visits, Visit Reports and Action Plans will be discussed during Annual Review of Learning and Development Agreement.

Annual Deanery Report to GMC

The Agency is required to submit Deanery Reports (DR) to the GMC twice per year. In preparation for these reports, the Hospital Training department requests and collates annual self-assessment reports from each Specialty School (10), including General Practice, and each Local Education Provider (5); collates the outcome of all Deanery visits to Local Education Providers; and reviews progress and concerns in all Specialty Programmes. The GMC

has reviewed and accepted NIMDTA's Deanery Reports in July 2011 and January 2012.

The next report is due in October 2012.

Annual GMC National Trainee and Trainer Surveys

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

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

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

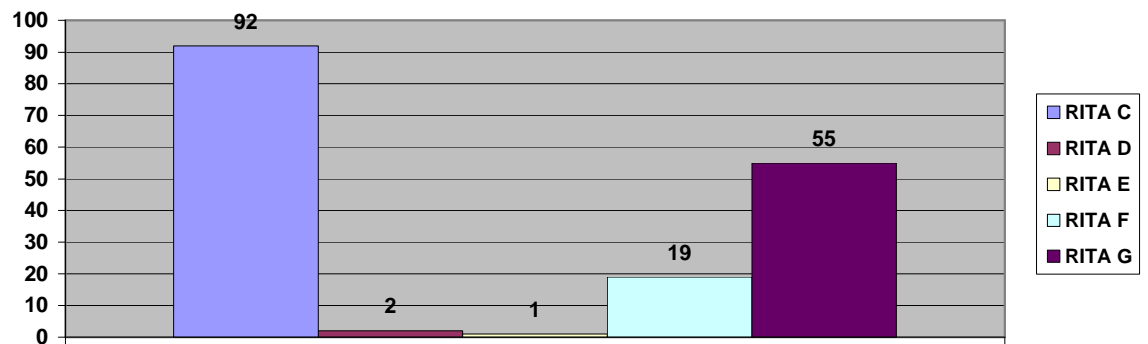
Assessment of progress

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

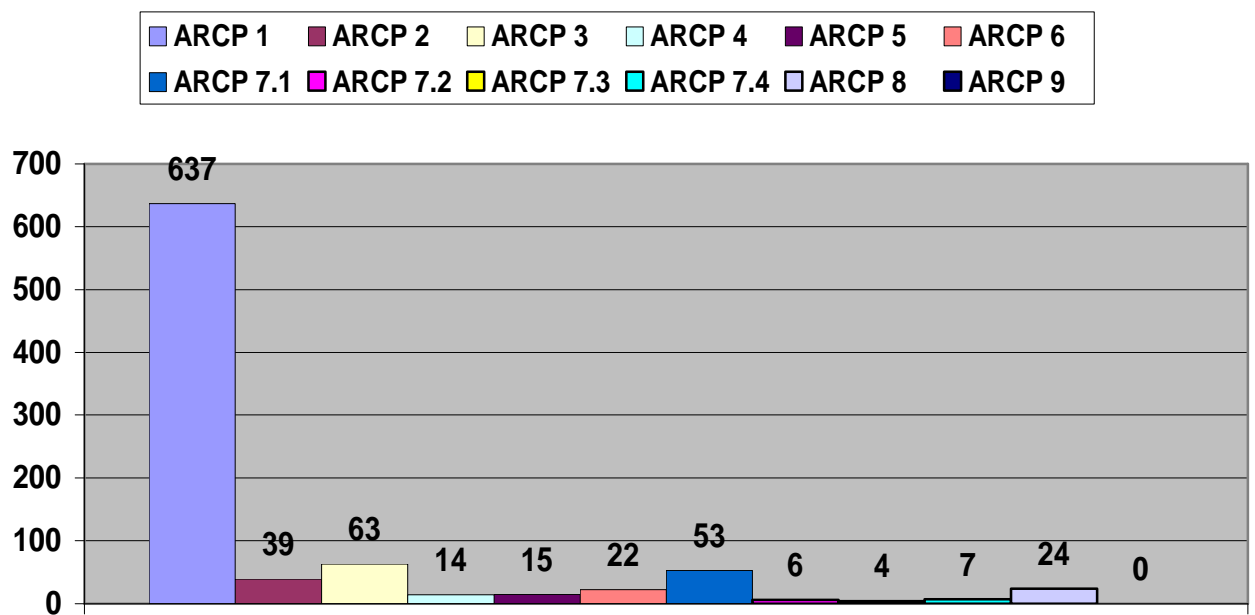
In 2011/2012, 1006 were assessed in specialty training: 862 trainees were assessed using the ARCP process and 144 SpRs were assessed using the RITA process. 47 trainees were issued with dual outcomes (i.e. Outcome 7 FTSTA & Outcome 1 satisfactory progress).

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

RITA Outcomes



ARCP Outcomes



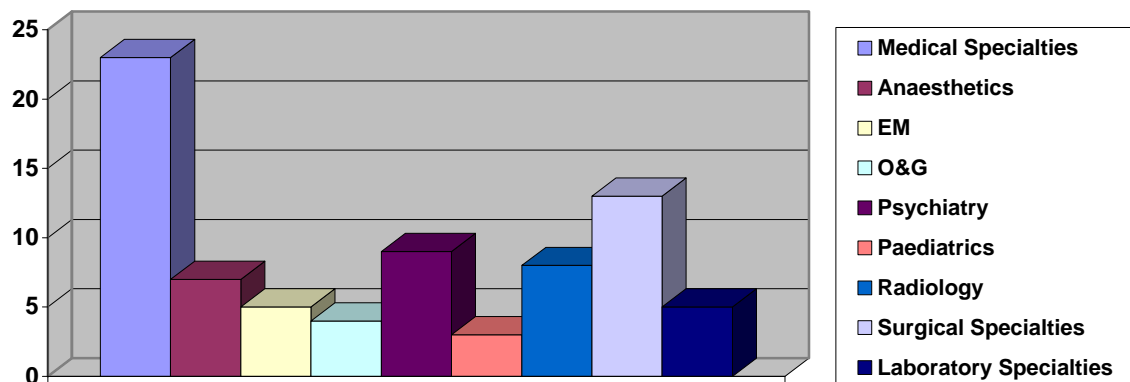
ARCP/RITA Process

ARCP Outcomes		RITA Process	
Satisfactory Progress			
1	Achieving progress and competences at the expected rate	RITA C	the trainee has progressed and achieved the competences at the expected rate
Unsatisfactory or insufficient evidence			
2	Development of specific competences required – additional training time not required	RITA D	Recommendation for targeted training – stage 1 of required additional training
3	Inadequate progress by the trainee – additional time required	RITA E	Recommendation for intensified training/repeat experience – stage 2 of required additional training
4	Released from training programme with or without specified competences		
5	Incomplete evidence presented – additional training time may be required		
Recommendation for completion of training			
6	Gained all required competences	RITA G	Final record of satisfactory progress
Outcomes for trainees out of programme or not in run-through training			
7.1	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.			

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

- 77 trainees completed training and successfully obtained a CCT in the following specialties:
 - Medical Specialties (23)
 - Anaesthetics (7)
 - Emergency Medicine (5)
 - Obstetrics and Gynaecology (4)
 - Psychiatry (9)
 - Paediatrics (3)
 - Radiology (8)
 - Surgical Specialties (13)
 - Laboratory Specialties (5)

The bar chart below reflects this.



Foundation Programme Outcomes

Of the 234 Foundation trainees who completed training in August 2011:

- 153 entered a programme of Core or Specialty training (138 in Northern Ireland, 13 in England and 2 in Scotland)
- 32 did not take up a specialty training post due to maternity leave, desire to work abroad or other
- 10 undertook a Fixed-Term Specialty Training Appointment (FTSTA) or Locum Appointment for Training (LAT).
- 4 foundation trainees elected, or were required, to complete a further F2 year
- 1 trainee did not pursue a career in medicine
- 25 took posts outside of the UK
- 9 trainees have not confirmed their current post

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

Career Development

The Agency has an Associate Postgraduate Dean (APD) for Career and Personal Development who in 2010/11 completed a PG Diploma in Managing Medical Careers through the University of Brighton and is completing a Master's degree in the topic by the end of 2012. The APD leads career support activities as follows:

- Career seminars were introduced into the Foundation Programme's F2 Generic Skills Course for the first time in 2010. At these seminars, trainees were introduced to the concepts of career planning, provided with information on resources for career exploration and given the opportunity to discuss career choice with senior trainees in a variety of specialties including general practice, core medical training, surgery, paediatrics and psychiatry. There were also sessions on self assessment, the use of psychometric instruments, selection techniques and clinical audit. All F2 trainees completed these sessions over 7 workshops from August to October 2011. The course is designed by the APD for Careers and co-facilitated by an Educator. Feedback from these sessions has been analysed and suggestions for improvement have been introduced based on trainee reflection.
- From December 2011 – Feb 2012, the APD conducted introductory career choice workshops for F1 trainees in 12 hospitals meeting a total of 204 trainees (there were 125 last year). All F1 trainees unable to attend were provided with the workshop slide set.
- The career section of the Agency website was again updated to include information on the role of the Agency in career management. Specialty Schools contribute information on their specialties. Extensive information on links to the Royal Colleges, Specialist Societies and the new NHS Careers website were added. The new NHS website (www.medicalcareers.nhs.uk) has been promoted to all the trainees in the NI Deanery.
- The annual Careers Fair was re-structured to include input from doctors in training. It was scheduled before the 2011/12 selection process commenced.
- The APD liaises with the newly appointed Queen's University Careers lead to provide support across the undergraduate to PG curriculum. There is a close relationship with undergraduate societies who focus on career events.

- Direct access to personal careers advice was encouraged for all trainees in the Deanery through the Associate Dean for Foundation Training and Heads of Specialty Schools. The APD provides one on one career counselling as requested.
- The APD maintains a confidential database of all trainees advised on specific career matters or experiencing difficulties in training.

Less Than Full-Time Training

- The Agency 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 who are unable to continue their training on a full-time basis
 - Promote career development and work/life balance for doctors 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
- During 2011/12, there were 86 foundation and specialty trainees, including General Practice, working on a less than full time basis.
 - 37 part time in a full time post
 - 14 in a supernumerary post
 - 35 in a slot share arrangement

Trainees in Difficulty

The Agency provides guidance on the management of trainees in difficulty to advice on the roles and responsibilities of educational supervisors, the Trusts and the Hospital Training department. The Agency has a policy document which is followed in all cases. The Trainees who require support have been entered into a database for audit and quality assurance purposes. There are monthly meetings with the Foundation Programme Director to discuss Foundation trainees in difficulty and regular meetings of a Trainee Support Group. This group is chaired by the APD for Career Development and discusses ongoing cases causing concern. The Hospital Training department has conducted a series of workshops on dealing with Doctors in Difficulty in 2011/12 aimed at Foundation Programme Directors, Educational Supervisors and DMEs. The role of the APD is:

- To develop, manage and inform on the framework for dealing with all trainees in this Deanery who have any problems requiring support;
- To ensure that resources are available to support that framework;

- To ensure that those dealing with doctors in difficulty are appropriately trained to deal with situations which arise and are able to refer to the APD as required;
- To provide individual guidance and support

The table below shows the numbers of individual Meetings with trainees from April 2011-April 2012

	Male	Female
General Careers Advice	6	5
Doctor in Difficulty	6	9
Inter Deanery Transfers	0	0
Total	12	14

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

Courses

- Mandatory Generic Skills training days were delivered regionally for doctors in the second year of Foundation Training (F2s). Valuable feedback from the doctors continues to strengthen and enhance these sessions. These sessions include training on the following:
 - Career Management and Educational Opportunities & Requirements during F2
 - Acute Kidney Injury
 - The Doctor as a Teacher
 - Patient Protection - Child Protection
 - Patient Safety / Medico-legal Seminar
 - Teamwork / Fitness to Practice
 - Diversity Awareness, Breaking Bad News and Ethics
 - Professionalism
 - Life Long Learning; Revalidation for doctors in training

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.

- A variety of courses targeted at specialty trainees were developed and organised under the auspices of the Agency. These included the

following exam preparation courses, basic science courses and specialty specific clinical courses and teaching:

School of Anaesthetics exam preparation (Primary and Final FCA RCSI/FRCA), Introduction Course to Basic Science, ICM seminars and Reducing Error and Crisis Management Training (REACT)

School of Emergency Medicine weekly teaching sessions

School of Medicine exam preparation (MRCP Part 1, 2 and PACES), IMPACT and Specialty teaching

School of Surgery Basic Surgical Skills, Care of the Critically Ill Surgical Patient and Core and Specialty teaching

School of Paediatrics exam preparation (MRCPCH), Evidence-Based Medicine, Teaching Skills and Paediatrics & the Law teaching sessions

School of O&G teaching sessions

School of Psychiatry exam preparation (MRCPsych Part 1 and 2) and Introduction to Psychotherapy teaching

School of Radiology exam preparation (FRCR)

School of Pathology teaching days

- A total of 96 Specialist Registrars in their final year of training attended a management development programme in 2011/2012. This programme provides doctors in training with the necessary management skills to become an NHS consultant.
- A summary evaluation of teaching within the Hospital Training Department is reviewed at the Quality Management Group

Induction

A regional induction day for new Foundation doctors was held in August 2011. The induction day included presentations on the Foundation curriculum, work place based assessments, e-portfolio and role of educational appraisal in training posts. Regional speakers at the event included Dr John Jenkins (GMC) and Dr Gillian Clarke, Medical Advisor to the Coroner. Mrs Margaret Murphy from the World Health Organisation Patient Safety Forum attended and gave a moving personal account of her family's experience of medical care. A number of current and previous Foundation doctors also contributed with their experiences of the foundation programme.

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.

E-portfolio

E-portfolio is now fully integrated into foundation and all specialty schools with the exception of anaesthetics, psychiatry and radiology. E-portfolio is currently being piloted and will be introduced to these specialties within this academic year.

Foundation e-portfolio sets out the tasks that all new doctors are required to perform to secure their full GMC registration and to obtain a Foundation Achievement of Competencies Certificate.

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

Recruitment and Selection

Specialty

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

Four hundred and forty one posts were advertised for August 2011 from a total of 1280 specialty training posts to which 379 trainees were appointed. (322 appointments into programmes of training and 57 to fixed-term specialty training appointments).

Foundation

In September 2011 the application process for recruitment into the Northern Ireland Foundation School for August 2012 intake commenced. The Agency received 240 first choice applications. All 243 places were filled during the first round of the national recruitment process in February 2012.

A separate Foundation Academic Recruitment was instituted in June 2011. A total of 27 applicants attended for interview. Those selected by this advance recruitment process were offered posts commencing August 2012. All nine academic posts were filled. The academic programme at QUB was enhanced through the attraction of high quality applicants keen to pursue academic careers following foundation training.

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

The Hospital Department maintains a risk register which outlines the risks identified that may hinder it from achieving the objectives outlined in the business plan. Controls are implemented as necessary.

Governance

Controls Assurance

The Governance, Risk Management, Financial Management, Records Management, Security Management and Fire Safety 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	Self assessment
Fire Safety	Substantive	Internal Audit
Health and Safety	Substantive	Self assessment
Information & Communications Technology	Substantive	Self assessment
Purchase and Supply	Substantive	Self assessment
Records Management	Substantive	Internal Audit
Human Resources	Substantive	Self assessment
Security Management	Substantive	Internal Audit
Waste Management	Substantive	Self assessment

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

Performance Indicators

The narrative on each of the departments within the Agency is structured around the strategic objectives, and resultant performance indicators, as set by the Agency's Business Plan 2011/12. Details of performance against these objectives can be found within the Management Commentary and over the following pages.

Risk Management

The effective management of risk remains a key objective in delivering the business of the Agency. Within 2011/12 the Risk Management Committee, which had previously provided oversight to this area of work, was replaced by the Governance Committee, a sub-committee of the Agency Board. The Risk Management Team met on three occasions, before being replaced by the Governance Committee which met five times. During the year the committees reviewed the key risks relating to general practice, dentistry, hospital training, finance, human resources, information governance and health and safety. Risk registers were updated accordingly and the Corporate Risk Register was revised to incorporate new risks identified, or the re-grading of risks in order to take account of completed actions. Further, a Risk Management Action Plan was put in place to ensure all recommendations from the internal audit reports were implemented.

Principal Risks & Uncertainties

The Agency maintains a Corporate Risk Register as well as a departmental register for each department. The Corporate Risk Register is regularly reviewed by the Board, the Senior Management Team, and the Governance Committee. In 2011/12 this risk register featured eleven risks. The following are regarded as the key risks:

Risk 3 - Failure to fill vacant positions leading to lower allocation of trainees

This risk has a high rating. The potential root causes for this risk included a lack of suitable applicants, delays in processing visas of non-EEA applicants, applicants accepting posts and subsequently declining and taking up a post elsewhere, or trainees accessing forms of extended leave and therefore creating vacancies.

The Agency put in place a number of controls in order to mitigate against this such as inclusion in national application and selection processes, carrying out quality assurance reviews of these processes, and the procurement of the Intrepid Pathway recruitment software. Work has also begun to ensure the successful implementation of the National Offer System for all training specialties, which should have a significant impact on the rating of this risk.

Risk 7 – That staff feel unsupported through proposed organisational change

This risk has a high rating. The potential root causes for this risk included the ongoing uncertainty in relation to the rationalisation of the Agency into another

HSC organisation, the impact of the proposed changes in relation to shared services and the creation of Centres of Excellence in relation to Finance and Human Resources, as well as the implementation of the Business Services Transformation Project and related software.

This risk is mitigated through the use of a number of controls, including the Senior Management Team discussing such matters as standing items at their meetings. Further all external communication in relation to these matters is shared with staff at the earliest opportunity. The Human Resources section below contains further information in relation to ongoing communication.

Emergency Preparedness

In February 2012, the Agency Board reviewed and amended the Business Continuity Plan. This Plan provides instructions on required action if a major incident should occur such as a fire, flooding or an outbreak of an infectious disease. The continuing development of such a plan should ensure that minimum disruption is experienced in the delivery of the Agency's services, if such an event were to occur.

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

The Agency Board also reviewed the Security Policy at their February 2012 meeting. This policy provides further practical advice in relation to the management of Beechill House, the prevention of security incidents, as well as advice on how to respond in the event that such an incident occurs.

Information Governance

Strategic objective seven, as set out in the Agency's Strategic Plan 2009/12 relates to the development of the Agency's information systems:

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

During 2011/12 the Agency continued to implement the Intrepid system. Intrepid is a database that has been designed in order to facilitate the recording and reporting requirements of Postgraduate Deaneries. Staff from the Agency participated in workshops to agree functionality for the next version of system, version 10, and also participated in testing of the system. The functionality of the core system can be enhanced through the addition of different modules.

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

Professionals. In August 2011 the Agency began to use the module for all of its training days for the Dental Vocational Training and General Professional Training Programmes, the GP Specialty Training Programme, and the Foundation Programme. All of the Agency courses for its Hospital Specialty Training Programmes were also made available through the system. In total, there were 8359 bookings made during the period 1 April 2011 – 31 March 2012. A range of customisations aimed at improving the usability of the system and to closer align the systems appearance with the corporate colours of the Agency were made in August. Functionality to allow the booking of several events together as part of a package was added in January 2012.

The Agency concluded its pilot of the Leave Manager module, which allowed trainees to book study and exam leave online, and for online approval to be provided by supervisors and Heads of School. The pilot included trainees in Anaesthetics, Chemical Pathology, General Practice (Specialty Trainee Year 3's only), Histopathology, Hospital Dentistry and Medical Microbiology. During the period from 1 April 2011 to 31 March 2012, 1049 online applications for Study and Exam leave were made through the system. The Agency has decided not to proceed further with the system due to weaknesses in budget reporting and difficulties associated with maintaining two separate Study Leave application systems concurrently. The specialties included in the pilot will therefore revert to paper applications and the pre-existing Study Leave system, which had continued to be used for all other specialties, from April 2012.

All local recruitment for Specialty Training during 2011/12 was again carried out using the Intrepid Pathway system, as well as national recruitment for Anaesthetics and Core Surgical Training. Over the period a total of 654 applications were received through Pathway.

Also during 2011/12, Agency staff continued to participate in workshops relating to the HSC Business Services Transformation Programme (BSTP). BSTP is tasked with modernising the HR and finance systems within Health & Social Care organisations in Northern Ireland (HSCNI). The project will lead to the replacement of the Agency HR and Finance systems with a solution which will be used throughout HSCNI. A local implementation team continued to meet regularly, with Finance and HR staff providing updates from the design workshops which they had attended. The Administrative Director is a member of the Project Board for the Regional Organisations Business Services Transformation Project.

As a result of the upcoming implementation of the BSTP systems, the Agency will be transferring from the Northern Ireland Civil Service IT Assist Network and support provision to IT Services within the HSC Business Services Organisation. It is anticipated this move will take place by the end of June 2012.

The Agency had one minor personal data related incident in 2011/12. The incident related to the Course Manager module of the Agency's Intrepid database. The module populates appropriate personal information into the

booking system, and when a trainee logged in they found that the populated information was incorrect, and that it was in fact that of another trainee. The error was caused by a mistake in the transfer of information from a spreadsheet. The trainee whose details were displayed, was informed and made aware of the precise nature of the disclosure, the fact that the information was only visible to one other trainee for a limited period, and further that the error had been corrected.

Information Requests

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

One request was received under the Data Protection Act.

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

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

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

Equality and Human Rights

The Agency's Equality Scheme was given formal approval by the Equality Commission in September 2011. Work has begun in relation to progressing work identified within the Scheme, and to this end a briefing facilitated by the Equality Unit of the Business Services Organisation was delivered at a Non-Executive Workshop attended by members of the Board as well as the Senior Management Team. Further, throughout 2011/12 the Agency has worked in close partnership with colleagues from the HSC Agencies and Special Bodies Consortium in the implementation of its statutory equality duties.

To ensure that equality and diversity underpin the work of the Agency, a specific strategic objective was identified in relation to this area of work and included within the incoming Strategic Plan for 2012/15. This will ensure that

such matters are prioritised within the Business plans that are drafted within this period.

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

The Agency specifically seeks to ensure that it treats 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 the Agency has a statutory responsibility to ensure that the PPI agenda is delivered throughout the Agency. The Agency established a PPI Working Group to ensure that this area is progressed. The General Practice Department has been identified as the lead department in introducing such work patterns within the Agency. The GP Department organised a training course entitled “Making a difference – PPI training for all”, which was facilitated by the Agency in partnership with Queens University and the Public Health Agency. The three day course was attended by a cross-section of HSC representatives. It is hoped that the content of this course can be developed into a training resource which can be used further by such organisations.

Throughout 2011/12 the Director of Postgraduate General Practice Education and Corporate Governance Manager worked in close partnership with colleagues from the HSC in developing PPI activity throughout the sector.

Environmental Issues

Environmental Management

The Agency recognises that good management includes all environmental matters and seeks to ensure that environmental protection and the prevention of pollution are part of decisions, policies and practices in order to ensure that the impact of the work of the Agency on the environment is minimised. The Agency is committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. In 2011/12, the Agency co-ordinated this area of work through its Environmental Management Policy.

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

Waste Management

Waste originating from the Agency's premises is considered as being controlled waste as defined in the Waste and Contaminated Land (Northern Ireland) Order 1997. In accordance with the provisions contained in that Order, the Agency has a duty of care in relation to the handling, disposal and management of waste. The duty to dispose of waste properly is set out in the Environmental Protection Act 1990 and the Environmental Protection (Duty of Care) Regulations 1991. In 2011/12, the Agency co-ordinated this area of work through its Waste Management Policy.

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

Human Resources

New appointments

Mr Oliver Boylan was appointed as an Educationalist.

Mr Trevor Thompson was appointed as Deputy Head of the School of Surgery.

Dr Sally-Anne Phillips was appointed as Head of School of Anaesthesia.

Dr Darrell Lowry was appointed as Deputy Head of School of Anaesthesia.

Dr Brian Mangan was appointed as Head of School of School of Psychiatry.

Dr Damien Hughes was appointed as Deputy Head of School of Psychiatry.

Two of the strategic objectives in the Business Plan 2011/12 relate directly to the work of Human Resources:

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

Recruitment and Selection processes

The Agency continues to develop its recruitment and selection processes. This year saw the School of Surgery introduce a nationally co-ordinated process and was the first specialty to engage a lay chair to oversee this work. The Agency held two recruitment and selection workshops on 5 and 13 January 2012 to provide further training for heads and deputy heads of specialty schools and training programme directors. These workshops provided an opportunity to demonstrate best practice between specialty schools and to learn from experiences across the specialty schools. The process for selection of dental trainers was changed this year with a move to a process with two stations. This change has received positive feedback from dental trainers.

Training and development

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

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

Health and well being

The Agency continues to support all staff to take part in a weekly exercise programme. A walking club has also been introduced this year.

Communication with Staff

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

The Senior Management Team meet on a monthly basis and members of Senior Management communicate any decisions made by the Senior Management Team to their own teams.

A new development this year was that Team Leaders were provided with an opportunity to communicate directly with the Board at a Non-Executive workshop in September 2011 on any issues affecting their departments. One issue raised was the difficulty being created by the decision to not replace vacant administrative posts due to budget cuts. This issue was brought back to the Senior Management Team and it was agreed to replace posts in the statutory functions held by the Agency. This has resulted in a better working environment within the Agency and the Team Leaders are continuing to examine ways to share resources between departments at peak times of the year.

The Joint Negotiating Forum facilitates communication between union representatives and representatives of senior management and there were 3 meetings held in this period.

The Agency also carries out an annual staff satisfaction survey that looks at all aspects of an employee's working life within the Agency. This is completed on an anonymous basis, and the results are shared with all staff. Issues raised in the survey are considered by the Senior Management Team and Team Leaders and action is taken where appropriate.

Staff continue to be concerned about the lack of any progress in relation to the future location of the Agency and it is difficult for the Senior Management Team to communicate with staff to allay any concerns as there has been no further information from the DHSSPS in relation to this. A further concern this year has been the impact on the Finance and HR Departments with the move to shared services. Both the Finance and HR Departments are working towards the implementation of the new HR and Finance Systems.

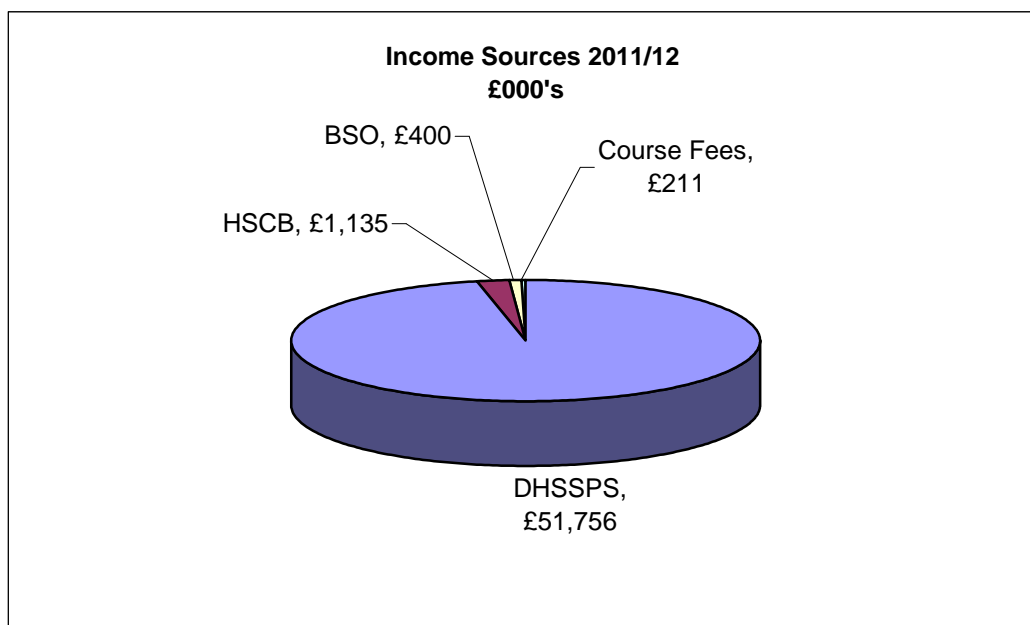
Financial Governance

Financial Performance

The Agency's Business Plan 2011/12 set the following objective:

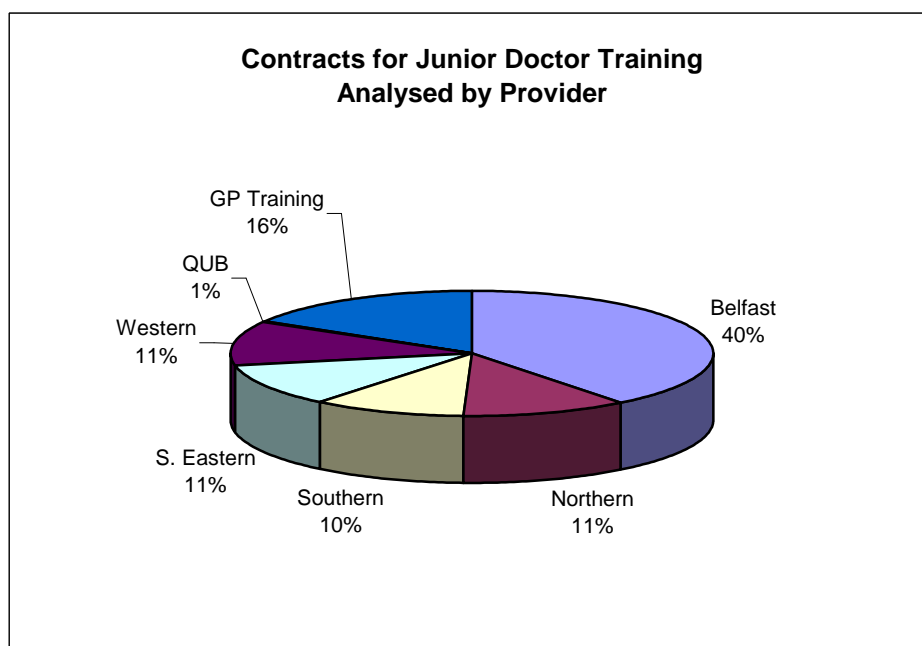
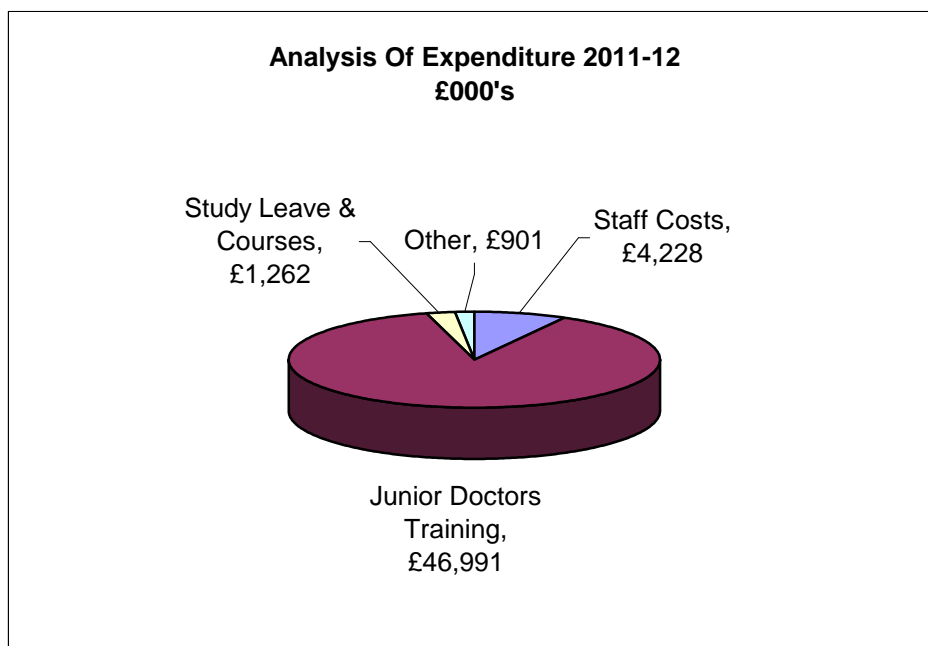
- 10. To ensure that the Agency achieves a break-even position in the context of its business and budgetary plans.**

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



The Agency spent over £53m in 2011/12, the majority of this being spent on junior doctor training contracts with Trusts and other training providers such as GP practices. These training contracts include a proportion of the junior doctors salary which can vary from 50% to 100% depending upon the grade of doctor.

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



In the 2011/12 financial year the Agency successfully met it's efficiency savings targets, reducing expenditure by over £650,000 compared to 2010/11. This was achieved largely through better use of flexible training funding, vacancy controls and more efficient use of funds in the provision of study leave and training courses.

The Agency is able to report that it has achieved the breakeven objective as outlined in its business plan, having recorded a small surplus of 0.23%.

Remuneration Report

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

Remuneration committee

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

Mr. A. Joynes (Chairman)

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

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

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

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

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

Remuneration Policy

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

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

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

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

In relation to the policy on duration of contracts, all contracts of senior executives in the Agency are permanent. During the year 2011/12 all contracts were permanent and each contained a notice period of 3 months.

Service contracts

There were no service contracts.

Directors

Dr. T. McMurray appointed as Chief Executive on 1st October 2004 (Deceased 25th December 2011);

Ms M Roberts was appointed acting Chief Executive on 12th August 2010 to 2nd May 2011 and from 1st December 2011.

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

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

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

Non-executive directors

Mr. A. Joynes appointed (as Chairman) on 20th June 2011 (for a period of 2 years);

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

Dr. R. Atkinson reappointed on 24th January 2009 (for a period of 4 years);

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

Mrs. A. Eggert reappointed on 24th January 2009 (for a period of 4 years); (Deceased 2nd August 2011)

Mr. D. Morrice appointed on 25th July 2011 (for a period of 2 years);

Mr. L. Wilson appointed on 13th February 2012 (for a period of 2 years).

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 2011/12.

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.

Retirement Benefit costs

HSC Superannuation Scheme

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

In respect of Directors, there are no provisions for the cost of early retirement included in the 2011/12 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 2011/12 accounts.

University Superannuation Scheme

The Agency 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 2008. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). The Agency 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 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 31st March 2008 valuation will be used in the 2011/12 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 2011/12 accounts.

Senior Management Remuneration – Audited

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

	2011-12		2010-11	
Name	Salary, including Performance Pay £000	Benefits in Kind (Rounded to nearest £100)	Salary, including Performance Pay £000	Benefits in Kind (Rounded to nearest £100)
Non-Executive Members				
Dr H McGuigan Chairman (Deceased 17/4/10)	-	-	0-5	-
Mr A Joynes Chairman	10-15	-	-	-
Mrs J Eve Acting Chairman	5-10	-	10-15	-
Dr R Atkinson Non Executive Director	0-5	-	0-5	-
Dr J Marley Non Executive Director	0-5	-	0-5	-
Mrs A Eggert Non Executive Director	0-5	-	0-5	-
Mr D Morrice Non Executive Director	0-5	-	-	-
Mr L Wilson Non Executive Director	0-5	-	-	-
Executive Members				
Dr T McMurray Chief Executive & Postgraduate Dean	70-75	-	95-100	-
Ms M Roberts Acting Chief Executive	60-65	-	60-65	-
Dr C Loughrey Director Of General Practice Education	115-120	-	115-120	-
Dr D Hussey* Postgraduate Dental Dean	65-70	-	65-70	-
Highest Earner's Total Remuneration (£'000)	130-135		130-135	
Median Total Remuneration	85,777		84,372	
Ratio	1.5		1.6	

* Dr. D. Hussey is employed 50% time by the Agency with a whole-time equivalent salary of (£'000) 130-135.

The median total remuneration is based upon a full-time salary, the majority of Agency employees are employed part-time.

Pensions of Senior Management – Audited

Name	Accrued pension at age 60 and related lump sum £000	Real increase in pension and related lump sum at age 60	CETV at 31/03/11 £000	CETV at 31/03/12 £000	Real increase in CETV £000
<u>NonExecutive Members</u>					
Dr H McGuigan Chairman	-	-	-	-	-
Mr A Joynes Chairman	-	-	-	-	-
Mrs J Eve Acting Chairman	-	-	-	-	-
Dr R Atkinson Non Executive Director	-	-	-	-	-
Dr J Marley Non Executive Director	-	-	-	-	-
Mrs A Eggert Non Executive Director	-	-	-	-	-
Mr D Morrice Non Executive Director	-	-	-	-	-
Mr L Wilson Non Executive Director	-	-	-	-	-
<u>Executive Members</u>					
Dr T McMurray Chief Executive & Postgraduate Dean	Member Deceased				
Ms M Roberts Acting Chief Executive	25-30 Plus lump sum of 85-90	2.5-5 plus lump sum of 7.5-10	491	580	89
Dr C Loughrey Director of General Practice Education	20-25 plus lump sum of 70-75	0-2.5 plus lump sum of 2.5-5	352	423	71
Dr D Hussey Postgraduate Dental Dean	0-5 plus lump sum of 5-7.5	0-2.5 plus lump sum of 0-2.5	33	43	10

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.



Ms M Roberts
Acting Chief Executive

Date: 25 July 2012

Appendix A – Financial Statements

NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012

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

03/08/2012

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

FOREWORD

1. Statutory Background

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

These accounts for the year ended 31 March 2012 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 2012

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 Ms M. Roberts 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 2012

CERTIFICATE OF THE CHIEF EXECUTIVE

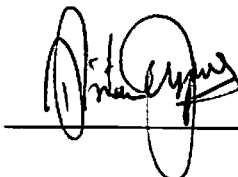
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 19 to 51) which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency, have been compiled from and are in accordance with the accounts and financial records 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.

 Acting Chief Executive


25/7/12 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 19 to 51) as prepared in accordance with the requirements stated in the above Certificate of the Chief Executive have been submitted to and duly approved by the Board.

 Chairman

25-07-12 Date

 Acting Chief Executive

25/7/12 Date

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

STATEMENT ON INTERNAL CONTROL

Scope of Responsibility

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

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

- The Agency has educational contracts with the Trusts for the delivery and monitoring of Postgraduate Medical and Dental training and education. The quality of training is subject to review by the General Medical Council (GMC).
- The Agency is an arms length body of the Department of Health, Social Services and Public Safety. The Agency is subject to regular accountability reviews.

The purpose of the system of internal control

The system of internal control 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 system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of organisational policies, aims and objectives;
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the N.I. Medical and Dental Training Agency for the year ended 31 March 2012 and up to the date of approval of the annual report and accounts and accords with Department of Health, Social Services and Public Safety guidance.

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

- a scheme of delegation which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing Orders and Standing Financial Instructions;
- an Audit Committee; and
- a Remuneration Committee.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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.

The N.I. Medical & Dental Training Agency has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the Agency is exposed and annual audit plans are based upon this analysis. In 2011-12 Internal Audit reviewed the following systems:

- Payments - Satisfactory Assurance
- Ordering and Receipt of Goods - Satisfactory Assurance
- Salaries and Wages - Satisfactory Assurance
- Income - Satisfactory Assurance
- Petty Cash - Satisfactory Assurance
- Bank Reconciliations - Satisfactory Assurance
- Credit Card Expenditure - Satisfactory Assurance
- Budgetary Control - Satisfactory Assurance
- Course Management Processes - Satisfactory Assurance
- Records Management - Satisfactory Assurance
- Processes for the Recruitment and Selection of Doctors in Specialty Training - Satisfactory Assurance
- Use of Lay Representatives - Unacceptable Assurance
- Verification of Controls Assurance Standards - Substantive Compliance

The Head of Internal Audit reported that the Agency's system of internal control was satisfactory. There was one priority one finding which concerned interview scoring in the recruitment of junior doctors. Controls have been implemented to address this issue. A number of minor weaknesses in control were also identified in a small number of areas such as the need to obtain purchase orders for ongoing contracts for maintenance and use of agency staff. Recommendations to address these control weaknesses have been or are in the process of being implemented.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

In March 2012 Internal Audit reviewed the Agency's progress on implementation of recommendations made in previous reports throughout the year. Of a total of 36 recommendations, one of which was described as priority one, 94% were fully implemented with the remaining 6% being partially implemented. The Agency continues to review systems and processes with a view to full implementation of the outstanding recommendations

Area of Review	Recommendations	Fully Implemented	Partially Implemented
Financial Review	6	5	1
Course Management	9	9	0
Records Management	16	15	1
Recruitment and Selection	5	5	0

The Agency has implemented an action plan to improve controls as follows:-

- The Agency has put procedures in place to ensure that contracts are monitored and formal updates to contracts are received. The Agency will continue to review and address any outstanding shortcomings.
- The Agency has continued to develop its records management systems and procedures resulting in substantive compliance with the controls assurance standard.

An additional audit assignment was completed in May 2012 following receipt of a whistleblowing letter. Internal Audit reviewed the processes for the recruitment and use of Lay Representatives and provided an unacceptable level of assurance. The following priority one findings were identified:-

- There was no formal recruitment and selection exercise undertaken in relation to the Lay Representatives currently in use within the Agency.
- Written policy and procedures were not in place setting out the processes for recruitment and use of Lay Representatives.
- There was no structured formal process governing and documenting the allocation of work to specific Lay Representatives.
- Upon reviewing the payment claims of the six Lay Representatives who received the largest total payment in 2011-12, a number of overclaims/overpayments were identified.

Four priority two findings were also identified.

The Agency has in place an action plan to address these control weaknesses and implement the recommendations of Internal Audit, including further investigation by the Counter Fraud Unit, Business Services Organisation of the issues raised in the report. All recommendations should be fully implemented by August 2012.

During the year a number of salary overpayments to junior doctors were identified. This problem had arisen due to the transfer of inaccurate scale point information from the previous employer. The Agency has taken steps to recoup these overpayments, the total sums overpaid will be fully recouped by August 2012.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

A control weakness has been identified in invoice processing, where on a number of occasions the date of invoice receipt had not been recorded correctly. An extrapolation of this error has resulted in an adjustment to the prompt payment calculation, resulting in a failure of the Agency to meet one of its prompt payment targets. The Agency has introduced a further control to ensure that invoice dates are recorded accurately.

With regard to the wider control environment the Agency has in place a range of organisational controls, commensurate with the current assessment of risk, designed to ensure efficient and effective discharge of its business in accordance with the law and departmental direction. Every effort is made to ensure that the objectives of the Agency are pursued in accordance with the recognised and accepted standards of public administration.

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

The Agency is required to demonstrate compliance with the GMC standards and submit a Deanery Report twice yearly to the GMC. The Deanery Reports are used with other sources of information to monitor the quality of postgraduate medical education and training and identify any risks or areas of concern. The GMC identified a number of general themes across all UK Deaneries. These related to

- The lack of time in job plans for education and educator development
- Supervision of trainees at night
- Service reconfigurations and impact on training
- Rota gaps and impact on trainees
- Communication with trainees

Feedback from the GMC confirmed continuation of approval for training. The next Deanery Report will be submitted to the GMC by 31 October 2012.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

In addition to the scheduled GMC visits which occur every three years the GMC also conduct triggered visits if there are any significant areas of concern arising from the Deanery Report. There were no triggered visits during 2011/12. A team from the GMC accompanied a Deanery Inspection Panel on a visit to the Belfast City Hospital Emergency Medicine Department in October 2011. The GMC team observing the visit was satisfied that the unit was suitable for training.

The Regulatory and Quality Improvement Authority inspected the Agency in December 2011 to review the arrangements in place to support the future revalidation of primary care medical practitioners in Northern Ireland. The review concluded that the GP appraisal system, managed by the Agency on behalf of the Health and Social Care Board (HSCB), continued to deliver to a high standard. A number of recommendations, including the procurement of an IT solution to support appraisal and revalidation, are being addressed in partnership with the Department for Health, Social Services and Public Safety (DHSSPS) and the Health and Social Care Board (HSCB).

The Agency's recruitment and selection policies are based on the principle of equality of opportunity and controls are in place to ensure that all such decisions are taken in accordance with the relevant legislation. In accordance with the 2011/12 Internal Audit Plan, an internal audit of recruitment and selection processes of Doctors in Specialty Training was carried out. A satisfactory level of assurance was provided by Internal Audit although a small number of weaknesses were identified. Controls have now been put in place to address the weaknesses and all recommendations arising from the audit have been fully implemented.

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

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

Capacity to handle risk.

The Risk Management Team was replaced by a Governance Committee in October 2011. The Governance Committee was established as a sub-committee of the Agency Board and oversees the Agency's governance structures and processes, ensuring that processes are in place for the effective monitoring of identified risks. In accordance with the Agency's Assurance Framework all significant risks are reported to the Board. The Risk Management Team/Governance Committee met nine times in 2011/12. The Agency's Corporate Risk Register was presented to the members of the Board in April and September 2011.

In addition to the Corporate Risk Register, the Agency has implemented a series of individual departmental risk and incident registers. These are reviewed at least annually by the Governance Committee and any significant new risks identified are added to the Corporate Risk Register. The regular review of individual registers enables the sharing of best practice across the Agency.

The Agency also has a Quality Management Group which meets monthly to assess progress against national standards of postgraduate medical training. The Quality Management Group reviews progress against report recommendations and identifies potential risks in the delivery of training to junior doctors and the impact this may have on service delivery to patients. In some cases these risks may be escalated to the Health and Social Care Board and the DHSSPS.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

Failure to fill foundation and specialty training posts with suitable applicants from the UK remains a significant risk to maintaining a service in health and social care. The Agency remains alert to this risk and reports regularly to the DHSSPS and HSCB in relation to fill rates and vacant posts across all five HSC Trusts.

Senior staff have been trained in risk management and there are plans in place to provide training to all other staff. All staff have been issued with a copy of the Agency's risk management strategy and policy. Annual fire safety and health and safety training has also been provided to staff.

The risk and control framework.

Risk management is a standing item at monthly senior management meetings which are chaired by the Chief Executive. Any new risks identified are highlighted in departmental risk registers and escalated to the Governance Committee for review and assessment. Any significant risks are highlighted in the Corporate Risk Register and brought to the attention of the Board for determination of the risk appetite.

The risk management strategy 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 for the Agency 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 Agency 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 have also been issued with the Agency's Data Protection Policy, the Code of Practice on Protecting the Confidentiality of Service User Information and guidelines on the processing and sharing of information. The Agency will continue to review and develop the data protection processes and procedures.

The Agency has a service level agreement with the Directorate of Legal Services (Business Services Organisation) for the provision of legal advice and services. Should NIMDTA use independent legal advisors, then the Agency would comply with extant DHSSPS guidance, in particular, HSS (F) 67,2006 - Payments in Respect of Litigation and Legal Services.

The Agency continues to participate in the National Fraud Initiative and is currently in the process of investigating data matches, to date no instances of fraud have been detected.

The Agency recognises that both adverse incidents and complaints can be indicators of inadequate processes and system weaknesses which can present an opportunity to improve services and reduce risk.

During 2011/12 there were no serious adverse incidents reported while seven (7) complaints were received, of which four (4) were classed as insignificant, two (2) minor and the remaining one (1) moderate. All complaints were responded to within the required timeframe.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

In Accordance with the requirements of the DHSSPS, the Agency is required to comply with 22 Controls Assurance Standards, of which 13 are relevant to its circumstances. The Agency assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2011/12. The table below outlines the level of the Agency's compliance with the relevant standards for 2011/12.

Controls Assurance Standard	DHSSPS Expected Level of Compliance	Agency Level of Compliance	Reviewed by
Governance (core standard)	(75% - 99%) Substantive	Substantive - 85%	Internal Audit
Financial Management (core standard)	(75% - 99%) Substantive	Substantive - 80%	Internal Audit
Risk Management (core standard)	(75% - 99%) Substantive	Substantive - 84%	Internal Audit
Fire Safety	(75% - 99%) Substantive	Substantive - 88%	Internal Audit
Waste Management	(75% - 99%) Substantive	Substantive - 80%	Self Assessed
Human Resources	(75% - 99%) Substantive	Substantive - 95%	Self Assessed
Health and Safety	(75% - 99%) Substantive	Substantive - 82%	Self Assessed
Buildings, Land, Plant and Non Medical Equipment	(75% - 99%) Substantive	Substantive - 80%	Self Assessed
Information and Communications Technology	(75% - 99%) Substantive	Substantive - 82%	Self Assessed
Environmental Management	(75% - 99%) Substantive	Substantive - 79%	Self Assessed
Purchase and Supply	(75% - 99%) Substantive	Substantive - 80%	Self Assessed
Records Management	(75% - 99%) Substantive	Substantive - 83%	Internal Audit
Security Management	(75% - 99%) Substantive	Substantive - 82%	Internal Audit

The Agency has met the required level of compliance as determined by the Department.

As part of a process of continual improvement, detailed action plans will be developed to address areas of shortfall and progress against the plan will be monitored throughout the year.

Regarding records management, the records management policy has been revised and all staff are required to undertake regular training which is recorded and monitored using a new electronic training programme (CETIS). The Agency will continue to develop a central filing system to enable the efficient tracking of all records.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

The Agency will progress further controls assurance work as required by the Department:

- The Agency will continue to develop its controls and procedures to ensure substantive compliance with all relevant controls assurance standards;
- The Agency will systematically gather evidence to demonstrate compliance with all relevant controls assurance standards;
- The Agency will comment on new draft controls assurance standards as and when they are issued by the Department during 2012-2013 and
- Initial baseline work on assessing the Agency's compliance with new draft standards will be carried out on each occasion.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

Review of Effectiveness

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

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

Progress on prior year significant internal control issues.

Internal audit identified one priority one issue which has now been fully addressed. All but 3 of the 36 recommendations made have been fully implemented with the remaining 3 partially implemented.

The Agency had experienced difficulties in arranging quorate Board and Audit Committee meetings due to the deaths of the Chairman and another Board member and the resignation of a further member. A new Chairman was appointed in June 2011 and two Board members have now been replaced.

New significant control issues.

Due to the death of the Postgraduate Dean/Chief Executive a member of the Agency's senior management team was appointed to the role of Acting Chief Executive from December 2011. The post of Postgraduate Dean/Interim Chief Executive has been advertised.

As previously stated, Internal Audit provided an unacceptable level of assurance on the processes for recruitment and use of Lay Representatives. All recommendations have or are in the process of being implemented.

Acting Chief Executive  Date 25/7/12

Northern Ireland Medical and Dental Training Agency

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 2012 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of 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 audit 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. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.


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

Opinion on Regularity

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

Opinion on financial statements

In my opinion:


13
31/7/12

- 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 2012 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 Statement on Internal Control 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
 KJ Donnelly
 Comptroller and Auditor General
 Northern Ireland Audit Office
 106 University Street
 Belfast
 BT7 1EU

31 July 2012

N.I. Medical & Dental Training Agency**STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31st March 2012**

	NOTE	2012 £	2011 £
Expenditure			
Staff costs	3.1	(4,228,457)	(4,430,206)
Depreciation	4.0	(76,258)	(57,402)
Other Expenditures	4.0	(10,047,236)	(10,669,200)
		<u>(14,351,951)</u>	<u>(15,156,808)</u>
Income			
Income from activities	5.1	610,538	809,634
Other Income	5.2	-	-
		<u>610,538</u>	<u>809,634</u>
Net Expenditure		<u>(13,741,413)</u>	<u>(14,347,174)</u>
Revenue Resource Limits (RRL's) issued (to)			
Belfast HSC Trust		(18,546,880)	(18,593,051)
South Eastern HSC Trust		(5,176,988)	(5,183,446)
Southern HSC Trust		(4,901,986)	(4,847,935)
Northern HSC Trust		(5,130,664)	(5,064,245)
Western HSC Trust		(5,272,784)	(5,189,792)
Total RRL issued		(39,029,302)	(38,878,470)
Total commissioner resource utilised			
Revenue Resource Limit (RRL) received from DHSSPS	25.1	52,891,698	53,289,187
Surplus / (Deficit) against RRL		<u>120,983</u>	<u>63,543</u>
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2012 £	2011 £
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	-	-
Net gain/(loss) on revaluation of available for sales financial assets		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2012		<u>(13,741,413)</u>	<u>(14,347,174)</u>

The notes on pages 19 to 51 form part of these accounts.

N.I. Medical & Dental Training Agency

STATEMENT of FINANCIAL POSITION as at 31 March 2012 as at 31 March 2012

	NOTE	2012		2011	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	6.1/6.2	177,035		165,112	
Intangible assets	7.1 /7.2	28,677		52,929	
Financial assets	8.1	-		-	
Total Non Current Assets			205,712		218,041
Current Assets					
Assets classified as held for sale	9.0	-		-	
Inventories	11.0	4,356		7,116	
Trade and other receivables	12.0	188,926		289,103	
Other current assets	12.0	102,485		60,591	
Financial assets	8.1	-		-	
Cash and cash equivalents	13.0	196,894		306,944	
Total Current Assets			492,661		663,754
Total Assets			<u>698,373</u>		<u>881,795</u>
Current Liabilities					
Trade and other payables	14.0	(3,141,603)		(2,928,297)	
Other liabilities	14.0	-		-	
Total Current Liabilities			<u>(3,141,603)</u>		<u>(2,928,297)</u>
Non Current Assets plus/less Net Current Assets/Liabilities			<u>(2,443,230)</u>		<u>(2,046,502)</u>
Non Current liabilities					
Provisions	16.0	-		-	
Other payables > 1 year	14.0	-		-	
Financial liabilities	8.1	-		-	
Total Non Current Liabilities			<u>-</u>		<u>-</u>
Assets Less Liabilities			<u>(2,443,230)</u>		<u>(2,046,502)</u>
Taxpayers Equity					
Revaluation Reserve		4,185		-	
SOCNE Reserve		(2,447,415)		(2,046,502)	
			<u>(2,443,230)</u>		<u>(2,046,502)</u>

The notes on pages 19 to 51 form part of these accounts.

Signed.....(Chairman)

Date...25-07-12

Signed.....(Acting Chief Executive)

Date...25/7/12

N.I. Medical & Dental Training Agency

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2012

	NOTE	SOCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2010		(2,149,466)	-	(2,149,466)
Changes in accounting policy		-	-	-
Restated balance at 1 April 2010		<u>(2,149,466)</u>	<u>-</u>	<u>(2,149,466)</u>
Changes in Taxpayers Equity 2010-11				
Grant from DHSSPS		14,419,455	-	14,419,455
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(14,347,173)	-	(14,347,173)
Non cash charges - auditors remuneration	4	14,682	-	14,682
Non cash charges - IT Services	4	16,000	-	16,000
Balance at 31 March 2011		<u>(2,046,502)</u>	<u>-</u>	<u>(2,046,502)</u>
Changes in Taxpayers Equity 2011-12				
Grant from DHSSPS		13,250,000	-	13,250,000
Transfers between reserves		-	4,185	4,185
(Comprehensive expenditure for the year)		(13,741,413)	-	(13,741,413)
Non cash charges - auditors remuneration	4	13,700	-	13,700
Non cash charges - IT Services	4	76,800	-	76,800
Balance at 31 March 2012		<u>(2,447,415)</u>	<u>4,185</u>	<u>(2,443,230)</u>

N.I. Medical & Dental Training Agency

STATEMENT of CASH FLOWS for the year ended 31 March 2012

	NOTE	2012 £	2011 £
Cash flows from operating activities			
Net expenditure after interest		(13,741,413)	(14,347,174)
Adjustments for non cash costs		191,010	1,434,913
(Increase)/decrease in trade & other receivables		58,283	42,589
(Increase)/decrease in inventories		2,760	(486)
Increase/(decrease) in trade payables		213,306	(257,357)
Use of provisions		-	-
		<hr/>	<hr/>
Net cash outflow from operating activities		(13,276,054)	(13,127,515)
 Cash flows from investing activities			
(Purchase of property, plant & equipment)		(83,996)	-
(Purchase of intangible assets)		-	(8,813)
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		(83,996)	(8,813)
 Cash flows from financing activities			
Grant in aid		13,250,000	13,100,000
		<hr/>	<hr/>
Net financing		13,250,000	13,100,000
 Net increase (decrease) in cash & cash equivalents in the period		(110,050)	(36,328)
Cash & cash equivalents at the beginning of the period	13	306,944	343,272
Cash & cash equivalents at the end of the period	13	196,894	306,944

The notes on pages 19 to 51 form part of these accounts.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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.

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
- 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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

- 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 2012

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

Properties that are surplus to requirements and which meet the definition of "non current assets held for sale", are not depreciated. Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and 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 their estimated useful lives. 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 2012

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 General fund. 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 2012

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.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The loss from sale of land or the profit/loss from sale of depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the general reserve.

Property, plant and equipment that are to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

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 General 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 2012

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.

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 2012

- **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 HSC bodies are not exposed to the degree of financial risk faced by business entities. HSC bodies 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 HSC bodies 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.

1.18 Provisions

The Agency does not have any provisions.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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.

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 2012. 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.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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 2011/12 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 2008. 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.

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.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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.

1.26 Change in Accounting Policy / Prior Year Restatement

There was one change in accounting policy during the year. The prior year figures have been changed in the accounts (where material) to reflect the change in accounting policy. In the Statement of Financial Position the previous two years have been restated to comply with IAS 1 paragraph 29.

The change was:

(i) Removal of Donation and Government Grant Reserves.

This change did not have any impact on the accounts and a prior year restatement was not required.

(ii) Removal of Revenue Resource Limit allocations from the Statement of Changes in Taxpayers Equity.

This change did not have any impact on the accounts.

1.27 Accounting Standards Issued but not yet adopted.

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

Management has reviewed the new accounting policies that have been issued but are not yet effective, nor adopted early for these accounts. Management consider that these 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 2012

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 2012

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

	2012			2011
Staff costs comprise	Total	Permanently	Others	Total
	£	employed staff	£	£
		£		
Wages & Salaries	3,782,497	2,470,593	1,311,904	3,992,255
Social security costs	156,568	156,568	-	163,508
Other pension costs	289,392	289,392	-	274,443
Sub-Total	4,228,457	2,916,553	1,311,904	4,430,206
Less recoveries in respect of outward secondments	-			-
Total net costs	4,228,457			4,430,206

Of the total an amount of £nil (2011: £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 2008. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

3.2 Average number of persons employed

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

	2012			2011
	Total	Permanently	Others	Total
	No.	employed staff	No.	No.
		No.		
Medical and dental	28	7	21	28
Administrative and clerical	47	44	3	48
Total net average number of persons employed	75	51	24	76

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

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

Name	Salary £000	2011-12 Bonus/ Performance Pay £000	Benefits in Kind (Rounded to nearest £100)	Salary £000	2010-11 Bonus/ Performance Pay £000	Benefits in Kind (Rounded to nearest £100)	Real Increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	2011-12 CETV at 31/03/11 £000	CETV at 31/03/12 £000	Real increase in CETV £000
Non-Executive Members											
Dr H McGuigan Chairman	-	-	-	0-5	-	-	-	-	-	-	-
Mr A Joynes Chairman	10-15	-	-	-	-	-	-	-	-	-	-
Mrs J Eve Acting Chairman	5-10	-	-	10-15	-	-	-	-	-	-	-
Dr R Atkinson Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
Dr J Marley Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
Mrs A Eggert Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
Mr D Morrice Non Executive Director	0-5	-	-	-	-	-	-	-	-	-	-
Mr L Wilson Non Executive Director	0-5	-	-	-	-	-	-	-	-	-	-
Executive Members											
Dr T McMurray Chief Executive & Postgraduate Dean	70-75	-	-	95-100	-	-	Member Deceased				
Ms M Roberts Acting Chief Executive (i)	60-65	-	-	60-65	-	-	2.5-5 plus lump sum of 7.5-10	25-30 plus lump sum of 85-90	491	580	89
Dr C Loughrey Director Of General Practice Education	115-120	-	-	115-120	-	-	0-2.5 plus lump sum of 2.5-5	20-25 plus lump sum of 70-75	352	423	71
Dr D Hussey Postgraduate Dental Dean	65-70	-	-	65-70	-	-	0-2.5 plus lump sum of 0-2.5	0-5 plus lump sum of 5-7.5	33	43	10

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 a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

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

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

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.

(i) Ms M Roberts was appointed to the role of Acting Chief Executive from 12th August 2010 to 2nd May 2011 and from 1st December 2011. The salary disclosed above is inclusive of all acting up allowances.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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 2012 or 31 March 2011.

3.6 Retirements due to ill-health

There were no retirements due to ill health in 2011/12

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 4 OPERATING EXPENSES

Operating Expenses

4.1 Operating Expenses are as follows:-

	2012	2011
	£	£
Junior Doctors Salaries	7,870,618	7,980,286
Junior Doctors Study Leave	645,650	894,178
Establishment	422,134	594,785
Premises	53,299	54,825
Training Courses	616,443	735,682
Recruitment	90,187	133,280
Miscellaneous	27,032	3,478
Rentals under operating leases	207,121	214,630
Total Operating Expenses	9,932,484	10,611,144
Non cash items:-		
Depreciation	76,258	57,402
Amortisation	24,252	27,374
Notional Costs - IT Services	76,800	16,000
Auditors remuneration	13,700	14,682
	191,010	115,458
Total	10,123,494	10,726,602

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 2012

NOTE 5 INCOME

5.1 Income from Activities

	2012	2011
	£	£
Other Public Bodies:		
Business Services Organisation	399,962	557,399
Other Sources:		
Course Fees	210,576	252,235
Total	610,538	809,634

5.2 Other Operating Income

The Agency had no other operating income in either the year ending 31 March 2012 or 31 March 2011.

5.3 Deferred income

The Agency had no deferred income at either 31 March 2012 or 31 March 2011.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 6.1 Property, plant & equipment - year ended 31 March 2012

	Land £	Buildings (excluding dwellings) £	Assets under Construction £	Plant and Machinery (Equipment) £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation							
At 1 April 2011	-	303,447	-	-	158,892	138,626	600,965
Indexation	-	11,085	-	-	-	-	11,085
Additions	-	-	-	-	83,996	-	83,996
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	(133,482)	-	(133,482)
At 31 March 2012	-	314,532	-	-	109,406	138,626	562,564
Depreciation							
At 1 April 2011	-	188,881	-	-	152,824	94,148	435,853
Indexation	-	6,900	-	-	-	-	6,900
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	(133,482)	-	(133,482)
Provided during the year	-	57,283	-	-	5,112	13,863	76,258
At 31 March 2012	-	253,064	-	-	24,454	108,011	385,529
Carrying Amount							
At 31 March 2012	-	61,468	-	-	84,952	30,615	177,035
At 31 March 2011	-	114,566	-	-	6,068	44,478	165,112
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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 6.2 Property, plant & equipment - year ended 31 March 2011

	Land £	Buildings (excluding dwellings) £	Assets under Construction £	Plant and Machinery (Equipment) £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation							
At 1 April 2010	-	303,447	-	-	158,892	138,626	600,965
Indexation	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	-	-	-
At 31 March 2011	-	303,447	-	-	158,892	138,626	600,965
Depreciation							
At 1 April 2010	-	150,692	-	-	147,474	80,285	378,451
Indexation	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	-	-	-
Provided during the year	-	38,189	-	-	5,350	13,863	57,402
At 31 March 2011	-	188,881	-	-	152,824	94,148	435,853
Carrying Amount							
At 31 March 2011	-	114,566	-	-	6,068	44,478	165,112
At 31 March 2010	-	152,755	-	-	11,418	58,341	222,514
Asset financing							
Owned	-	114,566	-	-	6,068	44,478	165,112
Finance Leased	-	-	-	-	-	-	-
On b/s PFI contracts	-	-	-	-	-	-	-
Carrying Amount							
At 31 March 2011	-	114,566	-	-	6,068	44,478	165,112

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 7.1 Intangible Assets - year ended 31 March 2012

	Software licenses	Software	Total
Cost or Valuation	£	£	£
At 1 April 2011	148,135	-	148,135
Indexation	-	-	-
Additions	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
(Impairments)	-	-	-
(Disposals)	-	-	-
At 31 March 2012	148,135	-	148,135
Amortisation			
At 1 April 2011	95,206	-	95,206
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
(Impairments)	-	-	-
(Disposals)	-	-	-
Provided during the year	24,252	-	24,252
At 31 March 2012	119,458	-	119,458
Carrying Amount			
At 31 March 2012	28,677	-	28,677
At 31 March 2011	52,929	-	52,929
Asset Financing			
Owned	28,677	-	28,677
Finance Leased	-	-	-
On b/s PFI and other service concession arrangements contracts	-	-	-
Carrying Amount			
At 31 March 2012	28,677	-	28,677

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 7.2 Intangible assets - year ended 31 March 2011

	Software licenses	Software	Total
Cost or Valuation	£	£	£
At 1 April 2010	139,322	-	139,322
Indexation	-	-	-
Additions	8,813	-	8,813
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
(Impairments)	-	-	-
(Disposals)	-	-	-
At 31 March 2011	148,135	-	148,135
Amortisation			
At 1 April 2010	67,832	-	67,832
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
(Impairments)	-	-	-
(Disposals)	-	-	-
Provided during the year	27,374	-	27,374
At 31 March 2011	95,206	-	95,206
Carrying Amount			
At 31 March 2011	52,929	-	52,929
At 1 April 2010	71,490	-	71,490
Asset Financing			
Owned	52,929	-	52,929
Finance Leased	-	-	-
On b/s PFI and other service concession arrangements contracts	-	-	-
Carrying Amount			
At 31 March 2011	52,929	-	52,929
Asset Financing			
Owned	71,490	-	71,490
Finance Leased	-	-	-
On b/s PFI and other service concession arrangements contracts	-	-	-
Carrying Amount			
At 1 April 2010	71,490	-	71,490

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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 2011 or 31 March 2012.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 10 IMPAIRMENTS

The Agency had no impairments at either 31 March 2012 or 31 March 2011.

NOTE 11 INVENTORIES

	2012	2011
	£	£
General Supplies	4,354	7,116
Total	<u>4,354</u>	<u>7,116</u>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2012	2011
	£	£
Amounts falling due within one year		
Trade receivables	188,926	282,256
Other receivables	-	6,847
Trade and other receivables	188,926	289,103
 Prepayments and accrued income	 102,485	 60,591
Other current assets	102,485	60,591
 Amounts falling due after more than one year		
 Trade receivables	 -	 -
Other receivables	-	-
Trade and other Receivables	-	-
 Prepayments and accrued income	 -	 -
Other current assets falling due after more than one year	-	-
 TOTAL TRADE AND OTHER RECEIVABLES	188,926	289,103
 TOTAL OTHER CURRENT ASSETS	102,485	60,591
 TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	291,411	349,694

The balances are net of a provision for bad debts of
£nil (2011 £nil)

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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 2011/12 £	Amounts falling due within 1 year 2010/11 £	Amounts falling due after more than 1 year 2011/12 £	Amounts falling due after more than 1 year 2010/11 £
Balances with other central government bodies	-	-	-	-
Balances with local authorities	-	-	-	-
Balances with NHS /HSC Trusts	188,926	282,256	-	-
Intra-Government Balances	188,926	282,256	-	-
Balances with bodies external to government	102,485	67,438	-	-
Total receivables & other current assets at 31 March	291,411	349,694	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 13 CASH AND CASH EQUIVALENTS

	2012 £	2011 £
Balance at 1st April	306,944	343,272
Net change in cash and cash equivalents	(110,050)	(36,328)
Balance at 31st March	196,894	306,944

The following balances at 31 March were held at

	2012 £	2011 £
Commercial Banks and cash in hand	196,894	306,944

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2012 £	2011 £
Amounts falling due within one year		
Other taxation and social security	205,092	204,296
Other payables	2,921,166	2,657,036
Accruals and deferred income	15,345	66,965
Trade and other payables	3,141,603	2,928,297
 Current part of finance leases	-	-
Current part of long term loans	-	-
Other current liabilities	-	-
 Total payables falling due within one year	3,141,603	2,928,297
 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	3,141,603	2,928,297

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 2011/12 £	Amounts falling due within 1 year 2010/11 £	Amounts falling due after more than 1 year 2011/12 £	Amounts falling due after more than 1 year 2010/11 £
Balances with other central government bodies	205,092	204,296	-	-
Balances with local authorities	1,134	8,427	-	-
Balances with NHS/HSC Trusts	389,802	1,231,752	-	-
Intra-Government Balances	596,028	1,444,475	-	-
Balances with bodies external to government	2,609,083	1,483,822	-	-
Total payables and other liabilities at 31 March	3,205,111	2,928,297	-	-

14.2 Loans

The Agency did not have any loans at either 31 March 2012 or 31 March 2011

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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:

	2012 Number	2012 Value £	2011 Number	2011 Value £
Total bills paid	8,179	9,679,254	9,601	8,608,204
Total bills paid within 30 day target or under agreed payment terms	7,666	9,262,999	9,048	8,384,975
% of bills paid within 30 day target or under agreed payment terms	93.7%	95.7%	94.2%	97.4%

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	-

16 PROVISIONS FOR LIABILITIES AND CHARGES

The Agency did not have any provisions for liabilities or charges at either 31 March 2012 or 31 March 2011.

17 CAPITAL COMMITMENTS

The Agency did not have any capital commitments at either 31 March 2012 or 31 March 2011.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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.

Obligations under operating leases comprise	2012 £	2011 £
Land & Buildings		
Not later than 1 year	160,387	160,387
Later than 1 year but not later than 5 years	213,849	374,236
Later than 5 years	-	-
	374,236	534,623
Other		
Not later than 1 year	3,146	3,432
Later than 1 year but not later than 5 years	-	3,146
Later than 5 years	-	-
	3,146	6,578

18.2 Finance Leases

The Agency does not have any finance leases.

18.3 Operating Leases

The Agency did not have any income under operating leases.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 19 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

The Agency has no PFI contracts at either 31 March 2012 or 31 March 2011.

NOTE 20 OTHER FINANCIAL COMMITMENTS

The Agency has not entered into non-cancellable contracts and has no other financial commitments at either 31 March 2012 or 31 March 2011

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 2012 or 31 March 2011.

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 2012. 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.

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.

Dr T McMurray was an employee of the Belfast HSC Trust. His services were provided to the Agency by secondment, during the year the Agency paid £104,628 to the Belfast HSC Trust under this arrangement. This sum includes employers costs £34,559 in respect of national insurance and pension contributions.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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 2011/12. Set out below are details of the amount paid to these organisations during 2011/12. 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	271,337	-	-	-

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

Dr J Marley is a non-executive member of the board and is employed as a senior lecturer at Queens University Belfast.

Dr 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 2012 or 31 March 2011.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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:

	2012	2011
	Total	Total
	£	£
HSC Board	1,135,348	1,069,187
SUMDE	-	-
DHSSPS (excludes non cash)	51,593,000	52,220,000
Other Government Department	-	-
Non cash RRL (from DHSSPS)	163,350	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	52,891,698	53,289,187

In 2011 the Agency did not receive approval for a non cash RRL, however, the Department confirmed that the Agency had managed its expenditure within its overall RRL allocation and achieved a break even position.

25.2 Capital Resource Limit

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

	2012	2011
	Total	Total
	£	£
Gross capital expenditure	83,996	8,813
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	83,996	8,813
Capital Resource Limit	84,013	8,813
Overspend/(Underspend) against CRL	(17)	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

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.

	2011/12	2010/11
	£	£
Net Expenditure	52,770,715	53,225,643
RRL	52,891,698	53,289,187
Surplus / (Deficit) against RRL	120,983	63,544
Break Even cumulative position (opening)	341,163	277,619
Break Even cumulative position (closing)	<u>462,146</u>	<u>341,163</u>

Materiality Test:

	2011/12	2010/11
	%	%
Break Even in year position as % of RRL	<u>0.23%</u>	<u>0.12%</u>
Break Even cumulative position as % of RRL	<u>0.87%</u>	<u>0.64%</u>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2012

NOTE 26 LOSSES & SPECIAL PAYMENTS

TYPE OF LOSS		NO. OF CASES	VALUE £
1	Cash Losses - Theft, fraud etc		
2	Cash Losses - Overpayments of salaries, wages and allowances		
3	Cash Losses - Other causes (including unvouched and incompletely vouched payments)		
4	Nugatory and fruitless payments		
	i. Abandoned capital schemes		
	ii. Late payment of commercial debt		
	iii. Other		
5	Bad debts and claims abandoned		
6	Stores and Inventory Losses - Theft, fraud, arson (whether proved or		
	i. Bedding and linen		
	ii. Other equipment and property		
7	Stores and Inventory Losses - Incidents of the service (result of fire, flood, etc)		
8	Stores and Inventory Losses - Deterioration in store		
9	Stores and Inventory Losses - Stocktaking discrepancies		
10	Stores and Inventory Losses - Other causes		
	i. Bedding and linen		
	ii. Other equipment and property		
11	Compensation payments (legal obligation)		
	i. Clinical Negligence		
	ii. Public Liability		
	iii. Employers Liability		
12	Ex-gratia payments - Compensation payments (including payments to patients and staff)		
13	Ex-gratia payments - Other payments	1	4,115
14	Extra statutory payments		
15	a. Losses sustained as a result of damage to buildings and fixtures arising from bomb explosions or civil commotion.		
	b. Damage to vehicles		
TOTAL		1	4,115

26.1 Special Payments

There were no special payments during the financial year.

NOTE 27 POST BALANCE SHEET EVENTS

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

NOTE 28 DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 3 August 2012