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The Board of the Agency and it's Officers

The Board of the Agency consists of :

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

Officers of the Agency:

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

Foreword

Chairman 's statement

This is the first annual report of the Northern Ireland Medical and Dental Training Agency; as such, you may expect to read of new beginnings and an account of progress from a standing point. The new organisation has assumed the mantle of the former Northern Ireland Council for Postgraduate Medical and Dental Education and therefore seeks to advance its work and build on its achievements. The essential difference between the two bodies concerns governance. The Board of the Agency comprises a Chairman and five non-executive directors, charged with the oversight of its work and accountable for the efficient and effective use of the public funds allocated to it.

The Chairman and two members were appointed early in the financial year, the others later. The Chief Executive/Postgraduate Dean, Dr Jack McCluggage retired after many years of distinguished service and Dr Terry McMurray was appointed to succeed him; and Dr David Hussey succeeded Mr Ian Saunders as Postgraduate Dental Dean.

The first of the public meetings of the Board dealt largely with constitutional matters, e.g. the establishment of a committee structure and the adoption of policies on a wide range of operational and financial matters. It also received reports from senior officers on the issues affecting the various areas of the Agency's work.

The final report of the Council stressed the importance of finding appropriate new premises, the accommodation at Annadale Avenue having long proved unsuitable and overcrowded. Therefore, we were delighted to take occupation of an excellently adapted building at Beechill House towards the end of the year. Not only does the new location provide agreeable accommodation for the staff of the Agency to carry out their work, but it provides a central location for recruitment and committee activities.

The Agency has been set up in a period of change in the postgraduate education and training of doctors and dentists. A two year Foundation Programme is about to be introduced, student numbers to be increased, hospital rotas to be made compliant with a European Working Time Directive and greater focus brought to bear on assessment of competence and appraisal. And all at a time when consultants - who deliver most of the postgraduate training - are adapting to a new contract of employment within the NHS.

The Chief Executive will deal with these matters in some detail in his report, but the Agency looks forward to meeting the challenges ahead. The Board members bring a wide range of experience and expertise to the work of the Agency and we are well served by first class officers and excellent staff.

Our role within the Health Service is encompassed in our mission statement -

"Excellence in learning, ensuring outstanding patient care".

Chief Executive/Postgraduate Dean's Statement

This is my first statement since my appointment as Chief Executive and Postgraduate Dean in October 2004 and the speed of change, alluded to in my predecessor's (Dr JR McCluggage) report, has not diminished.

The re-location of the Agency to Beechill Road in March 2005, not only ensured a modern working environment for all staff but provided facilities for training committees, trainee recruitment and for others undertaking Agency duties, thereby enhancing the visibility of the organisation. I wish to congratulate the `in-house' staff for their professionalism, hard work and good humour during the transfer from Annadale Avenue.

The introduction of Modernising Medical Careers (MMC), with its principles of trainee centred learning within a structured, service-based but flexible environment will generate many challenges, but is the opportunity of a life time to restructure medical learning guided by sound educational principles. Entry into MMC is through a two-year Foundation Programme that commences in August 2005 when 229 doctors begin their first appointments within the HPSS. The Foundation Programme replaces the pre-registration house officer years with structured, curriculum led and competency-based training, centred around the management of the acutely ill in a wide range of healthcare environments. More than seventy different learning programmes offering experience in acute medicine, the craft specialties, and within the community and General Practice, have been developed. A national framework to deliver and assess this innovative programme has been agreed. Furthermore, a national recruitment and selection process is being developed and this will widen career opportunities for all UK medical graduates.

The Agency wishes to recognise the great deal of activity and energy expended by hospital trusts to achieve compliance with the working time directive and the new deal. However, in some instances, achievement of compliance has potentially destabilised training programmes. The Agency will continue to monitor and advise trusts as necessary.

The General Practice department, will continue to develop quality assurance of GP appraisal while expanding CPD provision and introducing competency based training for registrars. Similarly, the dental team within the Agency have plans to ensure that their continuing education programme will meet the expectations of their constituents, introducing new and developing popular courses.

The Agency intends to continue with and deepen its collaborative partnerships with Queen's University Belfast, the British Medical and Dental Associations, Boards and other HPSS organisations. Nationally we continue to work in collaboration with COPMed, COGPeD, COPDenD, the GMC, the GDC and other regulatory authorities.

The managing board of the Agency, comprising of a Chairman and five non-executive members, is already having a significant impact on organisational structure and processes. Both myself and the other members of the senior management team recognise their support and guidance in these changing times.

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

Pre-registration House Officers (PRHOs)	224
Senior House Officers (SHOs)	797
Specialist Registrars (S pRs)	514
Locum Appointment for Training (LATs)	39
Fixed Term Training Appointment (FTTAs)	33
Vocational Trainees in Dentistry (VTs)	21
General Professional Trainees in Dentistry (GPTs)	4
General Practice Registrars (GpRs)	45

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

	Male	Female
PRHOs	106	118
SHOs	429	368
SpRs	302	212
LATs	24	15
FTTAs	25	8
GpRs	15	30
VTs	9	12
GPTs	1	3

Within hospital practice, there are 19 main specialties with numerous subspecialties.

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

Hospital training is experiential i.e. time is spent learning, while delivering a patient service within a particular attachment (post) in one of the Trusts in Northern Ireland. A post is normally 6-12 months in duration, commencing in August or February, and is categorised as being within one of the medical specialties/disciplines.

The Agency contracts with the Trusts for the provision of postgraduate training of all doctors/dentists employed within the Health and Personal Social Services. Trusts are required to provide a good educational environment that will ensure high quality training in accordance with the criteria set by the body responsible for governance i.e. the General Medical Council/General Dental Council, Postgraduate Medical Education and Training Board. Clinical Tutors manage the educational contract between the Postgraduate Dean and the Trust, with accountability to both. They also provide an important link between the university and the Postgraduate Dean on the one hand and the NHS Trust on the other in relation to PRHOs. They are responsible for the overall management of their Trust's postgraduate or education centre and for managing the study leave budget devolved to them by the Postgraduate Dean.

Deanery Monitoring Visits

The Agency undertakes deanery monitoring visits to evaluate the education and training being provided for PRHO's and SHO's at trust level. Reports from these visits, supported by trainees surveys, commend good practice and make recommendations if weaknesses are identified. The deanery carried out 21 deanery monitoring visits during this period.

Modernisation of Medical Careers (MMC)

One of the biggest challenges to the Agency this year has been in its preparation for the reforms to medical training known as `Modernising Medical Careers' (MMC). These reforms were deemed necessary as the SHO grade has long been criticised as having poor job structure with poorly planned training, weak selection processes and inadequate supervision and assessment. The seven guiding principles of MMC are set to address these weaknesses, and to provide a modern training system which will produce better trained and educated doctors for Northern Ireland. The objectives of training are represented by the MMC's 'Seven Principles' - trainee centred, competency assessed, service based, quality assured, flexible, coached, structured and streamlined.

The Modernising Medical Careers (MMC) project will take several years to conclude and in addition to the Foundation Programme it will in due course include progressive specialist and General Practitioner Training programmes.

Foundation Programme

Fundamental to the MMC project is the two-year Foundation Programme (FP). From August 2005 all medical graduates will embark on a 2-year Foundation Programme, appointed through a single application process and focused on developing key competencies. Foundation Programmes will provide a solid grounding in practical medicine and in particular develop the core clinical skills required to identify and care for the acutely ill patient. Doctors will also be required to enhance their communication, team working and IT skills.

The Agency embarked on a communication strategy to alert the key stakeholders to the changes to medical education. This was delivered through presentations to groups, careers fairs, newsletters and conferences.

During this period the Agency, with the support of DHSSPS and trusts, has developed a Foundation School for Northern Ireland that comprises fourteen training programmes and 234 rotations. The rotations provide experience in:

- General Medicine
- General Surgery
- Child Health
- Mental Health
- Obstetrics and Gynaecology
- Accident and Emergency
- General Practice

The Agency has also identified fourteen Foundation Programme Directors to manage the Foundation Programme at Trust level.

Specialist Training (Specialist Registrar Training)

Specialist training is undertaken in the Specialist Registrar SpR grade. Entry into this grade is by competition with experience, college examinations and other personal attributes being taken into consideration.

The recruitment is undertaken on behalf of the Agency by the HR Directorate at the Central Services Agency. During this period 101 doctors entered the SpR grade.

Assessment of Progress

Assessment of progress through this grade is determined on an annual basis through the Record of In-training Assessment (RITA) process. Failure to progress may require repeat experience or intensive re-training. During this period all trainees at SpR level were assessed (586 assessed, with 4 RITA D's being issued). Four trainees therefore required intensive re-training.

SpRs awarded CCST by Specialty	
Name	**Specialty**
Sinead Fitzpatrick	Accident & Emergency Medicine
Alexander Abraham	Anaesthetics
Dhananjaya Potti Ramaswamy	Anaesthetics
Gareth Foster	Anaesthetics
James Conn Russell	Anaesthetics
K Ghandimathi	Anaesthetics
Ganesh Manoharan	Cardiology
Pushpinder Sidhu	Cardiothoracic Surgery
Sheelagh Rogan	Child & Adolescent Psychiatry
Stephen Haffey	Clinical Neurophysiology
David Conkey	Clinical Oncology
Goudarz Mazdai	Clinical Oncology
Poh Lin Shum	Clinical Oncology
Nabla McLoone	Dermatology
James Daly	General Adult & Old Age Psychiatry
Sean Doherty	General Adult & Old Age Psychiatry
Jayita Deodhar	General Adult Psychiatry
Ken Yeow	General Adult Psychiatry
Ryan O'Neill	General Adult Psychiatry
Jack Lee	General Surgery
Kevin McCallion	General Surgery
Philip Lockie	General Surgery
Richard Kennedy	General Surgery
Robert Kennedy	General Surgery
Catriona McCullagh	Geriatric Medicine & General Internal Medicine
Grace Ong	Medical Microbiology
David Hunter	Obstetrics & Gynaecology
Sara Matthews	Obstetrics & Gynaecology (Reproductive Medicine)
Lucia Dolan	Obstetrics & Gynaecology (Urogynaecology)
Eibhlin McLoone	Ophthalmology
Jayne Best	Ophthalmology
David Marshall	Paediatric Surgery
Catherine MacPherson	Paediatrics
Sharon Christie	Paediatrics

SpRs awarded CCST by Specialty	
Name	**Specialty**
Clifford Mayes	Paediatrics (Neonatology)
Max Watson	Palliative Medicine
Amber Moazzam	Plastic Surgery
Christopher Hill	Plastic Surgery
Omar Ahmed	Plastic Surgery
Jackie McCall	Public Health Medicine
Philip Crowley	Public Health Medicine
David Campbell	Radiology
David Taylor	Radiology
Tom Lynch	Radiology
Sheena O'Neill	Rehabiliation Medicine
Martin Kelly	Respiratory Medicine & General Internal Medicine
Timothy Warke	Respiratory Medicine & General Internal Medicine
Andrew Cairns	Rheumatology
Michael Eames	Trauma & Orthopaedic Surgery
Seamus O'Hagan	Trauma & Orthopaedic Surgery

Satisfactory Completion of Specialist Training (CCST)

During this period 50 trainees satisfactorily completed their specialist training and were awarded the Certificate of Completion of Specialist Training (CCST) enabling them to apply for Consultant posts.

International Medical Graduates (IMGs)

Opportunities exist for International Medical Graduates to undertake periods of training within our National Health System. The Agency provides a one-day induction programme for these doctors who will be working in Northern Ireland for the first time. This was held on 19 August 2004 with 63 delegates attending.

Flexible Training Scheme

Many doctors and dentists (male and female) are seeking different working arrangements, often because of domestic responsibilities.The purpose of flexible (part-time) training is to retain within the health service doctors who might otherwise leave because they are unable to train on a full-time basis. This is in line with European Law (EC Directive EC 93/16/EEC). Flexible training allows doctors and dentists to work less than full-time in posts that are fully recognised for training and have the educational approval of the Postgraduate Dean and the Royal Colleges. During this period the deanery facilitated 29 doctors to train flexibly.

Management of Doctors in Difficulty

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

Training Courses for Hospital Doctors

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

The following courses were provided by the deanery:

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

Clinical Oncology
FRCR Part I (Joint London Course in Oncology)
Physics Revision Tutorials

ENT
Postgraduate Class
FESS Course & Laser Course

Haematology
Haematology Course
Mandatory Clinical Skills Training

Histopathology
Postgraduate Teaching for H istopathology Trainees

Maxillofacial
Head and Neck Trauma

Medical Microbiology
Postgraduate Courses in Medical Microbiology
Medical Oncology
Postgraduate Oncology Course

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

Neurology
Neurology Programme

Obstetrics & Gynaecology
DRCOG (Revision & Practice OSCE)
DRCOG Part II (Revision & Practice OSCE)
MRCOG Part II Preparation Course (Written & MCQ)
MRCOG II OSCE Preparation Course
Family Planning Courses
Continuing Medical Education for Specialist Registrars

Ophthalmology
Postgraduate Training Programme

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

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

Palliative Medicine
Palliative Medicine Postgraduate Training

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

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

Surgery
Basic Surgical Skills
CCRISP Course
Northern Ireland Surgical Trainees Prize Day

Management Training programme for SpRs

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

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

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

Education Unit

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

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

The unit also provided two workshops on critical appraisal.

GP Vocational Training

The creation of the Postgraduate Medical Education and Training Board (PMETB) and the implementation of Modernising Medical Careers (MMC) have dominated the General Practice Training Agenda over the past year. The modernisation of the NHS with the enhancement of services to be delivered in primary care is further down the agenda in Northern Ireland but clearly must be kept in mind when considering workforce issues and producing training programmes for general practitioners who will be "fit for purpose".
The future General Practitioner should be at the centre of the multi-disciplinary team, be first and foremost a clinician and medical generalist, but undertake important roles such as gatekeeper and advocate for patients. General Practitioners need to have the knowledge, skills and attitudes to deal with delivering high quality care in the community. They also need to have good communication and working relationships with their hospital colleagues.

The recommendations outlined in 'Modernising Medical Careers' when fully implemented should go a long way to achieving this. The aspiration that all doctors irrespective of ultimate career destination have experience of four months in General Practice during the second year of foundation training now seems a possibility within the next few years. Not only will doctors who are considering a career in General Practice have the opportunity for a taster, but also future secondary care colleagues will have a better understanding of the types of service delivered in primary care, and be aware of the problems and uncertainties experienced there.

The change under PMETB Article 5 in respect of training for the "specialty" of general practice is quite radical. A new curriculum is being constructed by the Royal College of General Practitioners and also a new assessment. Both will have to be approved by PMETB and implemented by the Deaneries. General Practice Training Programmes are expected to be a minimum of three years duration, commencing after satisfactory completion of the two-year Foundation Programme. A minimum of 18 months should be spent in general practice. This is to be followed by a period of higher professional education.

This all promises much needed change in the education and development of future GPs. NIMDTA will be striving over the next few years to obtain the resources to make this happen in Northern Ireland.

Recruitment

At present doctors may apply for a three-year scheme (2 years as SHO and 1 as a GPR) or if suitably experienced for direct entry into the GPR scheme. Interviews for both schemes were held in April 2005:-

	Total	Male	Female
Number of applicants for three-year scheme	127	58	69
Number of applicants for one-year scheme	18	9	9
Total number of applicants appointed to three-year scheme	47	18	29
Total number of applicants appointed to one-year scheme	3	1	2

Summative Assessment

Summative Assessment for General Practice Training consists of four components. GP registrars in Northern Ireland are expected to pass the following components:

- Multiple Choice Question Paper
- Written Submission (8 criteria Audit)
- Consulting Skills (single route MRCGP/summative assessment video)
- Structured Trainer Report

While it is not necessary to pass the MRCGP examination, all GP registrars are strongly advised and supported to sit this examination. We are delighted to report that all of 2003/2004 intake passed Summative Assessment after one year. Furthermore 74 % of 2003/2004 intake passed MRCGP exam within 1 year and 86% passed MRCGP exam after 2 sittings.

Innovation in General Practice Training - Competency Based Training

Selection into Vocational Training for General Practice has been competency based since 2004. Competencies for General Practice were identified by Patterson and colleagues[1] and methodology to use six of these for selection of GP Trainers developed, including use of a selection centre. A logical development from this is further training and enhancement of these competencies. Tim Norfolk, an Occupational Psychologist, is working to produce packages on each competency. Two are currently in use; 'Therapeutic Rapport' and 'Problem Solving'.

From this year the 'Therapeutic Rapport' package is being used at all 5 GP Registrar day release courses. The decision to use only one of the two packages was made on consideration of cost, time and logistic difficulty in delivering two new packages at once. It is hoped to develop the use of further packages in the future.

GP Registrar Appraisals

Formal Appraisal for GP Registrars was introduced in April 2004. The forms used for GP Registrars are the same as for GP Principals and sessional doctors. By using the same forms GP Registrars become familiar with them and the Form 4 can be the basis of their first NHS appraisal as a Principal or sessional doctor the following year. It also gives them a guide to their next years CPD. Two Appraiser Training courses were organised for the GP Trainers to enable them to appraise their Registrars.

Higher Professional Education Scheme (HPE)

The scheme is intended to support new GPs during their early days post-vocational training. The HPE programme is designed to assist in addressing those areas a doctor might feel less confident about.

The scheme is open to ALL doctors working in General Practice, who received their JCPTGP certificate within the previous year. This year, there have been a variety of activities funded.

- Courses on the use of computers in General Practice, the 'New Contract': 'Partnership Agreements' and 'Salaried Contracts', Minor Surgery, Joint Injection.

- Bursaries (13 GPs) and Clinical Placements (Ophthalmology & Dermatology).

GP Retainer Scheme

There are 45 places on the Retainer Scheme and membership usually expires after 5 years. Between 1 April 2004 and 31 March 2005, 9 doctors were recruited to the scheme and 10 withdrew.

[1] A competency model for General Practice: Implications for selection, training and development. Patterson F, Ferguson E, Lane P, Farrell K, Mathew J, Wells A. British Journal of General Practice, Vol 50, No 452 - 1 March 2000 pp 188-193

GP Returner Scheme

The GP Returner Scheme has existed for some time but was infrequently used in Northern Ireland until this year, when 5 GP Returners were recruited to the scheme. The funding was provided by NIMDTA and/or a Health Board. The aim of the Returner Scheme is to attract back into General Practice those GPs who are not currently working in practice. Inevitably the needs of each Returner are different. The aim is to provide training of sufficient duration and content to prepare the doctor for a confident return to General Practice.

Continuing Professional Development and GP Appraisal

With the demise of the Postgraduate Education Allowance (PGEA), there has been a loss of both co-ordination and quality assurance of Continuing Professional Development for General Practitioners. The DHSSPS published its document linking CPD and Appraisal in September 2004[2].

In this document it was recommended NIMDTA take on a high profile co-ordination role, which outlined the future pathway of CPD and Appraisal within Northern Ireland.
NIMDTA produced a business plan to provide free or very low cost courses to the 1300 GPs within NI. Unfortunately only a small amount of funding was available and our role has essentially been limited to co-ordination of courses with other stakeholders (the four Boards, the RCGP, GPC, the pharmaceutical industry and CSCG team) through the establishment of an Educational Consortium. It is planned to have a NI CPD website and calendar of courses as soon as possible.

Provision of Courses

The role of the GP Tutors has moved dramatically from accrediting courses to chairing, facilitating courses and programme design. When designing the programme of events, NIMDTA took on board internal and external factors such as: needs assessment, Master Class Survey and Parliamentary Questions (Disability Awareness).
To deliver this curriculum required an increase in both tutor sessions and administrative support. The outcome was 35 Clinical Governance workshops and a full curriculum of courses, which included the very successful Structured Career Development Master Classes organised and facilitated by Professor Hugh McGavock.

CPD Courses

During the period, 1 April 2004 - 31 March 2005 General Practice delivered 15 separate programmes covering the following topics:

§ = commissioned course (% uptake rate)

§ Breastfeeding (M/C) [69]	Clinical Governance [64]	GU Medicine (M/C) [75]
Cardiology (M/C) [93]	Diabetes [91]	Individual Computer Skills
§ Chest, Heart & Stroke (M/C) [75]	Disability Awareness [22]	Interpreting Lab Results [95]
Chest Heart and Stroke (regional programme) [93]	Drugs Misuse and Dependence [53]	§ NT - LETS [100]
Child Protection in General Practice [23]	Epilepsy [85]	Resuscitation

[2] A Framework to Link Continuing Professional Development with GP Appraisal in Northern Ireland

While the maximum capacity of the above courses was 2295, 1607 educational opportunities were utilised (range 100-22%). The feedback from the evaluation forms has been extremely positive and useful. However two topics, Child Protection and Disability Awareness showed a disappointing uptake (22% and 23% respectively).

Clinical Governance

As a result of new emphasis on Clinical Governance NIMDTA designed and facilitated a series of 36 workshops and produced and distributed a supporting portfolio. The workshops were well attended and evaluated. The portfolio has been recommended by the DHSSPS as the tool for all GP Practices to use when collating documentation relating to Clinical Governance. This portfolio was a collaborative effort between the DHSSPS, the four Boards within Northern Ireland, the Clinical and Social Care Governance Team and Lexicon - Ashton, Wigan & Leigh PCT.

Accreditation of Courses

Whilst accreditation is no longer required, a number of providers have sought endorsement of their courses. To date we have received 37 applications, 27 of which were received from non-commercial providers and the remainder from commercial providers. We have 'kite-marked' 122 1/2 hours and 3 1/2 days. A voluntary accreditation process will be established by the consortium in 2005/2006.

GP Appraisal

On 1 April 2004 a Regional GP Appraisal Co-ordinator, based at the Training Agency, was appointed. An important role of the Co-ordinator includes the monitoring and evaluation of the appraisal process and facilitation of links between appraisal and CPD. The emphasis this year has been focused on the introduction of quality assurance and the management of the appraisal process. A report by NIMDTA was submitted to the DHSSPS.

Appraiser Training

The final Appraiser Training course for new Appraisers took place in April 2004. By this date there were approximately 160 trained Appraisers within the Province.

Appraiser Refresher Training

As part of the 'Appraiser letter of agreement' all Appraisers were expected to attend refresher training. Although the final Appraiser Training course was only completed the Appraiser Training courses had been running monthly from January 2003. Eight 1-day courses were organised to facilitate these Appraisers.

Publications

Boylan O, Bradley T, McKnight A, 'GP Perceptions of appraisal: professional development or performance management, or both', British Journal of General Practice 2005; 55:544-545.

Vocational Training (VT)

Vocational Training has been mandatory since 1993 for all UK graduates wishing to enter health service lists. The training takes place in an approved practice under the supervision of a trainer who, in Northern Ireland has been appointed by NIMDTA. The trainee also participates in a programme of 30 study days based on knowledge required for provision of Dental Care in General Practice. This includes health and safety regulations, cross infection control, communication skills, emergency care and improved clinical skills.
The recently completed trainer appointment process saw a shortfall of applicants and as a result there were 21 rather than 24 vocational training places in Northern Ireland. This was an area of concern as there had been evidence of falling numbers of applicants over recent years and an increasing number of graduates from Queen's University. Discussions at the

UK Conference of Dental Advisers indicated the problem was not confined to Northern Ireland.

A review of the recruitment process was undertaken and a decision was made to increase awareness of the scheme by mail shots and advisers speaking at LDC meetings; simultaneously the Equality Unit at the Central Services Agency was commissioned to carry out research on barriers to potential trainers.

In the autumn of 2004 a number of trainer preparation courses were held; these were based on the mandatory START course in Scotland. The aim of the courses is to improve the educational skills and confidence of the trainers and to make potential trainers aware of their obligations prior to appointment. It is envisaged that these courses would become mandatory in Northern Ireland. The courses were heavily oversubscribed and were helpful in increasing the number of trainer applicants for the 2005/6 schemes.

Funding was made available by the DHSSPS for trainers to attend preparation courses and to pay additional CPDA to existing trainers whose educational participation exceeded the six sessions payable by the CSA. This recompense for increased educational commitment is welcomed by the Agency.

Northern Ireland trainees have participated in a cohort study carried out by Dundee University and involving all Scottish, Welsh and Northern Deanery trainees. Some concerns about trainees in Northern Ireland were identified as initially they score considerably higher in stress levels and lower in self-confidence than their counterparts in other areas of the UK. Their scores at the end of the year however were on par with all other trainees. It is expected that the research will now examine undergraduate as well as postgraduate training.

An Equality Impact Assessment was carried out on trainee selection leading to new selection procedures; in future there will be centralised interviews and a matching process. The Postgraduate Dental Dean, Roisin Campbell, Margot Roberts, Anne Basten, Christina Neeley and the Advisers

have been involved in the development of the new process. This will be in place for the next round of trainee appointments.

The move to new premises has been particularly welcomed by the dental department as it now brings the Postgraduate Dean, the Advisers and the administrative staff under one roof. It also provides excellent accommodation for Vocational Training study days and has been used regularly. The educational programme for the trainees has broadly followed that of previous years with study days covering managerial, ethical and clinical topics. An MFDS/MFGDP study course was part of the

curriculum and trainees were encouraged to prepare for a postgraduate qualification. Trainees and trainers attended the annual scientific meeting of the RCSI. Trainees welcome 'hands on' courses to improve their clinical skills and use was made of the facilities at the School of Dentistry to provide these courses.

Finally the Postgraduate Dean and the Advisers would pay tribute to all support staff for their enormous efforts during the move from Annadale Avenue to Beechill House. This was done with great efficiency and allowed the educational processes to continue uninterrupted.

General Professional Training (GPT)

General Professional Training (GPT) is now established as an alternative route for recent graduates to gain their VT Number in Northern Ireland.

The Northern Ireland Scheme is a two year integrated longitudinal scheme featuring the three main career areas of Hospital, General Practice and Community Dentistry. The scheme provides the participants with an appreciation of the work that is undertaken in the three services and an understanding of the career prospects available. A day release study programme including career advice is organised each year. Guidance is provided on self-assessment, Appraisal, Continuing Professional Development and lifelong learning. Progress is monitored and documented in the form of a logbook / portfolio.

By August 2005 the first two participants in GPT will have completed their two years in training. The programme has its full complement of eight General Practice Trainers and eight young dentists being looked after by the Adviser team. The continuing goodwill and support of the Community Dental Staff and Hospital Dentists have helped greatly with the success of GPT. The scheme offers a supportive training environment for two years, a stable income, a day release study programme, exposure to the main career areas for dentists allowing participants the opportunity to make informed career choices.

Recruitment of new trainers and young dentists competing for a place on the programme is very encouraging. For the 2005 selection process GPT piloted a very successful centralised recruitment process with matching.

Looking forward Postgraduate Dental Training may follow Medicine and move to a two-year Foundation Programme. It would be anticipated that the delivery model currently used for GPT would have to be changed to allow expansion of the scheme.

Continuing Education

The General Dental Council is now asking dentists to substantiate their stated CPD hours. All dentists have a mandatory requirement of 75 hours verifiable CPD over a 5-year period. A shortfall still exists in funding when Northern Ireland is compared to other deaneries in Great Britain. In spite of this an extensive programme of Postgraduate lectures and courses has been organised by NIMDTA to take account of the mandatory requirements. The attendance of dentists at the evening lectures averages 150 and the hands-on courses are heavily oversubscribed.

All education sessions are monitored and evaluated and the Annual Needs Assessment questionnaire is sent to all dentists. The responses are analysed and used to plan educational needs.

The Clinical Techniques Laboratory in the School of Dentistry has been made more available for our use. The new seminar room in NIMDTA is a very welcome facility.

Human Resources

Recruitment

During this period the Agency employed 126 staff. The majority of staff are doctors and dentists who are employed on a sessional basis as Clinical Tutors, GP Associate Directors, GP Course Organisers, GP Tutors, Dental Advisers, Dental Tutors, Dental Associate Advisers, Specialty Advisers and the Postgraduate Dental Dean and Associate Dean. The Chief Executive/Postgraduate Dean and Director of General Practice Education are employed on a full time basis. There are 54 staff based at the Agency's offices at Beechill Road, Belfast.

The Agency is responsible for the recruitment and selection of its staff. During this period there were a number of significant appointments made:

- Chief Executive/Postgraduate Dean - Dr Terry McMurray
- Postgraduate Dental Dean - Dr David Hussey
- Associate Dean - Miss Angela Carragher
- Associate GP Directors - Dr Colin Kenny, Dr Grainne Bonnar, Dr Gordon Kennedy
- Associate Adviser in General Professional Training - Ms Claudette Christie

Absence Management

The Agency strives to ensure that there is adequate management of absence in place to meet DHSSPS requirements. A service level agreement with the Royal Group of Hospitals Occupational Health Department under Dr A Stevens has worked particularly well in relation to ensuring that employees are encouraged back to work as quickly as possible and that every effort is made to facilitate them to do so.

Training and Development

The Agency has a supportive and encouraging learning environment for staff. Three members of staff were facilitated to undertake professional qualifications and three members were facilitated to undertake a degree course.

Agenda for Change

The Agency has introduced the Agenda for Change terms and conditions of employment, which came into effect on 1 December 2004. A service level agreement with the Human Resources Directorate at The Central Services Agency has been negotiated to assist the Agency in the matching of the Agency's posts to the Agenda for Change job profiles.

Resignations and Retirements

It was with much regret that we received Dr Terry Bradley's resignation from his post as Associate Director of GP Education and GP Appraisal Co-ordinator. In his ten years with the Council and latterly NIMDTA, Terry contributed enormously to the continuing professional development of GPs throughout Northern Ireland.

The Agency was also saddened to lose Mr IDF Saunders as Postgraduate Dental Dean and Dr JR McCluggage as Chief Executive/Postgraduate Dean.

Equality

The Agency continues to have a designated senior member of staff to oversee and take responsibility for the implementation of the statutory equality duties.

In the implementation of its statutory equality duties the Agency continues to work in partnership with a consortium of eight other HPSS agencies and bodies convened by the Central Services Agency. This group continues to meet formally on a quarterly basis to share good practice in the implementation of the statutory equality duties and to plan joint work

Equallty Impact Assessments

The Agency has undertaken a comprehensive programme of EQIAs effectively pertaining to all areas of work i.e. Hospital Medicine, General Practice and Dentistry.

During 2004/2005 the Agency progressed with its delivery on a number of actions emanating from an EQIA on `Flexible Working Policies', which the Agency conducted jointly with a range of partner agencies in 2003. As a direct result the Agency has introduced a flexitime and work-life balance policy to enable staff to manage their work-life balance in accordance with their particular needs.

During the year a further EQIA on the appointment of staff to act on behalf of the Agency was brought to completion with the publication of the final EQIA report in November 2004. Subsequently the Agency has drafted a delivery plan for the action points emanating from this EQIA.

A further EQIA on the recruitment of trainees for Dental Vocational Training (VT) and Dental General Professional Training (GPT) was initiated and progressed during 2004/2005.

The EQIAs have contributed significantly to enhancing the transparency and consistency of policies guiding the service provision for the Agency.

The EQIAs have proved to be an important vehicle to review and develop policies in such a way that both the quality of the services provided and equality of opportunity in relation to access to these services have been enhanced. In other words EQIAs have been utilised to drive organisational change.

At the same time the Agency has put in place key processes to enable the organisation to respond to arising need in the future in an effective and efficient manner. During 2004/2005 a number of proactive measures have been undertaken both in the area of employment and services:

A policy has been developed for the induction of staff from outside Northern Ireland.

Strategic Implementation of the Section 75 Duties.

The Equality unit on behalf of the Agency and its partner organisations has taken the lead on two regional HPSS wide initiatives:

1. The development of an e-leaning package on diversity.
2. The provision of information in accessible formats.

This provides a useful network with a range of staff from other HPSS organisations.

Screening and Equality Impact Assessments (EQIA)

In order to provide further support to staff involved in the development of policies as well as other key decision makers in the organisation, the Agency participated in a joint initiative by the HPSS Agencies Consortium to produce guidance on screening. A plain English booklet (what staff need to know about screening for equality) was launched by the Chief Commissioner of the Equality Commission in April 2004.

A new screening template was also produced in July 2004, and a training programme on screening for equality was developed in the Autumn 2004.

The Equality unit, on behalf of the Agency and its partner organisations and in collaboration with the Western Equality and Human Rights Forum, has produced new guidance on EQIAs in the form of a booklet. The Easy Way to EQIA was launched in June 2005.

Training

The Agency participates fully in a programme of training on statutory equality duties jointly developed with other HPSS agencies. This training includes: Equality Awareness training, Disability Awareness training, Equality Screening training and Anti-racism training.

Communication

The organisation communicates with staff on its commitment to and progress on implementing Section 75 through various ways:

- Regular updates at senior management team meetings
- Briefings to the Board
- Briefings at team meetings

All new staff are briefed on the organisation's commitment to mainstreaming equality and receive a copy of a booklet entitled promoting equality in our work- a short guide to Section 75 of the Northern Ireland Act 1998.

Data Collection and Analysis

The Agency developed a new monitoring template, which allows capturing seven out of the nine groups.

Information Provision Access to Information and Services

The organisation has made arrangements for providing a copy of key documentation in alternative formats and the equality unit co-ordinates any such requests.

The Agency has contributed to the development of a regional tender for the provision of translation services.

Complaints

A complaints procedure for dealing with Section 75 complaints has been developed. A complaints manager has been appointed but during the period of this report no complaints were received.

Scheme Timetable

The timetable for implementation is reviewed on a regular basis and has remained broadly in line with commitments outlined in the Agency's Equality Scheme.

It is expected that the Agency will continue to meet its action plan commitments within the 5-year timetable identified.

The finance department is responsible for the financial transactions of the Agency, for the provision of a payroll service to the Agency and for the centralised administration of the Specialist Registrar and General Practice Registrar study leave budgets.

Financial Transactions

During this period the number of financial transactions by the finance department was 15,557. The number of invoices paid within 30 days was 81.68% while the value of invoices paid was 89.33%.

Payroll

The finance department provides a payroll function for the 126 Agency employees (43 whole time equivalents) and 115 GP Registrars.

Study Leave Budget

The centralisation of the study leave budget for Specialist Registrars, General Practice Registrars and some S HO's allows the Agency to have greater control over the expenditure on study leave. During this period the finance department dealt with 3,602 requests for study leave.

Administrative Systems

During the year a review of administrative systems was undertaken by the Agency. A database has been created to streamline the administration of course provision within the three departments of the Agency. This will be linked to the Agency's new website which will enhance the administrative service provided to doctors and dentists in Northern Ireland.

Corporate Governance

The Agency as an NHS employer is required to comply with the Government Corporate Governance standards.

The Agency was audited by internal audit in relation to its compliance with the controls assurance standards in Risk Management, Governance, Financial Management and Fire Safety. Substantive compliance was achieved in Governance and Financial Management.

Regional Audit

This year has seen two big changes, which have the potential to impact strongly on the Committee. Firstly the review of the Northern Ireland Council For Postgraduate Medical and Dental Education has been accepted and NIMDTA established. Secondly the review of audit arrangements in Northern Ireland has reported, under the chairmanship of Dr David Stewart, and the recommendations are being considered by the DHSSPS. These will be worked out alongside the recommendations in Best Practice Care and will probably result in substantial change. In the meantime the Committee continues to develop links with RMAG and CREST.

Audit Activity - General Practice

The GP arm of the committee remains very active. This is essential because audit in General Practice is part of the new GMS contract, and we look forward to GP audit building on the strong base already established. A series of clinical audit workshops have been held over the year and training in General Practice audit is ongoing.

Hospital Practice

Audit activity within hospital practice continues to develop with considerable activity across many specialties, much of which has resulted in change.

Chemical Pathology	Sweat testing for cystic fibrosis, analytical methods for the measurement of cryoglobulins.
Diabetes & Endocrinology	Physical activity in diabetes, the use of x-rays in the management of acromegaly, information management system, diabetic feet complications, guidelines for diabetes type II management.
Dermatology	PUVA therapy and its management, scabies treatment with new guidelines, steroid therapy in skin disease, melanoma management.
Genito-urinary Medicine	National audit for British HIV Association, gonorrhea, sexual assault, early syphilis.
Infectious Diseases	Community use of IV antibiotics.
Medical Microbiology	Antmicrobial resistance surveillance with a province wide protocol for performing susceptibility organisms, Gentamicin assays with regional guidelines.
Medical Immunology	Audits with the North of England Clinical Immunology group and coeliac disease, C1 esterase deficiency screening, specific pneumococcal antibody testing and lymphocyte immunophenotyping, with Chemical Pathology investigations for cryoglobulins.
Occupational Health	Sharps injuries policies, the recruitment of volunteer workers in Trusts, the impact of the European Working Time Directive.
Rheumatology	Regional audit of the use of biologic therapy in the treatment of rheumatoid arthritis.

The annual Smaller Specialties Audit meeting was well attended. Last year the list of smaller specialties was revisited and a number of specialties were thought to be too large to be still considered as smaller specialties, and so no longer attend the Committee. This allows the Committee to focus more effectively and to support the more vulnerable of the specialties.

Commissioned Audits

This year the Committee has been able to support four audit projects:

The Committee fully funded an audit of the assessment and treatment of people with fertility problems in Northern Ireland, being undertaken in the Royal Maternity Hospital.

The Committee fully funded an audit to assess the efficacy of albumin and transthyretin as biochemical markers of future recovery outcomes in total joint surgery being undertaken in Musgrave Park Hospital.

The Committee half funded two further projects, with RMAG providing the other half of the funding. These were an audit of the appropriateness of blood transfusion in the Ulster Hospital and an audit of the appropriateness of ICU admission for patients with haematological malignancy.

Training courses in audit methods are now available from the audit departments of most Trusts. This is very welcome but it has thrown up an unexpected problem. A number of junior medical staff are attending courses, on occasion every time they go to a new trust. In response, the Eastern Board Area Audit Committee is piloting a Board wide course approval system, to look at each training course against agreed criteria, in order to allow board wide approval for each course and so remove the need to attend more than one training course. This might be rolled out province wide if it is felt to be useful.

FINANCIAL STATEMENTS

FOR THE YEAR ENDED
31 MARCH 2005

Contents

Foreword

1. Statutory Background

These accounts for the year ended 31 March 2005 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.

This is the first statement of accounts of the Northern Ireland Medical and Dental Training Agency. It is prepared in accordance with paragraph 12 of the Schedule to the Health and Personal Services Act (Northern Ireland) 2002 and covers the period 1 April 2004 to 31 March 2005. The accounts have been prepared in a form directed by the Department of Health, Social Services and Public Safety in accordance with this legislation.

2. Results

For the period ended 31 March 2005 there is a surplus, being an excess of income over expenditure of £105,516.

NIMDTA was set up as a successor body to the Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE). NICPMDE ceased operations on 31 March 2004. When formerly established NIMDTA took over the assets and liabilities of NICPMDE and these are reflected in the opening balances shown in the balance sheet.

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

Statement of (NIMDTA) responsibilities and Chief Executive's responsibilities

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

In preparing the financial statements the Agency is required to:

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards have been followed, and disclose and explain any material departures in the financial statements;

- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Agency will continue in operation;

- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Agency; and

- pursue and demonstrate value for money in the services the Agency provides and in its use of public assets and the resources it controls.

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

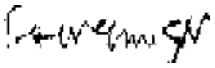
Certificate of the Chief Executive

I certify that the Annual Accounts and notes thereof as set out in pages 7 to 35 of the financial statements, which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency, have been compiled from and are in accordance with the accounts and financial records maintained by the Agency and with the accounting standards and policies for Health and Personal Social Services approved by the Department of Health, Social Services and Public Safety.

Chief Executive
1st September 2005

Certificate of the Chairman and Chief Executive

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



Chairman
1st September 2005

Chief Executive
1st September 2005

Statement on Internal Control

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

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of organisational policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the N.I. Medical and Dental Training Agency for the year ended 31 March 2005 and up to the date of approval of the annual report and accounts and accords with the Department of Finance and Personnel guidance.

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

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

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

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

N.I. Medical & Dental Training Agency has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the Agency is exposed and audit plans are based upon this analysis. In 2004-05 Internal Audit reviewed the following systems - Financial (Payments, Ordering and Receipts of Goods, Salaries and Wages, Travel Expenses, Income, Petty Cash, Bank Reconciliation's and Credit Cards), Corporate Governance, Risk Management, Financial Management and Fire Safety.

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

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

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

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

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

In Accordance with the requirements of the DHSSPS, the Agency is required to comply with 14 Controls Assurance Standards, not all of which are relevant to its circumstances. During 2004/05 Internal Audit performed work on the following Controls Assurance Standards:

- Governance
- Financial Management
- Risk Management
- Fire Safety

The level of compliance for Governance and Financial Management was assessed as being 'Substantive', i.e. in excess of 70%. The other 'Core' Standard of Risk Management was assessed as having 'Moderate' compliance. 'Moderate' compliance was also achieved for the Fire Safety Standard.

These 4 standards were the only standards validated by Internal Audit.

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

The programme of work to progress towards 'Substantive' compliance for Risk Management and Fire Safety will include the following:

Risk Management

The Agency continues to develop its approaches to risk management. In 2001/02 the Department accepted the international risk management standard AS/NZS 4360:1999 and the Agency has been working throughout 2004-05 to ensure its application throughout the Agency by 2005-06.

In the interim the Agency has developed a risk management strategy, which has identified the organisation's objectives and risks and sets out a control strategy for each of the significant risks. It is the intention to ensure that procedures are in place for verifying that aspects of risk management and internal control are regularly reviewed and reported and that risk management has been integrated fully into the corporate planning and decision making processes of the organisation.

In addition to these factors the actions outlined below are planned in the coming year.

There will be two key elements to the Council's Risk Management Strategy for 2005-2006: 1.

Full compliance with the core risk management standard

2. Development of further controls assurance work

The following actions will be carried out to meet the strategic goals:

- Full Compliance with the Core Risk Management Standard.
- Review of the organisational risk register by September 2005 - including work on developing controls.
- Implementation of new policies on complaints and incidents reporting.
- Awareness initiatives on risk management - such as the development of risk management information on the website and further briefings to staff.

Moreover, it is proposed that the Agency will implement the following measures for reporting risk management activity:

- Provision of formal update to Audit Committee at least bi-annually (to include report on review of risk registers and controls).
- Management Group to meet at least quarterly to oversee operational activity.
- Audit Committee and Board to receive Annual Report on risk management.

Fire Safety

The Agency is undertaking a service level agreement with South & East Belfast Trust to oversee compliance with this standard.

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

- The Agency will 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 2005-2006.
- Initial baseline work on assessing the Agency's compliance with new draft standards will be carried out on each occasion.

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

By order of the Agency. **Chief Executive**

Statement on Internal Control

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

I certify that I have audited the financial statements on pages 12 to 35 under the Health and Personal Social Services (Northern Ireland) Order 1972 as amended. These financial statements have been prepared under the historical cost convention as modified by the revaluation of certain fixed assets and the accounting policies set out on pages 17 to 21.

Respective Responsibilities of the Board Members, Chief Executive and Auditor

As described on page 4, the Board Members and Chief Executive are responsible for the preparation of the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended and Department of Health, Social Services and Public Safety directions made thereunder and for ensuring the regularity of financial transactions. The Board Members and Chief Executive are also responsible for the preparation of the contents of the Annual Report. My responsibilities, as independent auditor, are established by statute and I have regard to the standards and guidance issued by the Auditing Practices Board and the ethical guidance applicable to the auditing profession.

I report my opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended and Department of Health, Social Services and Public Safety directions made thereunder, and whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. I also report if, in my opinion, the Agency has not kept proper accounting records, or if I have not received all the information and explanations I require for my audit.

I read the other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. I consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the financial statements.

I review whether the statement on pages 7 to 9 reflects the Agency's compliance with the Department of Health, Social Services and Public Safety's guidance on the Statement on Internal Control. I report if it does not meet the requirements specified by the Department of Health, Social Services and Public Safety, or if the statement is misleading or inconsistent with other information I am aware of from my audit of the financial statements. I am not required to consider, nor have I considered, whether the Chief Executive's statement on internal control covers all risks and controls. I am also not required to form an opinion on the effectiveness of the Agency's corporate governance procedures or its risk and control procedures.

Basis of Audit Opinion

I conducted my audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Board members and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Agency's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance

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

that the financial statements are free from material *misstatement, whether caused by error, or by fraud or other irregularity and that, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I have also evaluated the overall adequacy of the presentation of information in the financial statements.*

Opinion

In my opinion:

- *the financial statements give a true and fair view of the state of affairs of the Northern Ireland Medical and Dental Training Agency at 31 March 2005 and of the overall surplus, total recognised gains and losses and cash flows for the year ended and have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended and directions made thereunder by the Department of Health, Social Service and Public Safety; and*

- *in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the* authorities which govern them.

I have no observations to make on these financial statements.

J M Dowdall CB
Northern Ireland Audit Office
Comptroller and Auditor General
106 University Street

Belfast BT7 1EU
21st October 2005

Revenue Income and Expenditure Account for the year ended 31 March 2005

	NOTE	2005 £
Income from Activities	2	37,604,206
		37,604,206
Operating Expenses	4, 5	37,667,285
OPERATIONAL SURPLUS/(DEFICIT) BEFORE PROVISIONS		(63,079)
Provisions for Future Obligations	7.1	1,127
RETAINED SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		(64,206)
Adjustment to add back:		
Notional cost of capital		28,289
Other notional costs		141,433
RETAINED SURPLUS FOR THE FINANCIAL YEAR EXCLUDING NOTIONAL COSTS		105,516

All income and expenditure is derived from continuing activities.
The notes on pages 17 to 35 form part of these accounts.

Capital Income and Expenditure Account for the year ended 31 March 2005

	NOTE	£	2005 £
Income			
Capital advances from DHSSPS			771,000
Total Capital Income			771,000
Expenditure			
Payments to acquire intangible assets:			
Software licences			8
			220
Payments to acquire tangible assets:			
Buildings, installations and fittings	9	569,150	
Computer equipment	9	79,083	
Other equipment	9	123,501	
		771,734	
Total Capital Expenditure			771,954
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR			(954)

The notes on pages 17 to 35 form part of these accounts.

Balance Sheet as at 31 March 2005

	NOTE	2004 £	2004 £	2005 £
FIXED ASSETS				
Intangible assets	8		4,070	4,868
Tangible assets	9		470,120	720,477
			474,190	725,345
CURRENT ASSETS				
Stocks and work in progress	10	2,624	1,739	
Debtors: Amounts receivable within one year	11	498,729	238,988	
Cash at bank and in hand		1,851,393	1,227,793	
		2,352,746	1,468,520	
CURRENT LIABILITIES				
Creditors: Amounts falling due within one year	12	(1,944,706)	(1,166,170)	
NET CURRENT ASSETS			408,040	302,350
TOTAL ASSETS LESS CURRENT LIABILITIES			882,230	1,027,695
Provisions for Liabilities and Charges	13		(33,333)	(32,206)
TOTAL ASSETS EMPLOYED			848,897	995,489
FINANCED BY:				
Capital Reserve:				
Capital account	14.1		703,034	325,436
Revaluation reserve	14.1		(238,654)	390,098
Income and expenditure reserve:				
Revenue	14.2		385,471	279,555
Capital	14.2		(954)	
			848,897	995,489

(Chief Executive)
1st September 2005

The notes on pages 17 to 35 form part of these accounts.

Statement of Total Recognised Gains and Losses for the year ended 31 March 2005

		2005
	£	£
Surplus/(Deficit) for the financial year - Revenue		106,643
Provisions for future obligations		(1,127)
		105,516
Fixed asset impairment losses	(342,652)	
Indexation of fixed assets	41,013	
		(301,639)
TOTAL GAINS/(LOSSES) RECOGNISED IN FINANCIAL YEAR		(196,123)

Cash Flow Statement for the year ended 31 March 2005

		2005
	£	£
Net Cash Inflow/(Outflow) from Operating Activities (Note 22.1)		624,554
Capital Expenditure		
Payments to acquire intangible fixed assets	(220)	
Payments to acquire tangible fixed assets	(771,734)	
Net Cash Inflow /(Outflow) from Capital Expenditure	(771,954)	
Financing		
Capital Funding	771,000	(954)
Increase in Cash		623,600

The notes on pages 34 and 35 form part of this statement.

1. STATEMENT OF ACCOUNTING POLICIES

1.1 Authority

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

1.2 Accounting Convention

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

1.3 Basis of Preparation of Accounts

The accounts have been prepared in accordance with the 2004/05 HPSS Agency Manual of Accounts issued by the Department of Health, Social Services and Public Safety.

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

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

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

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

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

In the context of their capital accounting HPSS Agencies take those impairment losses resulting from short term changes in price that are considered to be recoverable, in full to the revaluation

reserve. These include impairments resulting from the revaluation of fixed assets from their cost to their value in existing use when they become operational. This may lead to a negative revaluation reserve in certain instances.

1.4 Intangible Fixed Assets

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

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

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

1.5 Tangible Fixed Assets

Substance over form

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

Capitalisation

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

* individually have a cost of at least £5,000; OR
* they satisfy the criteria of a grouped assets i.e. collectively have a cost of at least £5,000, are functionally interdependent, broadly simultaneous purchase dates, and anticipated to have simultaneous disposal dates, under single managerial control and have an individual cost of £1,000 ;OR
* form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost.

Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. They are restated to current

value each year. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

All land and buildings are restated to current value using professional valuations in accordance with FRS 15 every five years and in the intervening years by the use of indices. The buildings index is based on the All in Tender Price Index published by the Building Cost Information Service (BCIS).

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

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

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

For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

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

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

Assets in the course of construction are valued at current cost using the indexes as for land and buildings, as above. These assets include any existing land or buildings under the control of a contractor.

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

Depreciation, Amortisation and Impairments

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

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

Buildings, installations and fittings are depreciated on their current value over the estimated

remaining life of the asset as advised by the District Valuer. Leaseholds are depreciated over the primary lease term.

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

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

1.6 Donated Fixed Assets

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

1.7 Research and Development

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

1.8 Stocks and Work-In-Progress

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

1.9 Provisions

The Agency provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are adjusted using the Treasury's discount rate of 3.5% in real terms.

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

1.10 Pensions

The Agency participates in the following defined benefit schemes:

The HPSS Superannuation Scheme.

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

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

The Queen's Retirement Benefit Plan.

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

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

1.11 Third Party Assets

Assets belonging to third parties are not recognised in the accounts since the Agency has no beneficial interest in them. Details of third party assets are given in note 24 to the accounts.

1.12 Leases

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

1.13 Losses

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

1.14 Capital Charges

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

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

2. Income from Activities

	2005 £
Department of Health, Social Services and Public Safety	37,117,000
Other Public Bodies:	
- Central Service Agency	221,259
- Queen's University	127,277
Other Sources:	
- Course Fees	138,670
Total	37,604,206

Other Operating Income

There was no other operating income.

4. Other Operating Expenses

4.1 Other Operating Expenses are as follows:-

	Note	2005 £
Salaries and Wages (excluding Board members remuneration)		1,971,091
Board members remuneration		17,900
Junior Doctors Salaries		32,823,172
Junior Doctors Study Leave		1,155,824
Establishment		356,266
Premises		135,150
Training Courses		600,953
Recruitment		169,041
Overseas Training Grants		244,376
Notional Costs		169,722
Audit fees		10,368
Miscellaneous		13,422
Total		37,667,285

4.2 Operating Leases

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

Commitments under non-cancellable operating leases are:

	Land and Buildings 2005 £
Operating leases which expire:	
Within 1 year	
Between 1 and 5 years	
After 5 years	1,207,497
	1,207,497

5. Information regarding Board Members and employees

5.1 Staff Costs

	2005		
	Directly employed £	Other £	Total £
Salaries and wages	1,792,607	33,089	1,825,696
Social security costs	69,886	0	69,886
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	0	0	0
Other pension costs	93,409	0	93,409
Early departure costs	0	0	0
Total	1,955,902	33,089	1,988,991

Of the total, £0 has been charged to capital. **5.2 Average Number of Persons Employed**

	2005		
	Directly employed No.	Other No.	Total No.
Medical and dental	15	0	15
Ancillaries	1	0	1
Administrative and clerical	27	0	27
Total	43	0	43

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

5.3 Senior Employees' Remuneration

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

Name	Salary, including Performance Pay	Benefits in Kind (rounded to nearest £100)	Real increase in pension and related lump sum at age 60	Total accrued pension at age 60 and related lump sum	CETV at 31/3/04	CETV at 31/3/05	Real increase in CETV after adjustment for inflation and changes to market investment factors
	£000's	£	£	£	£	£	£
Non-Executive Members							
Dr H McGuigan	10 - 15	-	-	-	-	-	-
Mr A Baird	0 - 5	-	-	-	-	-	-
Mrs J Eve	0 - 5	-	-	-	-	-	-
Dr R Atkinson	0 - 5	-	-	-	-	-	-
Dr J Marley	0 - 5	-	-	-	-	-	-
Mrs A Egert	0 - 5	-	-	-	-	-	-
Executive members	£'s						
Dr T McMurray (Chief Executive/ Postgraduate Dean)	39,536	-	-	-	-	-	-
Dr J R McCluggage (Former Chief Executive/ Postgraduate Dean)	53,966	-	-	-	-	-	-
Dr A McKnight (Director of General Practice Education)	98,481	-	-	-	-	-	-
Dr D Hussey (Postgraduate Dental Dean)	6,589	-	-	-	-	-	-
Mr I Saunders (Former Postgraduate Dental Dean)	16,473	-	-	-	-	-	-

The salaries of each of the above Executive members are recharged to the Agency, with the exception of Dr McKnight. CETV figures are not available for recharged salaries. Dr McKnight is a member of the Universities Superannuation Scheme, CETV figures are not available for this scheme.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

5.4 Staff Benefits

There were no staff benefits.

5.5 Retirements Due to Ill-Health

During 2004/05 there were no early retirements from the Agency agreed on the grounds of ill-health.

6. Public Sector Payment Policy

6.1 Measure of Compliance

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

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

	2005 Number	2005 £
Total bills paid	6,175	6,521,186
Total bills paid within 30 day target	5,044	5,825,349
% of bills paid within 30 day target	81.68%	89.33%

6.2 The Late Payment of Commercial Debts Regulations 2002

There was no interest payable under this legislation.

7. Provisions for Future Obligations

7.1 Net Movement in Provisions

	Note	2005 £
Movement in year:		
Employment Discrimination	13	1,127
Subtotal		1,127
Reimbursements Receivable		-
Total increase in provisions (to Income and Expenditure Account)		1,127

8. Intangible Fixed Assets

	Software licences	Other Expenditure	Patents	Development licences & trademarks	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2004	11,133	-	-	-	11,133
Indexation	-	-	-	-	
Additions - purchased	220	-	-		220
Additions - donated	-	-	-	-	
Reclassifications	-	-	-	-	
Other Revaluation	-	-	-	-	-
Impairments	-	-	-	-	-
Disposals	-	-	-	-	-
At 31 March 2005	11,353	-	-		11,353
Amortisation					
At 1 April 2004	6,265	-	-		6,265
Indexation	-	-	-	-	
Transfers	-	-	-	-	
Revaluation	-	-	-	-	-
Impairments	-	-	-	-	-
Disposals	-	-	-	-	-
Reversal of impairments	-	-	-	-	-
Provided during year	1,018	-	-	-	1,018
At 31 March 2005	7,283	-	-	-	7,283
Net Book Value					
At 31 March 2005:					
- Purchased	4,070	-	-		4,070
- Donated					
Total	4,070	-	-		4,070
At 31 March 2004:					
- Purchased	4,868	-	-		4,868
- Donated					
Total	4,868	-	-		4,868

9. Tangible Fixed Assets

9.1 Tangible Fixed Assets Comprise the Following Elements:

Purchased Assets	Land Buildings	Installations Equipment	Computer	Furniture	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2004	223,526	421,226	261,886	-	906,638
Indexation	11,590	33,364	-	-	44,954
Additions	-	569,150	79,083	123,501	771,734
Transfers	-	-	-	-	-
Revaluation	-	-	-	-	-
Reclassifications	-	-	-	-	
Impairments	-	(342,652)	-		-(342,652)
Disposals	(235,116)	(405,566)	(137,579)		-(778,261)
National revaluation	-	-	-	-	-
At 31 March 2005	0	275,522	203,390	123,501	602,413
Depreciation					
At 1 April 2004	-	49,769	136,392	-	186,161
Indexation	-	3,942	-	-	3,942
Transfers	-	-	-	-	-
Revaluation	-	-	-	-	-
Reclassification	-	-	-	-	-
Impairments	-	-	-	-	-
Disposals	-	(47,546)	(81,860)		-(129,406)
Reversal of impairments	-		-	-	
Provided during year	-		-	-	
National revaluation	-	-	-	-	-
Depreciation Charge	-	29,357	29,772	12,467	71,596
At 31 March 2005	-	35,522	84,304	12,467	132,293
Net Book Value					
At 31 March 2005	-	240,000	119,086	111,034	470,120
At 31 March 2004	223,526	371,457	125,494	-	720,477

Of the total net book value at 31 March 2005, £240,000 related to buildings, installations and fittings valued at open market value for alternative use.

Note 9.1 (cont'd)

Donate Assets

There were no donated assets.

9.2 Total Tangible Fixed Assets

	2005			2004
	Purchased £	Donated £	Total £	£
Net book value:				
Land	-		-	223,526
Buildings installations and fittings	240,000		240,000	371,457
Computer Equipment	119,086		119,086	125,494
Furniture	111,034		111,034	-
Total	470,120		470, 120	720,477

9.3 The Net Book Value of Land and Buildings Comprises:

	2005 £	2004 £
Freehold	-	594,983
Long leasehold	-	-
Short leasehold	240,000	-
	240,000	594,983

9.4 The Net Book Value of Assets Held Under Finance Leases and Hire Purchase Contracts are as Follows:

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

10. Stocks and Work in Progress

2005 £		2004 £
Finished goods	2,624	1,739
Total	2,624	1,739

11. Debtors

2005	£	2004 £

11.1 Debtors: Amounts falling due within one year

HPSS or NHS debtors		179,751
		94,106
D HSS PS NI	171,000	-
Sundry Debtors	140,617	128,022
Prepayments	7,361	16,860
Total	498,729	238,988

11.2 Debtors: Amounts falling due after more than one year

There are no debtors due after one year.

12. Creditors

	2005 £	2004 £

12.1 Creditors: Amounts falling due within one year

HPSS or NHS creditors and accruals	378,416	260,865
Non HPSS or NHS trade revenue creditors	1,558,717	897,732
Other accruals	7,573	7,573
Sub Total	1,944,706	1,166,170

12.2 Creditors: Amounts falling due after more than one year

There are no creditors due after one year.

12.3 Finance lease obligations

There were no finance lease obligations.

13. Provisions for Liabilities and Charges

	Pensions relating to £	Clinical £	Restructuring £	Other £	2005 Total £	2004 £
At 1 April 2004	-	-	-	32,206	32,206	-
Arising during the year	-	-	-		-	32,206
Utilised during the year	-	-	-		-	-
Reversed unused	-	-	-	-	-	-
Unwinding of discount	-	-		1,127	1,127	-
At 31 March 2005	-	-	-	33,333	33,333	32,206

Expected Timing of Cash Flow

	Pensions relating to former directors £	Pensions relating to other Clinical Staff £	Restructuring £	Other £	2005 Total £	2004 £
Within 1 year	-	-	-	33,333	33,333	-
1-5 years	-	-	-			32,206
Over 5 years	-	-	-			-

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

14. Movements on Reserves

14.1 Movement on Capital Reserves

	Capital Revaluation Reserve £	Donation Reserve £	Other reserves £	Total £
At 1 April 2004	325,436	390,098	-	715,534
Additions	771,954	-	-	771,954
Transfers	-	-	-	
Disposals and write-offs	(321,742)	(327,113)	-	(648,855)
Depreciation- capital charges	(72,614)	-	-	(72,614)
Depreciation- other	-	-	-	-
Revaluation and indexation of fixed assets	-	41,013	-	41,013
Transfer of realised profits/ (losses)	-	-	-	
Movements in donation reserves	-	-	-	
Fixed Asset Impairments	-	(342,652)	-	(342,652)
Other reserve movements [specify]	-	-	-	-
At 31 March 2005	703,034	(238,654)	-	464,380

14.2 Movement on Income and Expenditure Reserves

	Revenue £	Capital £	Total £
At 1 April 2004	279,955	-	279,955
Retained surplus/(deficit) for the year	105,516	(954)	104,562
Transfer of realised profits/ (losses)	-	-	-
At 31 March 2005	385,471	(954)	384,517

15. Private Finance Transactions 15.1 PFI

Schemes Deemed to be off Balance Sheet

There were no private finance transactions.

16. Capital Commitments

There were no capital commitments at the balance sheet date.

17. **Post Balance Sheet Events** There are no post balance sheet events having a material affect on the accounts.

18. Contingent Liabilities

There were no contingent liabilities.

19. Related Party Transactions

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

20. Analysis of Losses and Special Payments

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

21. Intra Government Balances

Details of year end debtor and creditor balances with other Government bodies, split between due within one year and due in more than one year.

	Debtors		Creditors	
	Amounts falling due within one year	Amounts falling due after more than one year	Amounts falling due within one year	Amounts falling due after more than one year
	£	£	£	£
Other central government bodies	171,000	-	141,246	-
HPSS bodies	179,751	-	378,416	- -
Total	350,751	-	519,662	

22. Notes to the Cash Flow Statement

22.1 Reconciliation of Operating Surplus/(Deficit) to Net Cash Inflow From Operating Activities

	2005 £
Operating surplus/(deficit) after provisions	105,516
Provisions for future obligations (I&E Account)	1,127
(Increase)/decrease in stocks	(885)
(Increase)/decrease in debtors	(259,741)
I ncrease/(decrease) in creditors	778,537
Net cash inflow from operating activities	624,554

22.2 Reconciliation of Net Cash Flow to Movement in Net Debt

	2005 £
Increase/(decrease) in cash in the period	623,600
Net cash / debt at 1 April 2004	1,227,793
Net cash / debt at 31 March 2005	1,851,393

22.3 Analysis of Changes in Net Funds/Debt

	At 1 April 2004	Cash flows	Non-cash changes	At 31 March 2005
	£	£	£	£
Cash at bank and in hand	1,277,793	623,600		1,851,393
Bank overdrafts	-			
Finance leases	-			
Current asset investments	-	-		
	1,277,793	623,600	-	1,851,393

23. Financial Instruments

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

24. **Third Party Assets** The Agency did not hold any third party assets.

Notes

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