

Northern Ireland



Medical & Dental Training Agency

**Annual Report for 2010/11**

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## **Foreword from Dr Terry McMurray Chief Executive**

### **“Excellence in learning, ensuring outstanding patient care”**

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

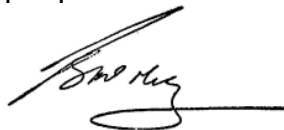
In common with the other nineteen Postgraduate Deaneries, within the United Kingdom, the Agency has a crucial and extensive role in assuring that patient care is delivered by doctors trained to the standards set by the General Medical Council (GMC) and expected by the DHSSPS.

The Agency is responsible for commissioning, managing and delivering postgraduate medical and dental training. This represents the vast bulk of the work of the Agency and includes, recruitment, assessment, remediation, educator development and the quality management of Trust and General Practice based education on behalf of the GMC. Furthermore, the Agency's responsibilities in training and assessment of doctors is quality assured by the GMC and I am pleased to announce it obtained unconditional approval for the 2010/11 Annual Deanery Report.

As recruitment of suitable doctors is a primary goal of the Agency I am pleased to announce that in August 2010, the Foundation Programme had a fill rate of 95.6% based on 499 posts and Specialty Training had a fill rate of 93.9% based on 1206 posts.

The Agency is continuing to work with DHSSPS, the Royal Colleges and other stakeholders to deliver the specialty curricula that are central to the successful delivery of patient safe doctors and dentists. The Agency's ten Specialty Schools, which were established in 2008, are now working effectively to ensure that we are able to respond to the speed and full magnitude of change demanded by the modernising agenda, the GMC and the revalidation and appraisal of doctors in training.

Regarding our financial performance the Agency met its breakeven target recording a surplus of 0.12% and achieved an outturn of 94.2% in relation to the prompt payments target. The coming year will present a number of fresh challenges as the public sector responds to a financial environment of significant difficulty. I am confident that the Agency will rise to these challenges and along with our partners, continue to improve the health of the people of Northern Ireland.



Terry McMurray  
Chief Executive

Date: 23 June 2011

## Director's Report

The Northern Ireland Medical and Dental Training Agency (the Agency) is responsible for the quality management of postgraduate medical education and training in Northern Ireland (NI). In September 2005 a new statutory body, the Postgraduate Medical Education and Training Board (PMETB) was established as the UK competent authority with responsibility for overseeing and setting standards, approving training programmes and quality assuring institutions and trainers. The General Medical Council (GMC), with effect from April 2010, took over the functions formerly undertaken by PMETB and so has responsibility for regulating both foundation and specialty training leading to award of a Certificate of Completion of Training.

The Agency is required to submit on a yearly basis an Annual Deanery Report (ADR) and is visited every 3 years by the GMC/PMETB as part of a cycle of visits to all UK Deaneries. The Agency is required to ensure that its quality processes support the development and improvement of postgraduate medical education and training in NI. As part of this process, the Agency monitored and assessed the local education providers (LEPs) against the standards set.

The Agency is pleased to report that it obtained unconditional approval for the 2010/11 Annual Deanery Report.

Recruitment to all training posts in Northern Ireland is managed by the Agency in compliance with GMC's statutory standards. The Agency works continually to recruit doctors and dentists for training in Northern Ireland at a time of relentless change. In August 2010, the Foundation Programme had a fill rate of 95.6% (99% in 2009/10) based on 499 posts with 12 vacancies. Specialty Training had a fill rate of 93.9% (93% in 2009/10) based on 1206 posts with 73 vacancies. This fell to 91.8% (99 vacancies in GP and Specialty Training posts at beginning of February 2011) mainly due to trainee doctors seeking to exercise their rights under maternity leave legislation and utilization of Period of Grace and Out of Programme requests. Similarly, in 2009/10 the Specialty School fill rate had fallen to 88%, for the same reasons. The Agency will continue to work with all stakeholders to fill any remaining vacancies.

The Agency is continuing to work with the DHSSPS, the Royal Colleges and other stakeholders to deliver the specialty curricula that are central to the successful delivery of patient safe doctors and dentists. The Agency's ten Specialty Schools, which were established in 2008, are now working effectively to ensure that we are able to respond to the speed and full magnitude of change demanded by the modernising agenda, the GMC and the revalidation and appraisal of doctors in training.

The Agency wishes to recognise the great deal of activity and energy expended by the HSC Trusts to achieve and maintain compliance with the Working Time Directive and the New Deal. With 2011/12 rapidly approaching,

the Agency is continuing to collaborate with the HSC Board Liaison Group and the DHSSPS to monitor and advise Trusts while ensuring that training opportunities are maintained or improved.

Regarding our financial performance the Agency met its breakeven target recording a surplus of 0.12 %. The Department requires that Agencies pay their non HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Agency payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules. The Agency achieved an outturn of 94.2% in relation to the prompt payments target. Further details of compliance with the Better Payments Practice code are given in note 15.1 to the accounts.

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

The Agency's external auditor is the Northern Ireland Audit Office. The notional cost of audit work performed in 2010/11 was £23,488. This comprised external audit fees of £14,682, pertaining solely to the audit of accounts, and internal audit fees of £8,806. During the year, an additional amount of £1,456 was paid to the Northern Ireland Audit Office for work carried out in respect of the National Fraud Initiative. This is reflected within miscellaneous expenditure within note 4.1 to the accounts. The auditors did not perform any non audit services.

The Joint Negotiating Forum met on a number of occasions throughout the year to discuss areas of concern. The views of employees are also sought at team leader meetings and departmental staff meetings and through the Agency's annual staff satisfaction survey.

In the period 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011 there were 494 days lost due to sickness within the Agency. This represents a loss rate of 3.8%. By comparison, in the same period for the previous year 312 days were lost to sickness, representing a loss rate of 2.5%.

The Agency continues to deepen its collaborative partnerships with Queens University Belfast, the British Medical and Dental Associations, the HSC Board and other HSC organisations. Nationally we continue to work in collaboration with the Conference of Postgraduate Medical Deans (COPMeD), the Conference of Postgraduate Dental Deans (COPDend), the General Medical and Dental Councils and other regulatory authorities.

## Mission Statement

***“Excellence in learning, ensuring outstanding patient care”***

### Corporate Goals

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

The following corporate goals and strategic objectives have been the drivers of the Agency’s performance in 2010/11.

#### **OUR SERVICES**

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

#### **OUR INTERNAL PROCESSES**

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

#### **OUR STAFF**

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

#### **OUR FINANCES**

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

## **Strategic Objectives**

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

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

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

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

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

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

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



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

## **Details of Directors**

Overall management responsibility rests with the Chief Executive/ Postgraduate Dean and the senior management team. There are currently 132 staff (the whole time equivalent is 76), including a large number of medical and dental professionals, on the payroll of the Agency. Sixty five members of staff are based at Agency Headquarters.

## **Board of the Agency**

Mrs Judith Eve - Non-Executive Acting Lay Chairman

Mrs Anna Eggert - Non-Executive Lay Member

Dr Ronald Atkinson - Non-Executive Medical Member

Dr John Marley - Non-Executive Dental Member

We regret to report that Dr Harry McGuigan died in April 2010 after a short illness. Public Appointments are currently in the process of appointing a Lay Chairman and a replacement for Mr Albert Baird, following his retirement in November 2009.

## **Audit Committee**

Dr John Marley - Chairman

Mrs Anna Eggert - Board Member

Dr Ronald Atkinson - Board Member

In 2010/11 the Audit Committee met on four occasions. As noted above, Public Appointments are currently in the process of appointing a Lay Chairman and a further board member. For this reason it has not been possible for the Audit Committee to be quorate at its meetings, and this will continue until such a time as these appointments are made.

## Officers of the Agency

Dr Terry McMurray	- Chief Executive/Postgraduate Dean
Dr Claire Loughrey	- Director of Postgraduate GP Education
Dr David Hussey	- Postgraduate Dental Dean
Ms Margot Roberts	- Administrative Director & Acting Chief Executive

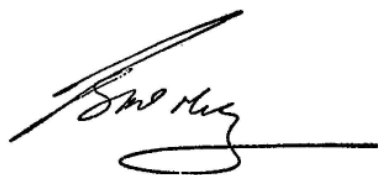
The Chief Executive/Postgraduate Dean was on long term sick leave from July 2010. During this time the Administrative Director was Acting Chief Executive.

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

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

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

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



Terry McMurray  
Chief Executive

Date: 23 June 2011

# **Management Commentary**

## **The Work of the Agency**

The work of the Agency within 2010/11 was performed in line with its Strategic Plan 2009/12 and Business Plan 2010/11.

The delivery of postgraduate education and training to Doctors and Dentists by the Agency is primarily carried out by three departments, the Dentistry, General Practice and Hospital Training departments. These three departments are supported by a further three corporate functions namely the Finance, Human Resources and Corporate Services teams. The following narrative on each of these teams shows how they have worked in line with our strategic objectives and related performance indicators.

Strategic objectives one to six (see p7) relate primarily to the delivery of postgraduate medical and dental education, Therefore the sections relating to the Dentistry, General Practice, and Hospital Training departments will deal directly with these. Strategic objectives seven to ten (see p7) relate to support functions, or centralised tasks within the Agency, and therefore will be discussed further in the sections that relate to Governance, Human Resources and Finance.

### **1. Dentistry**

The Dentistry department is lead by the Dental Postgraduate Dean, Dr David Hussey. There are a team of part-time advisers representing Vocational Training (2), General Professional Training (2), Continuing Education (2), Community Dentistry (1) and Hospital Dentistry (1). Two dental tutors are also involved in Continuing Education for the dental team and the department is supported by a team of 6 administrative staff.

Neale Armstrong, the lead VT adviser in Vocational Training resigned from the Agency in December 2010.

### **Performance of Dentistry against strategic objectives and performance indicators.**

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

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

The Dentistry department instigated educational visits to the three units that are used for Hospital based training in Northern Ireland. In 2010/11 the Dental School at the Royal Victoria Hospital was visited and an independent report produced. There were some concerns regarding the educational support for Foundation trainees and the unit have agreed to reduce the number of trainees and provide a more structured educational programme.

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

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

**Hospital Training**

- All trainees in specialty training progressed satisfactorily in the past year.
- The Fixed Term Training Appointment (FTTA) in Paediatric Dentistry was successful in the Intercollegiate Specialist Fellowship Examination
- Two career development posts were appointed - in Restorative Dentistry and in Orthodontics. These are one year posts for trainees who have successfully completed two years of Foundation training.
- Dental Foundation 2 (DF2) posts replaced SHO posts in the three training units. In order to be appointed to a DF2 post applicants must have completed a year of Vocational Training.

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

The Dentistry department promoted the Foundation Training programmes through our website but also in direct contact with undergraduates in Northern Ireland. The programme was also promoted at presentations in several other

dental schools in the UK and Ireland. Trainer information evenings were developed to encourage local recruitment of trainers.

The educational programme for Dental Foundation Trainees ensures regular meetings with the Dental Advisers for formal and informal contacts. Where issues concerning performance or educational needs are identified, these are discussed with the Dental Dean and remedial actions are put in place. The Dental Dean reports to the Doctors and Dentists in Difficulty group. The Committee for Vocational Training in Northern Ireland (CVT NI) meets twice a year and oversees the delivery of the educational programme.

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

##### **Continuing Professional Development (CPD)**

- The Dentistry department held a major conference in February which focused on compliance with regulations; it attracted 370 delegates from all sections of the dental profession.
- A wide range of lectures and courses were provided for General Dental Practitioners as part of the CPD programme. The introduction of charges was instrumental in helping to generate income.
- The development of an on-line booking and payment system has produced a more efficient process for recording and administering our CPD programme.
- At the end of the year there were 911 dentists and 1096 Dental Care Professionals registered on our Intrepid Course Manager.
- Over 12 months from April 2010 we offered 3995 CPD course places on 167 courses in various locations across the deanery. 2992 educational opportunities were taken up.
- Course evaluations have provided valuable feedback and assisted with the quality management of the courses.
- A number of Infection, Prevention Control and De-contamination practical workshops were planned and delivered to meet the demands of HTM 01-05.
- There had been a concentrated effort made to ensure that the GDC recommended core subjects have been appropriately addressed and delivered.
- A series of new venues were used following guidance from the Department of Health.

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

**Recruitment and Selection**

- In 2010/11, 31 Vocational Trainees and 4 General Professional Trainees were recruited to the Northern Ireland training schemes.
- A new recruitment process was introduced for the 2011/12 schemes. This is now a trainee-led allocation procedure. An online application process was also introduced this year for both potential trainers and trainees. In the interests of quality assurance and good practice a lay representative was asked to sit in and observe all areas of the process.
- Twenty nine trainees were recruited for the 2011/12 schemes. This slight fall in numbers is as a result of reduced interest from trainers in general dental practice. There was still a very healthy interest from across the UK for trainee positions, however in the final selection places were offered to potential graduates from 3 different undergraduate dental schools:- QUB, Trinity College Dublin and Newcastle.
- The Workplace Based Assessments have now become well embedded into the training programmes in both VT and GPT. During 2010/11 we added Case-based Discussions (CbD) as a further feedback tool. Positive feedback was received from all parties involved in these processes.

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

The Dentistry department maintain a risk register which outlines the risks identified that may obstruct it from achieving the objectives outlined in the business plan. Identified mitigating actions are carried out on an ongoing basis. In 2010/11, the Postgraduate Dental Dean attended two meetings of the Agency's Risk Management Team in order to review the departmental risk register and brief on action undertaken. The Risk Management Team then reported this information to the Audit Committee and the Board.

## **2. General Practice**

The General Practice (GP) Team is lead by the Director of Postgraduate General Practice Education, Dr Claire Loughrey, who is supported by the Deputy Director of Postgraduate General Practice Education, the Specialty Training Associate Director, the Regional Appraisal Coordinator, and the Continuing Professional Development Director and an administrative team of eight further individuals. The total number of appraisers at the end of 2010/11 was 45 appraisers and seven lead appraisers. Membership of the GP team has remained stable apart from the resignation of an Associate Director and a number of GP tutors.

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

A new model of delivery of Continuing Professional Development to GPs has been initiated.

### **National Profile**

A number of members of the GP team contributed to national groups including the Committee of General Practice Educators a group representative of all Deaneries nationally. There was also representation on a number of Royal College of General Practitioners, (RCGP), committees determining policy and setting standards for General Practice nationally. These roles are likely to be of increasing importance as changes as a result of the White Paper evolve in England.

A number of GP trainers are examiners for the RCGP. This participation ensures standards within the Northern Ireland Deanery are maintained with a high success rate in membership exams.

### **Local Profile**

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

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

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

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

A key performance indicator for the GP team in relation to this strategic objective is performance in the General Medical Council Surveys (GMC). The School of General Practice analysed the trainee survey 2010/11 to look at areas of exceptional practice and areas of concern.

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

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

## **Foundation Training**

The GP trainers provide training places for foundation trainees, this is generally 60 places in 20 practices with four month attachments.

- 58 Foundation trainees have been provided with a four month placement in General Practice.

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

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



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

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

## **Outcomes of ARCPs & RITAs**

A key performance indicator for the GP team in relation to this strategic objective is the outcomes of Assessment Review of Competence Progression (ARCPs) and Record of In-Training Assessments (RITA).

The ARCP Panel met in June and July 2010 and reviewed the portfolios submitted by all GP trainees. One trainee required an extension to training because of poorly recorded workplace based assessment in their e-portfolio. Fifty-eight GP ST3 Specialty Trainees completed their training requirements and gained their CCT, from April 2010 – 2011.

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

A review of all induction material has been carried out to ensure that all GP trainees are informed about the GP training scheme. The Post allocation process has been altered with GP trainees being recruited to a three year training scheme in a Trust based locality. An extensive consultation process was undertaken with GP Trainers, the existing GP Trainees and the BMA.

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

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

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

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

A large proportion of GP Trainees are 'out of sync' in the programme due to absence for reasons such as maternity and sick leave. A parallel training programme for this group of trainees has been established and is working well.

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

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

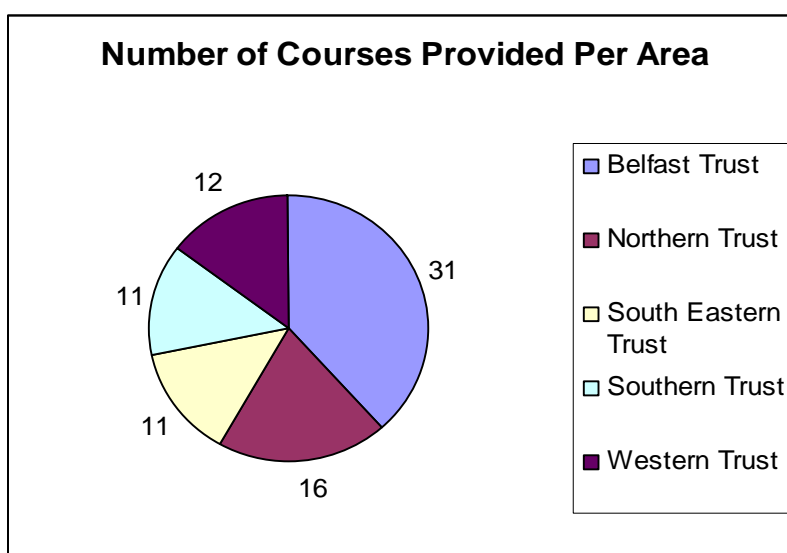
There are three main areas of work that help to achieve this objective Continuing Professional Development, developing trainers, and carrying out appraisals.

### **Continuing Professional Development (CPD)**

- CPD provided 118 courses in 2010/11, including 11 HPE Courses and a 10 week Certificate of Prescribing Course.
- In the year 2010/11 there were 41 Retainees. There have been 3 Retainer Courses provided since April 2010. From June 2010 the retainer group has been subsumed into the general course programme for GPs.
- GP Masterclasses are no longer running. Retainees can attend GP CPD Courses advertised through Intrepid Course Manager in place of the Master classes.
- The Certificate in Prescribing Science course originally put on hold with the retirement of Professor McGavock took place between 7 October 2010 – 9 December 2010.
- The Higher Professional Education (HPE) Scheme awarded £10,680.00 worth of bursaries. Three bursaries were completed in 2010/11 and 8 are ongoing. These bursaries are used to support newly qualified GPs to develop a Special Interest. They are then in a position to deliver specialist GP service in the GP workforce, such as Family Planning, Orthopaedic ICATS etc.

- Within 2010/11 two clinical attachments were completed with five ongoing.
- There are 1305 GPs registered on the Intrepid database. 79% of GPs in Northern Ireland have now registered on our Intrepid Course Manager website. 67% of those GPs have attended a course in the last year.

Health & Social Care Trust	Courses Provided
Belfast Trust	31
Northern Trust	16
South Eastern Trust	11
Southern Trust	11
Western Trust	12



Evaluations completed online	79%
The course successfully addressed the aims and objectives/learning outcomes stated	96%
As a result of information from the course, it is likely that I will change my practice	86%

The GP team plans to deliver a CPD programme that reflects the broad range of clinical services that the GPs across the province deliver on a daily basis.

## **Trainers**

We have a well established and committed cohort of trainers.

- There are currently 169 General Practice trainers in 98 different training practices.
- 7 new trainers were appointed since April 2010.
- 36 GPs attended elements of the Learning & Teaching Course during 2010-2011.

The trainer accreditation and reaccreditation process continues to evolve to meet the standards set by GMC based on the standards set by the GMC. The GMC trainer survey has indicated an area of concern in the question on Knowledge/ Good practice sharing. This was identified by the Northern group of trainers who did not feel supported in their role. This has been addressed by cell based learning and support at the meeting from the associate director as well as the locality programme directors.

The Belfast trainers highlighted EWTD as an area of exceptional practice and it is the ethos of all the training practices to adhere to EWTD.

Each year there is continued interest from potential trainers who apply for and successfully complete the learning and teaching course.

## **GP Appraisal**

- NIMDTA appraised 1513 GPs in the appraisal year 2010-11. (12 outstanding Form 6s have been included in these figures).
- An appraisal conference was held on 3 June 2010 and 9 September 2010.
  - The first day of the conference focused on standardising the approach of appraisers to different pieces of supporting information. This was delivered using rotating small group workshops which allowed active participation by appraisers. We separately addressed issues that caused difficulties for appraisers more generally such as Personal Development Plans and converting these into Form 6As which are used by the Continuing Professional Development department.
  - The focus for the second day looked at doctors with very specific needs i.e. those supporting retirement or those working as GPs on a sessional basis.

- Five appraisers tendered their resignation during the 2010-2011 appraisal year. No new appraisers were recruited; however some appraisers increased their sessions. The total number of appraisers at the end of 2010/11 was 45 appraisers and seven lead appraisers.
- Work was carried out with trainees and trainers to improve the quality of GP appraisal for GP ST3 trainees in preparation for their role as fully qualified GPs. Audits were carried out pre and post training and identified a substantial improvement in approach to appraisal. A review is planned to in order to ascertain if this improvement is sustained among this cohort of doctors and to provide ongoing training to trainers and trainees.
- Dr Anne-Marie Harney (Regional Appraisal Co-ordinator) and Dr Claire Loughrey (Director of Postgraduate General Practice Education) sit on the Confidence in Care Revalidation group and over the course of the year have been involved in working with colleagues to improve the system of appraisal throughout the region. As part of this development the Welsh online appraisal system has been reviewed as the most appropriate to GP appraisal needs and the decision regarding the delivery of the pilot, which now sits with the DHSSPS, is awaited.
- A complete revision of the Communication Protocol governing GP appraisal took place with the participation of the GP team and the Health and Social Care Board. This included development of new forms that ask a doctor to declare any roles they are involved in outside of their General Practice work and what development needs these roles may bring.

## Breakdown of Doctors Appraised

The table below shows the number of doctors appraised in the 2010-11 appraisal year against their status and geographical areas.

Status	Total	Belfast	South Eastern	Northern	Southern	Western
Partner	893*	285	75	215	179	160
Sessional in nGMS	272*	130	44	100	93	70
Part Time Partner	191*	70	16	46	39	30
Salaried GP	69*	24	9	15	15	6
Retainee	44*	21	6	15	8	2
Solely Out Of Hours	29*	13	1	7	13	8
Assistant	5*	3	1	3	2	2
Associate	3*	2	0	0	1	0
Medical Support Services	3*	2	0	1	0	0
No longer on PMPL at 31.03.11	4*	3	0	1	1	2
<b>TOTAL</b>	<b>1513*</b>	<b>553</b>	<b>152</b>	<b>403</b>	<b>351</b>	<b>280</b>

\*These totals represent the total numbers of GPs, but the sub total of adding the columns may give a higher number, as it is possible for a GP to work in more than one trust area.

## Evaluations from appraisees on their appraisal

There is ongoing work to quality assure the evidence a GP brings to their appraisal in preparation for the roll out of revalidation by the GMC.

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

## Recruitment

The recruitment process took place in the Spring of 2010 over two days. National guidelines were followed. As in previous years there were high quality applicants for the posts and competition was high. Applicants continue to be significantly in excess of available posts, leading to all posts being filled in Round 1.

Sixty-five trainees were appointed to ST1 posts in General Practice Specialty Training at August 2010

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

The General Practice Team maintain a risk register which outlines the risks identified that may obstruct it from achieving the objectives outlined in the business plan. Identified mitigating actions are carried out on an ongoing basis. In 2010/11, the Director of Postgraduate General Practice Education has attended two meetings of the Agency's Risk Management Team in order to review the departmental risk register and brief on action undertaken. The Risk Management Team then reported this information to the Audit Committee and the Board.

In December 2010, the General Practice administration team attended an internal training session on the Agency's Assurance Framework in order to assist with this area of work.

### **3. Hospital Training Department**

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

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

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

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

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

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

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

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

- setting standards, requirements and outcomes;



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

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

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

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

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

## **Quality Management Group**

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

During 2010/11, the QM Group promoted the GMC National Trainer and Trainee Surveys, responded to the GMC (2010 PMETB Visit to Deanery; 2008-09 PMETB Annual Deanery Report; 2010 IMAS Report on RBHSC) and completed the GMC Annual Deanery Report.

The QM Group continued its programme of visits to LEPs, its pre-visit surveys and collected and reviewed reports from Specialty Schools (annual reports; reports on recruitment and selection; lay representative reports on Annual Reviews of Competence Progression) and LEPs (annual reports; responses and action plans concerning LEP visits).

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

In 2010-2011, the LEP visitation template and report forms have been revised, a new visit outcome grid was developed, factual accuracy checks for visit reports have been introduced and a time line for LEP responses to visit reports implemented.

New templates were also developed for Specialty School and LEP annual self assessment reports to the Agency.

## **Faculty Development Sub-Group**

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

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

Selection and appointment of Foundation Programme Directors and Educational Supervisors is facilitated by a competency based application process. Turnover in Foundation faculty occurs, and with retirements taking effect new appointments have been made in 2010/11. Updates in Recruitment and Selection training and in Dealing with Doctors experiencing difficulties were offered at both Regional and Trust venues.

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

In collaboration with Queen's University Belfast (QUB), the QUB Postgraduate Certificate (and Diploma) courses in Clinical Education were re-designed to meet the needs of those involved in postgraduate education. The Agency is currently funding 19 individuals to undertake either the Certificate or Diploma course.

In 2010/11, the Faculty Development Sub-Group also ran courses in relation to Doctors in Difficulty, Recruitment and Selection, as well as a Lay Representative Training Day.

## **Curriculum Delivery Sub-Group**

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

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

In 2010/11, the Curriculum Delivery Sub-Group developed Deanery Guidance on:

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

The Agency developed guidance on Formal Education was widely circulated among stakeholders for consultation and has subsequently been approved. The other guidance documents are out for consultation.

## **LEP Visitation**

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

- monitor that GMC standards are being met in the LEP through collection of primary, independent, qualitative data that can be triangulated with information from Deanery Self-assessment LEP Reports and Deanery Trainee Surveys;
- explore good practice and deficiencies within the LEP through face-to-face interviews;
- promote good practice and developments;
- facilitate local problem solving;
- provide verbal and written feedback to the LEP on areas of concern and actions necessary to improve postgraduate medical education and training (areas of concern and actions will be risk stratified as green, amber and red); and to

- promote collaboration, partnership and personal relationships between the Agency staff and staff in Local Education Providers.

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

#### **a. Cyclical Monitoring Visit**

Cyclical Monitoring Visits to an LEP is an important component of the Deanery's Quality Management processes allowing it to obtain primary, independent, qualitative data to triangulate with information obtained from Deanery Self-Assessment LEP reports and from Deanery (and GMC) Trainee surveys. The Agency planned visits to LEPs covers three specialties per year to enable all specialties to be covered within a three year cycle. The order of the specialties chosen to be the focus of these visits in 2010/11 was based on a risk assessment on the basis of information from self-assessment reports and GMC Trainee surveys.

#### **b. Interim Progress Visit**

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

#### **c. Problem-Solving Visit**

If an issue of concern is brought to the attention of the QM Group which is sufficiently serious to be highlighted as a 'red issue'; a meeting will be organised urgently between a member of the QM group and the Director of Medical Education (DME) in the LEP to develop an action plan to address this concern (Rapid Planning Meeting). Regular updates against the plan will be expected. If the Rapid Planning Meeting fails to provide a satisfactory outcome, an Urgent Problem-Solving Visit will be organised within 2 weeks.

### **Outcomes of Visits**

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

- verbal feedback of key points to LEP Senior Management at the end of the visit;
- areas or concerns requiring immediate response are emailed to the DME of LEP the next working day;

- provision of a provisional written report is supplied to DME of LEP for a check on factual accuracy within 2 weeks;
- production of final report (according to GMC domains) within 4 weeks of visit highlighting good practice and areas of concern to be signed off by QM Group and distributed to all members of Visitation Team, DME and Senior Management of LEP, and to the relevant Specialty School;
- the DME has 14 days to raise objections to the QM Group;
- the DME of LEP is expected to agree a time-limited Action Plan to concerns or issues within 2-6 weeks (depending on risk stratification of area of concern) of receiving Final Report;
- the Quality Management Executive Officer produces an audit trail of responses to Visit Report ensuring that all agreed Action Plans are followed up and suitable evidence is provided;
- an Interim Progress Visit may be organised if there are amber and red issues that require follow-up;
- The final report(s) will be shared with the DHSSPS, HSCB and the RQIA;
- Visits, Visit Reports and Action Plans will be discussed during Annual Review of Learning and Development Agreement.

During 2010-2011, the Agency conducted:

1. Cyclical Monitoring Visits to Eyes and ENT (Craigavon ENT; Altnagelvin ENT; Altnagelvin Eyes - April-May 2010); to medicine and surgery in the Northern Trust (Antrim medicine; Antrim surgery; Causeway medicine; Causeway surgery - November 2010); and paediatrics (Altnagelvin, Erne, Antrim, Causeway, Craigavon, Daisy Hill, Ulster, RJMH - March 2011).
2. Interim Progress Visits to Oncology (BCH- October 2010), Obstetrics and Gynaecology (Craigavon, Daisy Hill, RJMH – October 2010).
3. Problem-Solving Visit\_to Accident and Emergency (RBHSC- March 2011).

## **Annual GMC Annual Deanery Report**

The Agency is required to submit an Annual Deanery Report (ADR) to the GMC. In preparation for this report, the Hospital Training department requests and collates annual self assessment reports from each Specialty School (10), including General Practice, and each Local Education Provider (5); collates the outcome of all Deanery visits to Local Education Providers; and reviews

progress and concerns in all Specialty Programmes. The GMC decision on the ADR for 2009-2010 was received in April 2011 and the GMC's recommendation was for continuation of approval of training.

The GMC is now requiring all Deaneries to update their reports and associated action plans at 6 monthly intervals. The next report update will be in July 2011.

## **Annual GMC National Trainee and Trainer Surveys**

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

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

The Northern Ireland Deanery Trainee and Trainer response rates to these National Surveys have been relatively low compared with other Deaneries. Due to the considerable effort of the Hospital Training department staff and the encouragement of the GMC, the response rate to the GMC National Trainee Survey rose from 79.9% in 2009 to 97.01% in 2010 (the second highest response rate from a Deanery) and the GMC National Trainer Survey response rate rose from 29.3% in 2009 to 47.81% in 2010.

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

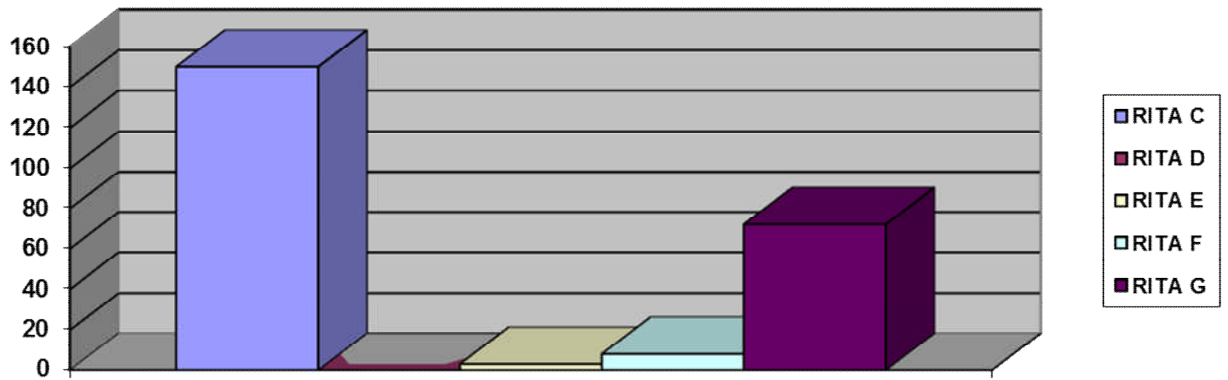
## **Assessment of progress**

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

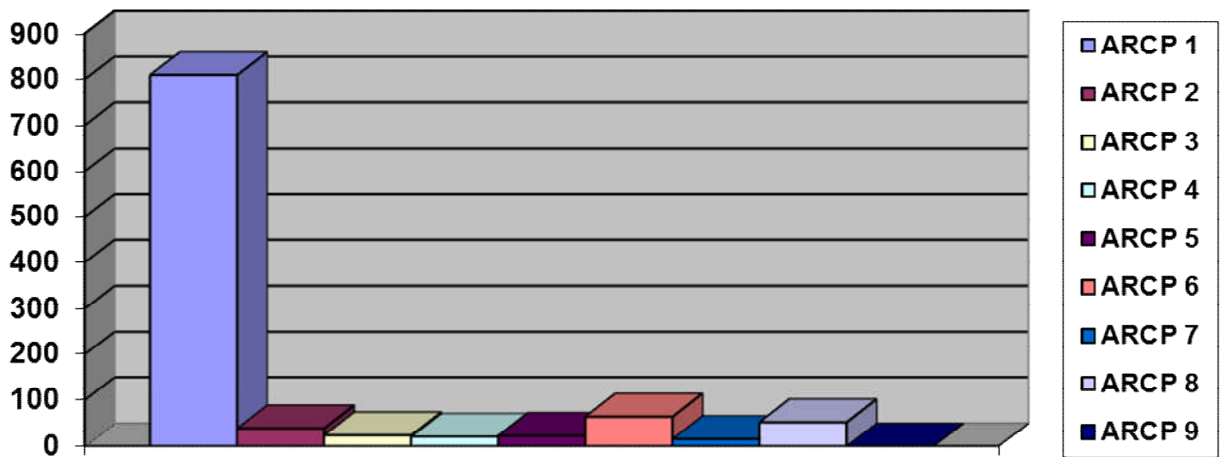
In 2010/11, 1190 were assessed in specialty training: 988 trainees were assessed using the ARCP process and 202 SpRs were assessed using the RITA process. 61 trainees were issued with dual outcomes (i.e. Outcome 7 FTSTA & Outcome 1 satisfactory progress).

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

### RITA Outcomes



### ARCP Outcomes



## ARCP/RITA Process

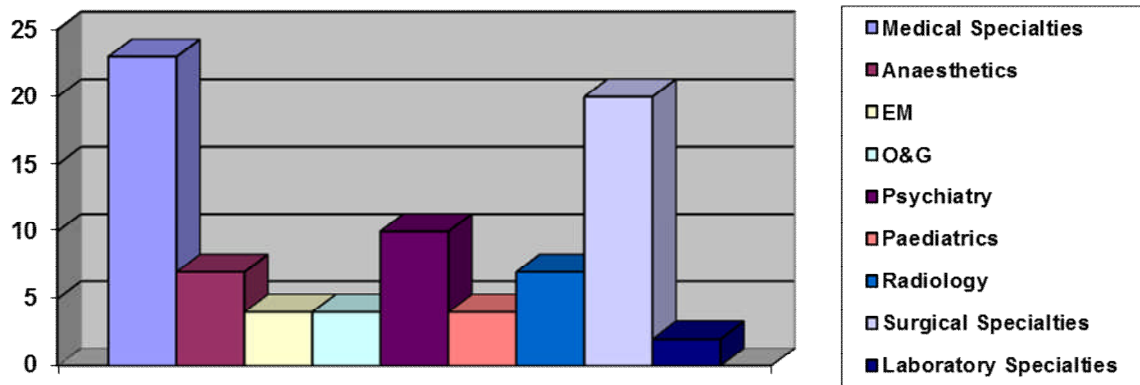
ARCP Outcomes		RITA Process	
<b>Satisfactory Progress</b>			
<b>1</b>	Achieving progress and competences at the expected rate	<b>RITA C</b>	the trainee has progressed and achieved the competences at the expected rate
<b>Unsatisfactory or insufficient evidence</b>			
<b>2</b>	Development of specific competences required – additional training time not required	<b>RITA D</b>	Recommendation for targeted training – stage 1 of required additional training
<b>3</b>	Inadequate progress by the trainee – additional time required	<b>RITA E</b>	Recommendation for intensified training/repeat experience – stage 2 of required additional training
<b>4</b>	Released from training programme with or without specified competences		
<b>5</b>	Incomplete evidence presented – additional training time may be required		
<b>Recommendation for completion of training</b>			
<b>6</b>	Gained all required competences	<b>RITA G</b>	Final record of satisfactory progress
<b>Outcomes for trainees out of programme or not in run-through training</b>			
<b>7</b>	Fixed-term specialty outcome – competences achieved identified above	<b>RITA F</b>	Report of out of programme training/experience
<b>8</b>	Out of programme experience for approved clinical experience, research or career break		
<b>9</b>	Top-up training		
<b>Withdrawal of NTN</b>			
The trainee is required to leave the training programme before its completion.			



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

- 81 trainees completed training and successfully obtained a CCT in the following specialties:
  - Anaesthetics (7)
  - Emergency Medicine (4)
  - Obstetrics and Gynaecology (4)
  - Medical Specialties (23)
  - Psychiatry (10)
  - Paediatrics (4)
  - Radiology (7)
  - Laboratory Specialties (2)
  - Surgical Specialties (20)

The bar chart below reflects this.



## Foundation Programme Outcomes

Of the 233 Foundation trainees who completed training in August 2010:

- 196 entered a programme of Core or Specialty training (176 in Northern Ireland, 19 in England and 1 in Scotland)
- 17 did not take up a specialty training post due to maternity leave, desire to work abroad or other
- 5 undertook a Fixed-Term Specialty Training Appointment (FTSTA)
- 11 foundation trainees elected to complete a further F2 year
- 3 trainees chose to return home to continue their training abroad
- 1 trainee did not pursue a career in medicine

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

## **Career Development**

The Agency has an Associate Postgraduate Dean (APD) for Career and Personal Development who in 2010/11 completed a PG Cert in Managing Medical Careers through the University of Brighton. The APD leads career support activities as follows:

- All-day career seminars were introduced into the Foundation Programme's F2 Generic Skills Course for the first time in 2010. At these seminars, trainees were introduced to the concepts of career planning, provided with information on resources for career exploration and given the opportunity to discuss career choice with senior trainees in a variety of specialties including general practice, core medical training, surgery, paediatrics and psychiatry. There were also sessions on self assessment, the use of psychometric instruments, selection techniques and clinical audit. All F2 trainees completed these sessions over 7 workshops from August to October 2010.
- From December 2010 –March 2011, the APD conducted introductory career choice workshops for F1 trainees in 13 hospitals meeting a total of 125 trainees. All F1 trainees unable to attend were provided with the workshop slide set.
- The career section of the Agency website was again updated to include information on the role of the Agency in career management. Specialty Schools contribute information on their specialties. Extensive information on links to the Royal Colleges, Specialist Societies and the new NHS Careers website were added. The new NHS website ([www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk)) has been promoted to all the trainees in the NI Deanery.
- The annual Careers Fair was re-structured and to include input from doctors in training. It was scheduled before the 2010/11 selection process commenced.
- The APD liaises with the newly appointed Queen's University Careers lead to provide support across the undergraduate to PG curriculum. There is a close relationship with undergraduate societies who focus on career events.
- Direct access to personal careers advice was encouraged for all trainees in the Deanery through the Associate Dean for Foundation Training and Heads of Specialty Schools.

- The APD maintains a confidential database of all trainees advised on specific career matters or experiencing difficulties in training.

## Trainees in Difficulty

The Agency provides guidance on the management of trainees in difficulty to include the roles and responsibilities of educational supervisors, the Trusts and the Hospital Training department. The Agency has a policy document which is followed in all cases. There are monthly meetings with the Foundation Programme Director to discuss Foundation trainees in difficulty and regular meetings of a Doctors in Difficulty Forum. The Hospital Training department has conducted a series of workshops on dealing with Doctors in Difficult in 2010/11 aimed at Foundation Programme Directors, Educational Supervisors and DMEs. The role of the APD is:

- To develop, manage and inform on the framework for dealing with all trainees in this Deanery who have any problems requiring support;
- To ensure that resources are available to support that framework;
- To ensure that those dealing with doctors in difficulty are appropriately trained to deal with situations which arise and are able to refer to the APD as required;
- To provide individual guidance and support

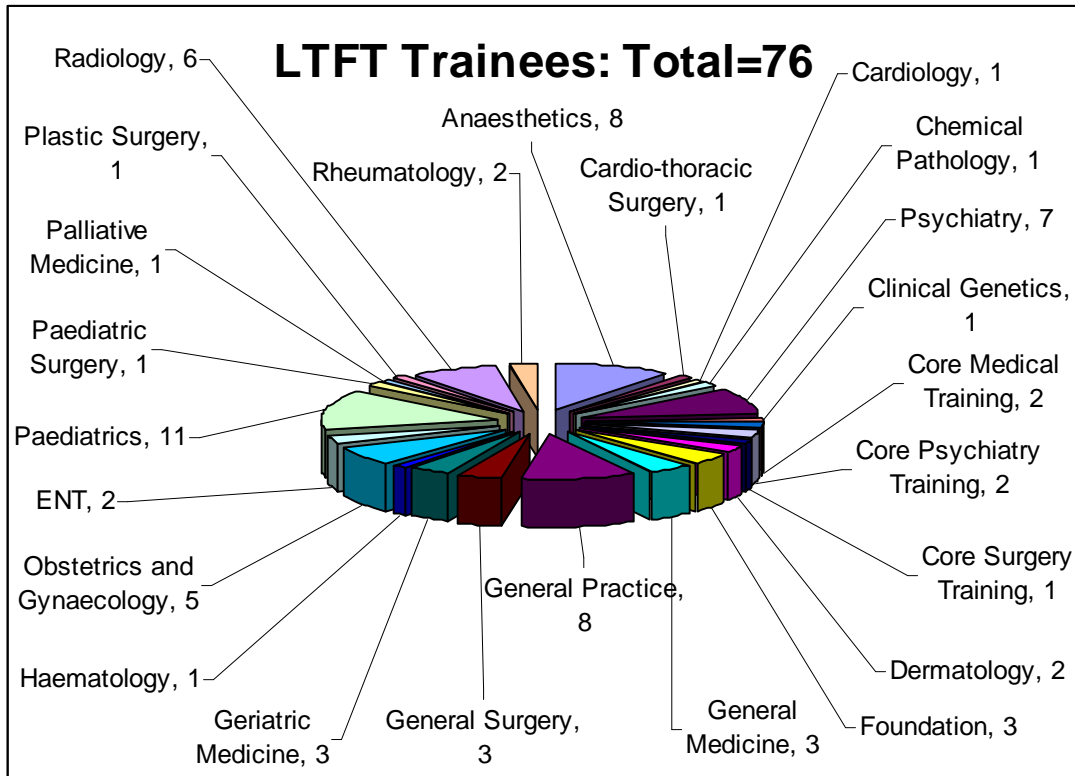
The table below shows the numbers of individual Meetings with trainees:

	<b>Male</b>	<b>Female</b>
General Careers Advice	15	14
Out of Programme requests (granted)	68	31
Doctor in Difficulty	9	13
Inter Deanery Transfer – (granted)	3	0
<b>Total</b>	<b>95</b>	<b>58</b>

## Less Than Full Time Training

The Agency is fully committed to supporting trainees who wish to train on a less than full-time training (LTFT) basis and continues to work with the Local Education Providers to identify LTFT training opportunities. In 2010 a new strategy was developed and a LTFT Training Panel, comprising the Associate Dean for Careers and Personal Development, a layperson, a trainee representative, a Director of Medical Education and the Administrative Director was established. The panel met in October 2010 to review the arrangements for LTFT trainees, consider new applications and prioritise for

funding purposes. It will meet again in April 2011 to confirm the arrangements from August 2011. The regional forum for LTFT training to which all current and potential LTFT trainees were invited, met in March 2011. During the year 76 doctors across a range of specialties were facilitated to train on a less than full-time basis as follows:



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

**Courses**

- A variety of courses targeted at specialty trainees were developed and organised under the auspices of the Agency. These included exam preparation courses, basic science courses and specialty specific clinical courses.
- A total of 92 Specialist Registrars in their final year of training attended a management development programme in 2010/2011. This programme provides doctors in training with the necessary management skills to become an NHS consultant.

## **Foundation Induction**

A regional induction day for new doctors was held in August 2010. The induction day included presentations on the foundation curriculum, work place based assessments, e-portfolio and role of educational appraisal in training posts. Regional speakers at the event included Dr John Jenkins (GMC) and Dr Gillian Clarke, Medical Advisor to the Coroner. Mrs Margaret Murphy from the World Health Organisation Patient Safety Forum attended and gave a moving personal account of her family's experience of medical care.

## **E-portfolio**

E-portfolio for F1 doctors featured the new Foundation logbook from August 2010. This sets out the tasks that all new doctors are required to perform to secure their full GMC registration. The new Foundation Curriculum (2010) was launched and is now integral to e-portfolio. The Foundation *purple guide* was re-launched as the Reference Guide to Foundation Training governing those who commenced training in August 2010.

## **Generic Skills**

Mandatory Generic Skills training days were delivered regionally for doctors in the second year of Foundation Training (F2s). Valuable feedback from the doctors continues to strengthen and enhance these sessions. All sessions are interactive and designed to meet the professional needs of this group of doctors as they start their professional careers. To accommodate the increased numbers all modules are delivered on seven separate occasions to ensure all F2 doctors can attend.

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

## **Specialty Recruitment and Selection**

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

Three hundred and eighty one posts were advertised for August 2010 from a total of 1206 specialty training posts to which 363 trainees were appointed. (319 appointments into programmes of training and 44 to fixed-term specialty training appointments).

## **Foundation Recruitment and Selection**

In November 2010 the application process for recruitment to the Northern Ireland Foundation School for August 2011 intake. The Agency received 287 applications with all places filled during the first round of the national recruitment process in February 2011.

## **Foundation Academic Recruitment 2010**

A separate Foundation Academic Recruitment was instituted in May 2010. A total of 26 applicants attended for interview in June 2010. Those selected by this advance recruitment process were offered posts commencing August 2011. All nine academic posts were filled. The academic programme at QUB was enhanced through the attraction of high quality applicants keen to pursue academic careers following foundation training.

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

The Hospital Training department maintained a risk register which outlined the risks identified to the department. Mitigating actions were carried out on an ongoing basis. The Chief Executive/Postgraduate Dean and Associate Dean for Secondary Care provided updates on amendments to the hospital risk register. The Risk Management Team then reported this information to the Audit Committee and the Board.

# Governance

## Controls Assurance

The three core standards of governance, risk management and financial management were independently assessed by Internal Audit. All other applicable controls assurance standards were reviewed by self-assessment. The outcomes were as follows:

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

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

## Performance Indicators

The narrative on each of the departments within the Agency is structured around the strategic objectives, and resultant performance indicators, as set by the Agency's Business Plan 2010/11. These sections can be found as follows Dental pp11-14, GP pp15-23, Hospital Training pp24-38, Corporate Governance (in relation to performance management pp14, 23, 38, and then pp41), Human Resources pp46-47, and Finance pp48-51.

## **Risk Management**

The effective management of risk remains a key objective in delivering the business of the Agency. The Risk Management Committee has now met on eight occasions since it was established in March 2010. During the year the Committee reviewed the key risks relating to general practice, dentistry, hospital training, finance, human resources, information governance and health and safety. Risk registers were updated accordingly and the Corporate Risk Register was revised to incorporate any new risks identified or re-grading of risks and take account of completed actions. A risk management action plan was put in place to ensure all recommendations from the internal audit reports are implemented.

### **Principal Risk & Uncertainties**

The Agency maintains a Corporate Risk Register as well as a departmental register for each department. The Corporate Risk Register is regularly reviewed by the Board, the Senior Management Team, and the Risk Management Team. In 2010/11 this risk register featured eleven key risks. The following are the highest graded risks on the register:

#### **Risk 5 - Failure to fill foundation and specialty training posts with suitable applicants**

This risk has a high rating (calculated on the impact of occurrence as a '4', and the likelihood of occurrence being 'C'). The potential root causes for this risk included a lack of suitable applicants, doctors accepting posts and subsequently declining and taking up a post elsewhere, or doctors going on maternity leave and creating vacancies.

The Agency put in place a number of controls in order to mitigate against this such as inclusion in national application and selection processes, carrying out quality assurance reviews of these processes, and the procurement of the Intrepid Pathway recruitment software. The Agency also embarked on a recruitment initiative to attract doctors from outside of the United Kingdom.

#### **Risk 8 – Insufficient levels of staff and skill mix to support the delivery of postgraduate medical and dental education and training**

This risk has a high rating (calculated on the impact of occurrence as a '4', and the likelihood of occurrence being 'D'). One of the key root causes of this risk was the implementation of vacancy control measures. This resulted in a number of consequences such as the inability to refill posts that become vacant through staff leaving or going on maternity leave, through to extra work generated when existing staff had to cover such gaps.



This risk is mitigated through the use of a number of controls, including ongoing review of staffing levels by the Senior Management Team. The Staff Satisfaction survey provided key insight into the practical issues faced by staff in the performance of their role.

### **Risk 9 - The contribution of staff to the organisation is not recognised or valued**

This risk has a high rating (calculated on the impact of occurrence as a '4', and the likelihood of occurrence being 'D' ). One of the key root causes of this risk included a lack of certainty around the future of the Agency in relation to the proposal to merge the Agency into another HSC body.

DHSSPS plans to consult widely about the proposal before deciding on a re-organisation. Staff have been made aware of the progress to date (further information in relation to communication with staff on this issue is contained on p47).

## **Emergency Preparedness**

In December 2010, the Agency Board reviewed and amended the Business Continuity Plan. This Plan provides instructions on required action if a major incident should occur such as a fire, flooding or an outbreak of an infectious disease. The preparation of such a plan should ensure that minimum disruption is experienced in the delivery of the Agency's services, if such an event were to occur.

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

## **Information Governance**

Strategic objective seven relates to the development of the Agency's information systems:

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

During 2010/11 the Agency continued to implement the Intrepid system. Intrepid is a database that has been designed in order to facilitate the recording and reporting requirements of Postgraduate Deaneries. The functionality of the core system can be enhanced through the addition of different modules.

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

Professionals. An increased number of courses for Hospital Specialty Trainees were also offered through the system. In total, there were 8294 bookings made during the period 1 April 2010 – 31 March 2011. Further customisation of the system was performed over the course of the year, including the launch of an online payment facility in August.

The pilot of the Leave Manager module, which allows trainees to book study and exam leave online, and for online approval to be provided by supervisors and Heads of School, was launched in August. The pilot involved trainees in Anaesthetics, Chemical Pathology, General Practice (Specialty Trainee Year 3's only), Histopathology, Hospital Dentistry and Medical Microbiology. During the period from August to 31 March 2011, 667 online applications for Study and Exam leave were made through the system.

During 2010/11 the Agency also gained approval to procure the Intrepid Recruitment module, ICAMS. An initial pilot of the system was performed prior to the full launch of the re-branded Pathway system in November 2010. All local recruitment for August 2011 was carried out using the system, as well as national recruitment for Anaesthetics. From the opening of recruitment in December 2010 until 31 March 2011, 783 applications were received through the system.

Also during 2010/11, the Agency received notification that it would be included in the scope of the HSC Business Services Transformation Programme (BSTP). BSTP is tasked with modernising HR and finance systems within Health & Social Care organisations in Northern Ireland (HSCNI). The project will lead to the replacement of the Agency HR and Finance systems with a solution which will be used throughout HSCNI. Members of the Senior Management Team attended workshops on the project and the Administrative Director is a member of the Project Board for the Regional Organisations Business Services Transformation Project.

## **Departmental Data Security Policy**

In line with departmental data security policy, changes were made to computer and laptop configurations to restrict the ability to connect any data storage device other than encrypted Ironkeys. In light of this the Agency's security procedures were revised.

There were no instances of information governance breaches or personal data related incidents during the year.

## **Incidents and Complaints**

In the period 2010/11, eleven minor incidents were recorded, this included three accidents. Learning from the incidents was communicated to staff and steps were taken to ensure that there was no re-occurrence of the incidents.

Eleven complaints were received by the Agency. The complaints were recorded and appropriate action was taken to ensure that any lessons learnt were used to help amend processes.

## **Information Requests**

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

No requests were received under the Data Protection Act

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

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

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

## **Equality and Human Rights**

- NIMDTA worked in close partnership with colleagues from the HSC Agencies and Special Bodies Consortium in the implementation of its statutory equality duties.
- To ensure that equality and diversity underpin the work of NIMDTA, specific equality objectives were identified within the Agency's Business Plan and equality, good relations, disability and human rights considerations were taken into account in the review of NIMDTA's policies and procedures.
- The Agency has an Equal Opportunities policy that applies to all aspects of employment, including recruitment, promotion, training, redeployment and other benefits and facilities. The Agency positively

and productively promotes and observes the objectives and principles of the various pieces of Equality legislation.

- The Agency specifically seeks to ensure that it treats people of different racial groups or those with a disability (whether staff, customers or members of the public) in a way that prevents discrimination and promotes equality of opportunity.
- New guidance for public authorities was issued by the Equality Commission in relation to the requirement to develop a new Equality Scheme. The process of developing the scheme required the Agency to conduct an audit of inequalities with regard to the functions of the organisation, develop an action plan to identify the inequalities identified and consult on the Equality Scheme and the action plan. The audit of inequalities together with the revised Equality Scheme is currently out for consultation and will be submitted to the Equality Commission for approval in May 2011.

## **Social & Community Issues**

### **Personal and Public Involvement (PPI)**

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

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

As an HSC organisation the Agency has a statutory responsibility to ensure that the PPI agenda is delivered throughout the organisation. The GMC also promotes the inclusion of lay representatives throughout Deanery activity through its quality assurance processes. The Director of Postgraduate General Practice Education is the nominated clinical representative for this initiative in the organisation. The GP Department participates in the organisation's PPI activity. It has also led on a number of training initiatives within the GP Department.

Currently all training programme directors include patient led training in their groups. A number of evaluations of these activities have been published in peer reviewed journals.

There are ongoing discussions with QUB in collaborative work in this area with a range of options including delivery of PPI training to GP trainees.

A GP trainer network was established to improve communication with trainers. A similar network has been established for GP trainees. The GP Department has included, where appropriate, GP trainees and GP trainers in as many of its activities as possible.

## **Environmental Issues**

### **Environmental Management**

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

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

### **Waste Management**

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

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

## **Human Resources**

### **New appointments**

Dr Marie-Louise Thornton was appointed as GP Programme Director.  
Mr Kourosh Khosraviani was appointed as Head of the School of Surgery

Two of the strategic objectives in the Business Plan 2010/11 relate directly to the work of Human Resources:

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

### **Recruitment and Selection processes**

As part of the quality management system of specialty training a review of the specialty recruitment processes was conducted by the Associate Dean for Specialty Training. A new recruitment policy for specialty training was produced and Heads and Deputy Heads of Specialty Schools provided input on their methods for selection and recruitment at two workshops events. Best practice and sharing of ideas was promoted between the specialties. A further workshop was provided for lay representatives on interview panels. A new system and policy was also developed for the recruitment of dental VTs and GPTs.

### **Training and development**

The Agency has supported 21 medical and dental staff in undertaking the Certificate in Medical Education. Two members of staff are being supported by the Agency in undertaking a degree course. One member of staff is undertaking an Accounting professional qualification.

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

### **Health and well being**

The Agency continues to support all staff to take part in a weekly exercise programme. Four members of staff participated in the Belfast Marathon relay event supporting the charity 'War on Want'.

From 2010 staff in the Agency have access to the organisation, Carecall which provides sessions in counselling, mediation, coaching or critical incident support. This new facility is very useful when the organisation is facing a very significant period of change over the next few years.

As part of the Agency's commitment to balance between home and working life, the flexible working policy of the Agency has been reviewed and new flexible working patterns have been adopted. There has also been an increase to the provision of flexi-time within the Agency to facilitate staff balancing their home and working life.

### **Communication with Staff**

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

The Team Leader Meeting, a sub-committee of the Senior Management Team, provides a forum for the sharing of information between all team leaders and senior management. This information is then shared further in departmental meetings, which staff will attend periodically. The Joint Negotiating Forum facilitates communication between union representatives and representatives of senior management.

As noted above, the Agency also carries out an annual staff satisfaction survey that looks at all aspects of an employee's interaction with the Agency. This is completed on an anonymous basis, and the results are shared with all staff. As an outcome of comments made in the staff satisfaction questionnaire a review of the working environment in the Agency was undertaken by a consultant from the Beeches Management Centre. The Agency will be taking forward the recommendations in the report produced by this review in 2011/12.

The Agency also uses an intranet and email to provide updates in relation to policy and procedural changes. Examples of email updates would include the findings of health & safety spot checks, or a revision to a procedure in light of a recorded incident.

Senior Management continued to communicate with staff in relation to plans to merge the Agency into another Health & Social Care body, possibly the Business Services Organisation. These plans are still being considered and DHSSPS, subject to Minister's agreement, plans to consult widely about any such move. The latest estimate is that the consultation will issue before the end of 2011 with changes taking place in 2013 at the earliest. This position could change as part of a wider review, instigated by OFMDFM, of all Arms Length Bodies in Northern Ireland.

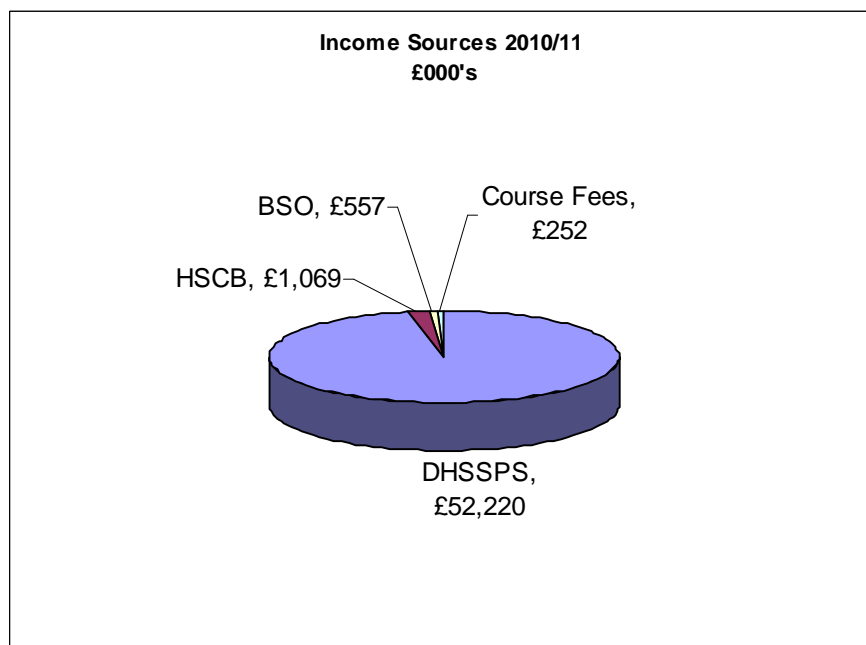
# Financial Governance

## Financial Performance

The Agency's Business Plan 2010/11 set the following objective:

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

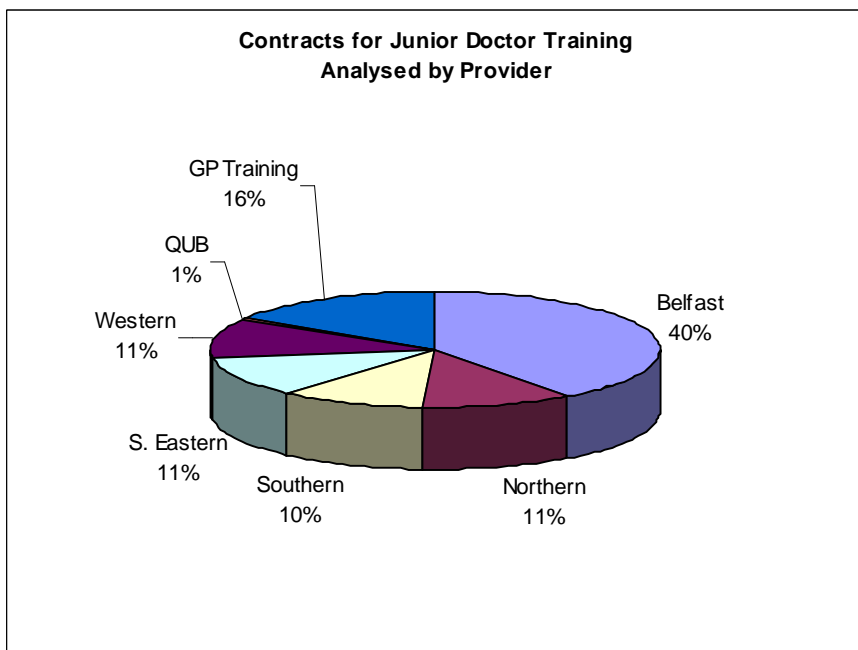
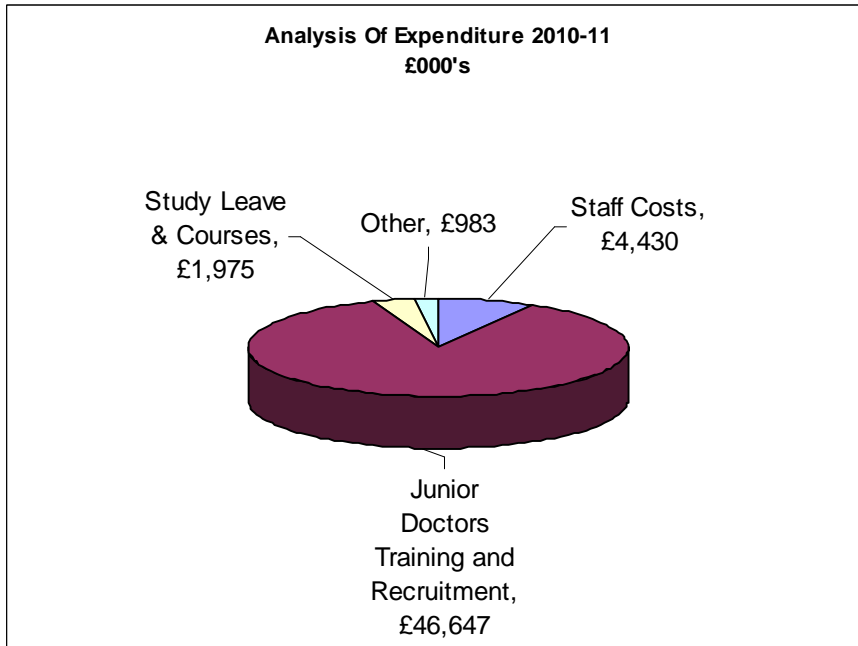
The Agency obtains the vast majority of its funding directly from the Department of Health Social Services and Public Safety (DHSSPS). Other sources of income include the Health and Social Care Board (HSCB), the Business Services Organisation and fees generated from charging doctors and dentists to attend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



The Agency spent over £54m in 2010/11, the majority of this being spent on junior doctor training contracts with Trusts and other training providers such as GP practices. These training contracts include a proportion of the junior doctors salary which can vary from 50% to 100% depending upon the grade of doctor.

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





In the 2010/11 financial year the Agency successfully met a required efficiency savings target of £278,000 this was achieved largely through vacancy controls, better use of flexible training funding and more efficient use of funds in the provision of training courses.

The Agency has a requirement to minimise its cash balances, this has resulted in a net liability position of £2m. As these liabilities will be funded from future grant in aid the Agency continues to be a going concern.

The Agency is able to report a balanced financial position as at 31st March 2011 having returned a small surplus equivalent to 0.12%.

The outlook for 2011/12 is challenging with the Agency being required to find efficiency savings of approximately £1.6m.

The Agency participates in two defined benefit pension schemes (HSC Superannuation Scheme and the Universities Superannuation Scheme). Under these schemes both the Agency and its employees pay specified percentages into the scheme and the liability to pay benefits falls to the scheme. The Agency is unable to identify its share of the underlying assets and liabilities in either scheme. Further information on pensions is available in the remuneration report and in note 1.21 and 3 to the accounts.

## **Remuneration Report**

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

### **Remuneration committee**

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

Dr. H. McGuigan (Deceased 17<sup>th</sup> April 2010) (Chairman)

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

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

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

Mrs. A. Eggert (Non-Executive Board Member)

Mr A Baird (Non-Executive Board Member – resigned November 2009)

### **Remuneration Policy**

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

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

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

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

In relation to the policy on duration of contracts, all contracts of senior executives in the Agency are permanent. During the year 2010/11 all contracts were permanent and each contained a notice period of 3 months.

### **Service contracts**

There were no service contracts.

### **Directors**

Dr. T. McMurray appointed as Chief Executive on 1<sup>st</sup> October 2004;

Ms M Roberts was appointed acting Chief Executive on 12<sup>th</sup> August 2010;

Dr. D. Hussey appointed as Postgraduate Dental Dean on 1<sup>st</sup> December 2003; and

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

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

### **Non-executive directors**

Dr. H. McGuigan reappointed (as Chairman) on 1<sup>st</sup> April 2009 (for a period of 3 years); (Deceased 17<sup>th</sup> April 2010)

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

Dr. R. Atkinson reappointed on 24<sup>th</sup> January 2009 (for a period of 3 years);

Dr. J. Marley reappointed on 21<sup>st</sup> January 2009 (for a period of 4 years) and

Mrs. A. Eggert reappointed on 24<sup>th</sup> January 2009 (for a period of 4 years).

Mr. A. Baird resigned on 31<sup>st</sup> November 2009.

### **Notice period**

At least four weeks notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice. There were no early retirement or compensation scheme – exit packages. There were no payments made in respect of compensation for loss of office made during 2010/11. Termination payments are based on statutory provisions only, as detailed in contract.

### **Retirement age**

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

### **Exit Packages and Early Retirement**

There were no early retirements or compensation scheme exit packages.

### **Retirement benefit costs**

#### **HSC Superannuation Scheme**

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

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

As per the requirements of FReM, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the balance sheet date and updates it to reflect current conditions. The next valuation was at 31 March 2008 and was used in the 2010-11 accounts.

## **University Superannuation Scheme**

The Agency participates in the University 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 Universities Superannuation Scheme. 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 Universities Superannuation Scheme can be found at the Universities Superannuation Scheme website: <http://www.uss.co.uk>.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding three years. The actuary reviews the most recent actuarial valuation at the balance sheet date and updates it to reflect current conditions. A valuation as at 31 March 2008 was completed in the Spring of 2009 and was used for the 2009-10 and 2010-11 accounts. The next valuation will be as at 31 March 2011 and will be used in the 2011-12 accounts.

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

### **Premature retirement costs**

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

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HSC Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HSC Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks' pay (reduced by 30% for each year of additional service over 6 2/3 years).

Alternatively, staff made redundant who are members of the HSC Pension Scheme, have at least two years' continuous service and two years' qualifying membership and have reached the minimum pension age (currently 50 years) can opt to retire early without a reduction in their pension as an alternative to a lump sum redundancy payment of up to 24 months' pay. In this case the cost of the early payment of the pension is paid from the lump sum redundancy payment however if the redundancy payment is not sufficient to meet the early payment of pension cost the employer is required to meet the additional cost.

## Senior Employees' Remuneration – Audited

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

Name	2010-11			2009-10		
	Salary £000	Bonus/ Performance Pay	Benefits in Kind (Rounded to nearest £100)	Salary £000	Bonus/ Performance Pay £000	Benefits in Kind (Rounded to nearest £100)
<b>Non-Executive Members</b>						
Dr H McGuigan Chairman	0-5	-	-	10-15	-	-
Mr A Baird Non Executive Director	-	-	-	0-5	-	-
Mrs J Eve Acting Chairman	10-15	-	-	0-5	-	-
Dr R Atkinson Non Executive Director	0-5	-	-	0-5	-	-
Dr J Marley Non Executive Director	0-5	-	-	0-5	-	-
Mrs A Eggert Non Executive Director	0-5	-	-	0-5	-	-
<b>Executive Members</b>						
Dr T McMurray Chief Executive & Postgraduate Dean	95- 100	-	-	100- 105	-	-
Ms M Roberts Acting Chief Executive (i)	60-65	-	-	55-60	-	-
Dr C Loughrey Director Of General Practice Education	115- 120	-	-	115- 120	-	-
Dr D Hussey Postgraduate Dental Dean	65-70	-	-	75-80	-	-

## Senior Employees' Remuneration – Audited (continued)

Name	Real increase in pension and related lump sum at age 60 £ 000	Total accrued pension at age 60 and related lump sum £000	CETV at 31/3/10 £000	CETV at 31/3/11 £000	Real increase in CETV in CETV £000
<b><u>NonExecutive Members</u></b>					
Dr H McGuigan Chairman	-	-	-	-	-
Mr A Baird Non Executive Director	-	-	-	-	-
Mrs J Eve Acting Chairman	-	-	-	-	-
Dr R Atkinson Non Executive Director	-	-	-	-	-
Dr J Marley Non Executive Director	-	-	-	-	-
Mrs A Eggert Non Executive Director	-	-	-	-	-
<b><u>Executive Members</u></b>					
Dr T McMurray Chief Executive & Postgraduate Dean	0-2.5 plus lump sum of 2.5-5	40-45 plus lump sum of 125-130	977	976	(1)
Ms M Roberts Acting Chief Executive (i)	2.5-5 plus lump sum of 7.5- 10	25-30 Plus lump sum of 65-70	400	491	91
Dr C Loughrey Director of General Practice Education	0-2.5 plus lump sum of 2.5- 5	20-25 plus lump sum of 65-70	359	352	(7)
Dr D Hussey Postgraduate Dental Dean	0-2.5 plus lump sum of 0-2.5	0-5 plus lump sum of 0-5	26	33	7

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



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 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

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

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

The actuarial factors used in the calculation of the Cash Equivalent Transfer Values (CETVs) were changed during 2010, due to changes in demographic assumptions and the move from Retail Price Index (RPI) to the Consumer Price Index (CPI) as the measure used to up-rate Civil Service pensions. The new factors mean that the CETV value shown in the report for 31 March 2010 will not be the same as the corresponding figure shown in last years report.

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.

Dr Terry McMurray  
Chief Executive

Date: 23 June 2011

# **Appendix A – Financial Statements**

NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011

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

On

18/08/2011

## **N.I. Medical & Dental Training Agency**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

### **FOREWORD**

#### **1. Statutory Background**

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

These accounts for the year ended 31 March 2011 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

#### **2. Results**

For the period ended 31 March 2011 there is a surplus over the Revenue Resource Limit (RRL) of £63,544.

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 Business Services Organisation. There is also some additional income generated during the year from course fees.

## **N.I. Medical & Dental Training Agency**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

### **STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES.**

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health, Social Services and Public Safety has directed the Northern Ireland Medical and Dental Training Agency to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on the accruals basis and must provide a true and fair view of the state of affairs of the Northern Ireland Medical and Dental Training Agency of its income and expenditure, changes in taxpayers equity and cashflows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FREM) and in particular to:

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

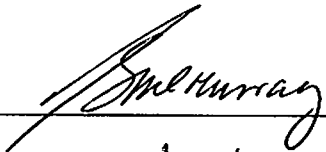
The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Dr T McMurray of the Northern Ireland Medical and Dental Training Agency as the Accounting Officer for the Agency. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for the keeping proper records and for safeguarding the Agency's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

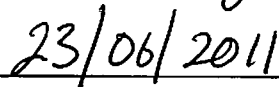
**N.I. Medical & Dental Training Agency**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**CERTIFICATE OF THE CHIEF EXECUTIVE**

I certify that the Annual Accounts and notes thereof as set out in pages 15 to 57 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

  
\_\_\_\_\_ Date

**N.I. Medical & Dental Training Agency**

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

**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 15 to 57 ) 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.

*Dudux M'live*

Chairman

*23 June 2011*

Date

*[Signature]*

Chief Executive

*23/06/2011*

Date

## **N.I. Medical & Dental Training Agency**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

### **STATEMENT ON INTERNAL CONTROL**

#### **Scope of Responsibility**

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

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

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

#### **The purpose of the system of internal control**

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

- identify and prioritise the risks to the achievement of organisational policies, aims and objectives;
- 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 2011 and up to the date of approval of the annual report and accounts and accords with Department of Health, Social Services and Public Safety guidance.

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

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



## **N.I. Medical & Dental Training Agency**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

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

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

The N.I. Medical & Dental Training Agency has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the Agency is exposed and annual audit plans are based upon this analysis. In 2010-11 Internal Audit reviewed the following systems:

- Payments
- Ordering and Receipt of Goods
- Salaries and Wages
- Income
- Petty Cash
- Bank Reconciliations
- Credit Card Expenditure
- Budgetary Control
- Asset Management
- Health and Safety
- Course Management Processes
- Verification of Controls Assurance Standards

The Head of Internal Audit reported that the Agency's system of internal control was satisfactory. There were no priority one findings.

## **N.I. Medical & Dental Training Agency**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

Of a total of 45 recommendations of which none were described as priority one, 87% were fully implemented with the remaining 13% being partially implemented, the Agency continues to review systems and processes with a view to full implementation of the outstanding recommendations.

Area of Review	Recommendations	Fully Implemented	Partially Implemented
Financial Review	4	4	-
Course Management	10	8	2
Health & Safety	12	11	1
Records Management	16	14	2
Performance Management	3	2	1

While the Agency has improved its compliance with the requirements of the procurement mini code further work is needed to achieve total compliance.

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

- The Agency has entered into a service level agreement with the Business Services Organisation, this has helped address most of the shortcomings previously identified in the operation of purchasing processes. The Agency will continue to review and address any outstanding shortcomings.
- The Agency has fully implemented the Knowledge and Skills framework.
- The Agency has implemented a programme of risk management training for staff. All risk registers are reviewed on a regular basis and a robust system of risk reporting has been implemented.
- The Agency has continued to developed its records management systems and procedures resulting in substantive compliance with the controls assurance standard.
- The Agency has developed a series of Health and Safety Key Performance Indicators (KPIs).

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

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

## **N.I. Medical & Dental Training Agency**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

The Agency is required to demonstrate compliance with the GMC standards and submit an Annual Deanery Report (ADR) to the GMC. The continuation of approval of training was confirmed by the GMC in 2011. The GMC has requested further information in respect of some areas of concern identified by the Agency and reported in the ADR. The issues concerned related to clinical supervision, out of hours, high intensity workloads and practical experience at a small number of hospital sites. Progress in relation to these issues will be provided within the scheduled July 2011 Action Plan to the GMC.

In addition to the scheduled GMC visits which occur every three years the GMC also conduct triggered visits if there are any significant areas of concern arising from the ADR. There were no triggered visits during 2010/11.

In preparation for the introduction of revalidation by the GMC in 2012, the Agency will be inspected by the Regulatory and Quality Improvement Authority in 2011 to review the GP appraisal systems as managed by the Agency on behalf of the Health and Social Care Board (HSCB).

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

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

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

#### **Capacity to handle risk.**

A Risk Management Team was established in March 2010 as a sub-committee of the Senior Management Committee to assist and advise in relation to risk and associated matters. The core work of the group consists of departmental risk registers and action plans, assessing complaints and incidents and updating the Corporate Risk Register for review by Senior Management and the Board. In accordance with the Agency's Assurance Framework all significant risks are reported to the Board. The Risk Management Team met seven times in 2010/11. The Corporate Risk Register was presented to the Board in February 2011.

Failure to fill foundation and specialty training posts with suitable applicants from the UK was identified as a significant risk to maintaining a service in health and social care. In an attempt to minimise the risk, the Agency reviewed its strategy for the recruitment of doctors in training and with the support of the DHSSPS embarked on a recruitment campaign outside of the UK. The Agency remains alert to this risk and reports regularly to the DHSSPS and HSCB in relation to fill rates and vacant posts across all five HSC Trusts.

Risk management is a standing item at monthly senior management meetings which are chaired by the Chief Executive. Senior staff have been trained in risk management and there are plans in place to provide training to all other staff. All staff have been issued with a copy of the Agencies risk management strategy and policy.

## **N.I. Medical & Dental Training Agency**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**The risk and control framework.**

The risk management strategy seeks to develop a consistent approach to risk management that will :

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

**N.I. Medical & Dental Training Agency**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

In Accordance with the requirements of the DHSSPS, the Agency is required to comply with 22 Controls Assurance Standards, of which 13 are relevant to its circumstances. The table below outlines the level of the Agency's compliance with the relevant standards.

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

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

In response to the Internal Audit report on these standards, detailed action plans will be developed to address the areas of shortfall and progress against the plan will be monitored throughout the year.

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

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

## **N.I. Medical & Dental Training Agency**

### **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

- The Agency will continue to develop its controls and procedures to ensure substantive compliance with the Risk Management and Records Management controls assurance standards;
- The Agency will systematically gather evidence to demonstrate compliance with all relevant controls assurance standards;
- The Agency will comment on new draft controls assurance standards as and when they are issued by the Department during 2011-2012 and
- Initial baseline work on assessing the Agency's compliance with new draft standards will be carried out on each occasion.

The Agency has introduced a series of measures to manage information risks. These include the development and implementation of a data protection policy. All staff have been trained in data protection and issued with guidelines on the processing and sharing of information. The Agency will continue to review and develop the data protection processes and procedures.

A number of recommendations were made by Internal Audit regarding the Agency's procurement processes, none of which were priority one. In response to these, the Agency will continue to review and implement improvements to its procurement policies and procedures.

The Agency has a service level agreement with the Directorate of Legal Services (Business Services Organisation) for the provision of legal advice and services.

The Agency participated in the National Fraud Initiative 2010/11. The Agency complied with the Data Protection Act 1998 by issuing Fair Processing Notices to advise individuals that their data was being processed. The Agency received notification of some data matches in February 2011 and is currently in the process of investigating these data matches. In this exercise no instances of fraud have been detected.

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

During 2010/11 there were no serious adverse incidents reported while eleven (11) complaints were received, of which nine (9) were classed as insignificant and the remaining two (2) moderate. All complaints were responded to in the required time and one resulted in amended procedures.

**N.I. Medical & Dental Training Agency**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**Review of Effectiveness**

**Progress on prior year significant internal control issues.**

Internal audit did not identify any priority one issues, however, they did make 45 recommendations to improve controls of which 39 have been fully implemented with the remaining 6 partially implemented.

**New significant control issues.**

The Agency has experienced difficulties in arranging quorate Board and Audit Committee meetings due to the death of the Chairman, the delay in appointing a replacement and the sickness of other board members. The role of Chairman continues to be filled on a temporary basis by a board member acting up.

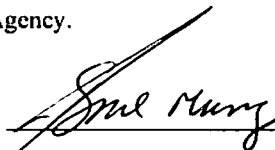
Due to the illness of the Chief Executive a member of the Agency's senior management team was appointed to the role of Acting Chief Executive for the period August 2010 to May 2011.

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

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

By order of the Agency.

Chief Executive

  
\_\_\_\_\_

Date

28/06/2011

Northern Ireland Medical and Dental Training Agency

## NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

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

I certify that I have audited the financial statements of the Northern Ireland Medical and Dental Training Agency for the year ended 31 March 2011 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

#### **Respective responsibilities of the Accounting Officer and auditor**

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

#### **Scope of the audit of the financial statements**

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

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

#### **Opinion on Regularity**

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

#### **Opinion on financial statements**

In my opinion:

- the financial statements give a true and fair view, of the state of Northern Ireland Medical and



Dental Training Agency's affairs as at 31 March 2011 and of its net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and

- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services & Public Safety directions issued thereunder.

#### **Opinion on other matters**

In my opinion:

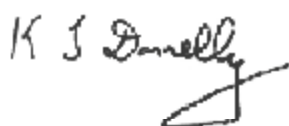
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health, Social Services & Public Safety directions issued thereunder; and
- the information given in the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

#### **Matters on which I report by exception**

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

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

I have no observations to make on these financial statements.



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

**05 August 2011**

**N.I. Medical & Dental Training Agency**

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR YEAR ENDED 31ST MARCH 2011**

		2011	Restated 2010
	NOTE	£	£
<b>Expenditure</b>			
Staff costs	3.1	(4,430,206)	(4,455,480)
Depreciation	4.0	(57,402)	(58,272)
Other Expenditures	4.0	(49,547,669)	(48,728,583)
		<u>(54,035,277)</u>	<u>(53,242,335)</u>
<b>Income</b>			
Income from activities	5.1	809,634	813,667
Other Income	5.2	-	-
Reimbursements receivable		-	-
		<u>809,634</u>	<u>813,667</u>
<b>Net Expenditure</b>		<u><b>(53,225,643)</b></u>	<u><b>(52,428,668)</b></u>
<b>Revenue Resource Limit (RRL)</b>		53,289,187	52,706,287
<b>Surplus/(Deficit) against RRL</b>		<u><b>63,544</b></u>	<u><b>277,619</b></u>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>			
Net gain/(loss) on revaluation of Property, Plant and Equipment		-	-
Net gain/(loss) on revaluation of Intangibles		-	-
Net gain/(loss) on revaluation of available for sales financial assets		-	-
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2011</b>		<u><b>(53,225,643)</b></u>	<u><b>(52,428,668)</b></u>

The notes on pages 19 to 57 form part of these accounts. All Income and Expenditure is derived from continuing operations.

## N.I. Medical & Dental Training Agency

### Statement of Financial Position as at 31 March 2011

	NOTE	2011		2010	
		£	£	£	£
<b>Non Current Assets</b>					
Property, Plant and Equipment	6.0/6.2	165,112		222,514	
Intangible Assets	7.0 /7.2	52,929		71,490	
Financial Assets	8.0	-		-	
<b>Total non current Assets</b>			<u>218,041</u>		<u>294,004</u>
<b>CURRENT ASSETS</b>					
Assets classified as held for sale	9.0	-		-	
Inventories	11.0	7,116		6,630	
Trade and other Receivables	12.0	289,103		328,389	
Other Current Assets	12.0	60,591		63,894	
Financial Assets	8.0	-		-	
Cash and Cash Equivalents	13.0	306,944		343,271	
<b>TOTAL CURRENT ASSETS</b>			<u>663,754</u>		<u>742,184</u>
<b>Total Assets</b>			<u><b>881,795</b></u>		<u><b>1,036,188</b></u>
<b>Current Liabilities</b>					
Trade and other Payables	14.0	(2,928,297)		(3,185,654)	
Other Liabilities	14.0	-		-	
<b>Total Current Liabilities</b>			<u>(2,928,297)</u>		<u>(3,185,654)</u>
<b>non current assets plus/less net current assets/liabilities</b>			<u><b>(2,046,502)</b></u>		<u><b>(2,149,466)</b></u>
<b>Non Current liabilities</b>					
Provisions	16.0	-		-	
Other Payables	14.0	-		-	
Financial Liabilities	8.0	-		-	
<b>Total Non Current Liabilities</b>			<u>-</u>		<u>-</u>
<b>ASSETS LESS LIABILITIES</b>			<u><b>(2,046,502)</b></u>		<u><b>(2,149,466)</b></u>
<b>RESERVES</b>					
Donated Asset Reserve		-		-	
Revaluation Reserve		-		-	
General Reserve		(2,046,502)		(2,149,466)	
			<u><b>(2,046,502)</b></u>		<u><b>(2,149,466)</b></u>

The financial statements on pages 15 to 57 were approved by the Board on 23rd June 2011 and were signed on its behalf by:

Signed..... *Judith More* .....(Chairman)

Date... *23 June 2011*

Signed..... *[Signature]* .....(Chief Executive)

Date... *23/06/2011*

The notes on pages 19 to 57 form part of these accounts

## N.I. Medical & Dental Training Agency

### STATEMENT OF CHANGES IN TAXPAYERS' EQUITY for the year ended 31 March 2011

	Note	General Reserve £	Revaluation Reserve £	Donation Reserve £	Total £
<b>Balance at 31 March 2009</b>		1,339,152	-	-	1,339,152
Changes in accounting policy		-	-	-	-
Change in accounting policy - clinical negligence		-	-	-	-
<b>Restated balance at 1 April 2009</b>		<u>1,339,152</u>	-	-	<u>1,339,152</u>
<b>Changes in taxpayers equity 2009-10</b>					
Grant from DHSSPS		48,907,566	-	-	48,907,566
Transfers between reserves		-	-	-	-
(Comprehensive expenditure for the year)		(52,428,668)	-	-	(52,428,668)
Donated asset receipts		-	-	-	-
Donated asset reserve - transfer to net expend for depreciation		-	-	-	-
Non cash charges - auditors remuneration		16,484	-	-	16,484
Non cash charges - IT Services	4	16,000	-	-	16,000
<b>Balance at 31 March 2010</b>		<u>(2,149,466)</u>	-	-	<u>(2,149,466)</u>
<b>Changes in taxpayers equity 2010-11</b>					
Grant from DHSSPS		53,297,925	-	-	53,297,925
Transfers between reserves		-	-	-	-
(Comprehensive expenditure for the year)		(53,225,643)	-	-	(53,225,643)
Donated asset receipts		-	-	-	-
Donated asset reserve - transfer to net expend for depreciation		-	-	-	-
Non cash charges - auditors remuneration	4	14,682	-	-	14,682
Non cash charges - IT Services	4	16,000	-	-	16,000
<b>Balance at 31 March 2011</b>		<u>(2,046,502)</u>	-	-	<u>(2,046,502)</u>

## N.I. Medical & Dental Training Agency

### STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2011

	Note	2011 £	Restated 2010 £
<b>Cashflows from operating activities</b>			
Net expenditure after coc & interest		(53,225,643)	(52,428,668)
Adjustments for non cash costs		40,313,383	33,473,934
(Increase)/decrease in trade & other receivables		42,589	148,527
(Increase)/decrease in inventories		(486)	(1,638)
Increase/(decrease) in trade payables		(257,357)	82,678
Use of provisions		-	-
<b>Net cash outflow from operating activities</b>		<b>(13,127,514)</b>	<b>(18,725,167)</b>
<b>Cashflows from investing activities</b>			
(Purchase of property, plant & equipment)		-	-
(Purchase of intangible assets)		(8,813)	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
<b>Net Cash (Outflow) from investing activities</b>		<b>(8,813)</b>	<b>-</b>
<b>Cash flows from financing activities</b>			
Grant in aid		13,100,000	15,550,000
<b>Net financing</b>		<b>13,100,000</b>	<b>15,550,000</b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		<b>(36,327)</b>	<b>(3,175,167)</b>
Cash & cash equivalents at the beginning of the period	13	343,271	3,518,438
Cash & cash equivalents at the end of the period	13	306,944	343,271

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **NOTE 1: STATEMENT OF ACCOUNTING POLICIES**

##### **1. Authority**

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

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

##### **1.1 Accounting convention**

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

##### **1.2 Currency and Rounding**

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

##### **1.3 Property, plant and equipment**

Property, plant and equipment assets comprise Land, Buildings (excluding Dwellings), Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings and Assets under construction.

###### **Recognition**

Property, plant and equipment must be capitalised if:

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

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

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

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

#### **Valuation of Land and Buildings**

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

The last valuation was carried out on 31 January 2010 by Land and Property Services (LPS) which is an independent executive within the Department of Finance and Personnel. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard. The valuation at 31 January 2010 was considered by LPS to be not materially different from 31 March and there has therefore been no change to the values used.

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

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

Fair values are determined as follows:

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

#### **Modern Equivalent Asset**

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

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **Assets Under Construction (AUC)**

The Agency does not have any Assets under Construction.

#### **Fixtures and Equipment**

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation. From 1 April 2008 HSC entities had the option to elect to cease indexing all short life assets (other than IT). Short life IT assets are not indexed. Short life is defined as a useful life of up to and including 5 years. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

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

#### **Revaluation Reserve**

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

#### **1.4 Depreciation, amortisation and impairments**

Properties that are surplus to requirements and which meet the definition of "non current assets held for sale", are not depreciated. Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over their estimated useful lives. The estimated useful life of an asset is the period over which the Agency expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

<b>Asset Type</b>	<b>Asset Life</b>
Leasehold property	Remaining period of lease
IT Assets	5 years
Intangible Assets	5 years
Fixtures & Fittings	10 years



## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **1.5 Impairment loss**

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

#### **1.6 Subsequent expenditure**

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

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

#### **1.7 Intangible assets**

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

##### **Recognition**

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

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

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

#### **1.8 Donated assets**

The Agency does not hold any donated assets.

#### **1.9 Non-current assets held for sale.**

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

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

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

#### **1.10 Inventories**

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

#### **1.11 Income**

Operating Income relates directly to the operating activities of the Agency and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The Agency does not have any clinical negligence claims.

Grant in aid.

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through reserves.

#### **1.12 Investments**

The Agency does not have any investments.

#### **1.13 Other expenses**

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

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **1.14 Cash and cash equivalents**

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

#### **1.15 Leases**

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

##### **The Agency as lessee**

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

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

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

#### **1.16 Private Finance Initiative (PFI) Transactions**

The Agency had no PFI transactions during the year.

#### **1.17 Financial instruments**

The Agency does not have any financial instruments.

- **Financial assets**

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

Financial assets are initially recognised at fair value.

- **Financial liabilities**

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non public sector body of a similar size, therefore HSC bodies are not exposed to the degree of financial risk faced by business entities. HSC bodies have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the HSC bodies in undertaking activities. Therefore the HSC is exposed too little credit, liquidity or market risk.

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **1.18 Provisions**

The Agency does not have any provisions.

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

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

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

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

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

#### **1.19 Clinical negligence costs**

The Agency does not engage in any clinical activities and is therefore not exposed to any clinical negligence costs.

#### **1.20 Contingencies**

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

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

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

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

#### **1.21 Employee benefits**

##### **Short-term employee benefits**

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using actual staff numbers and costs applied to the actual untaken leave balances as at 31 March 2011. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the Agency and has not been included.

##### **Retirement benefit costs**

The Agency participates in the following defined benefit schemes:

##### **HSC Superannuation Scheme.**

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

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

As per the requirements of FReM, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31 March 2008 valuation will be used in the 2010/11 accounts.

##### **The University Superannuation Scheme.**

This is a defined benefit scheme with employer contributions of 14% of gross pay. The most up to date actuarial was carried out at 31 March 2008. Further information on this can be obtained from the Universities Superannuation Scheme Limited. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

The Queen's Retirement Benefit Plan.

This is a defined benefit scheme with employer contributions of 14% of gross pay. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. The most up to date actuarial was carried out at 31 March 2008. Further information on this can be obtained from the Queen's University of Belfast.

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

#### **1.22 Value Added Tax**

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

#### **1.23 Third Party Assets**

Assets belonging to third parties (such as money held on behalf of patients) 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.

#### **1.24 Government Grants**

Government assistance for capital projects whether from UK, or Europe, is treated as a Government grant even where there are no conditions specifically relating to the operating activities of the entity other than the requirement to operate in certain regions or industry sectors. Such grants (does not include grant-in-aid) are credited to a government grant reserve and are released to income over the useful life of the asset. The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

#### **1.25 Losses and Special Payments**

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, note 26 on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **1.26 Change in Accounting Policy**

There has been one change in Accounting policy during the year. The prior year figures have been changed in the accounts (were material) to reflect the change in accounting policy. In the Statement of Financial position, the previous two years have been restated to comply with IAS 1 paragraph 29. The changes were;

##### **Capital Charges**

One of the impacts of the HM Treasury alignment project to closer align budgets, estimates and accounts has resulted in the removal of cost of capital. Therefore from 2010-11 onwards the Agency is no longer required to reflect a notional cost of capital within its accounts. Expenditure, reserves and non cash RRL have been restated in the comparative years to reflect this.

<b>2009-10</b>	<b>Cost of Capital</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
Income	-	-
Expenditure	12,115	12,115
Receivables	-	-
Payables	-	-
Reserves	-	-
RRL	12,115	12,115

#### **1.27 Accounting Standards issued but not yet adopted.**

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

Management has reviewed the new accounting policies that have been issued but are not yet effective, nor adopted early for these accounts. Management consider that these are unlikely to have a significant impact on the accounts in the period of the initial application.



## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **NOTE 2: ANALYSIS OF NET EXPENDITURE BY SEGMENT**

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

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

**N.I. Medical & Dental Training Agency**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**NOTE 3 STAFF NUMBERS AND RELATED COSTS**

**3.1 Staff Costs**

Staff costs comprise

	2011			2010
	Total	Permanently employed staff	Others	Total
	£	£	£	£
Wages & Salaries	3,992,255	2,669,216	1,323,039	3,972,232
Social security costs	163,508	163,508	-	162,780
Other pension costs	274,443	274,443	-	320,468
<b>Sub-Total</b>	<b>4,430,206</b>	<b>3,107,167</b>	<b>1,323,039</b>	<b>4,455,480</b>
Less recoveries in respect of outward secondments	-			-
<b>Total net costs</b>	<b>4,430,206</b>			<b>4,455,480</b>

Of the total an amount of £nil (2010: £nil) has been charged to capital in the year.

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

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

**3.2 Average number of persons employed**

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

	2011			2010
	Total	Permanently employed staff	Others	Total
	No.	No.	No.	No.
Medical and dental	28	5	23	27
Administrative and clerical	48	45	3	50
Other	0			
<b>Total</b>	<b>76</b>	<b>50</b>	<b>26</b>	<b>77</b>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

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

Name	Salary £000	2010-11 Bonus/ Performance Pay	Benefits in Kind (Rounded to nearest £100)	Salary £000	2009-10 Bonus/ Performance Pay	Benefits in Kind (Rounded to nearest £100)	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	2010-11 CETV at 31/03/09 £000	CETV at 31/03/10 £000	Real increase in CETV £000
<b>Non-Executive Members</b>											
Dr H McGuigan Chairman	0-5	-	-	10-15	-	-	-	-	-	-	-
Mr A Baird (Retired Nov 2009) Non Executive Director	-	-	-	0-5	-	-	-	-	-	-	-
Mrs J Eve Acting Chairman	10-15	-	-	0-5	-	-	-	-	-	-	-
Dr R Atkinson Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
Dr J Matley Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
Mrs A Eggert Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
<b>Executive Members</b>											
Dr T McMurray Chief Executive & Postgraduate Dean	95-100	-	-	100-105	-	-	0-2.5 plus lump sum of 2.5-5	40-45 plus lump sum of 125-130	977	976	(1)
Ms M Roberts Actng Chief Executive (i)	60-65	-	-	55-60	-	-	2.5-5 plus lump sum of 7.5-10	25-30 plus lump sum of 65-70	400	491	91
Dr C Loughrey Director Of General Practice Education	115-120	-	-	115-120	-	-	0-2.5 plus lump sum of 2.5-5	20-25 plus lump sum of 65-70	359	352	(7)
Dr D Hussey Postgraduate Dental Dean	65-70	-	-	75-80	-	-	0-2.5 plus lump sum of 0-2.5	0-5 plus lump sum of 0-5	26	33	7

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

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

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

CETV's are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries

The actuarial factors used in the calculation of the Cash Equivalent Transfer Values (CETVs) were changed during 2010, due to changes in demographic assumptions and the move from Retail Price Index (RPI) to the Consumer Price Index (CPI) as the measure used to up-rate Civil Service pensions. The new factors mean that the CETV value shown in the report for 31 March 2010 will not be the same as the corresponding figure shown in last years report

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

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

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **NOTE 3 STAFF NUMBERS AND RELATED COSTS**

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

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

##### **3.5 Staff Benefits**

	<b>2010</b>	<b>2009</b>
	<b>£</b>	<b>£</b>
Staff benefits	<u>0</u>	<u>0</u>

##### **3.6 Retirements due to ill-health**

There were no retirements due to ill health in 2010/11

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 4 OPERATING EXPENSES

##### Operating Expenses

##### 4.0 Operating Expenses are as follows:-

	2011 £	Restated 2010 £
Junior Doctors Salaries	46,513,592	45,595,232
Junior Doctors Study Leave	1,239,342	1,136,999
Establishment	594,785	494,702
Premises	54,825	53,254
Training Courses	735,682	1,005,125
Recruitment	133,280	194,345
Interest Charges	-	-
Miscellaneous	3,478	4,633
PFI Service charges	-	-
Rentals under operating leases	214,630	186,197
<b>Non cash items</b>		
Depreciation	57,402	58,272
Amortisation	27,374	25,612
Impairments	-	-
Notional Costs - IT Services	16,000	16,000
Loss on disposal of assets	-	-
(Profit) on disposal of property, plant and equipment (excluding profit on land).	-	-
Unwinding of discount on Provisions	-	-
Auditors remuneration	14,682	16,484
<b>Total</b>	<b>49,605,071</b>	<b>48,786,855</b>

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

The Agency paid £1,456 to its external auditor, the Northern Ireland Audit Office in respect of work carried out on the National Fraud Initiative. This is reflected within miscellaneous expenditure above.

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 5 INCOME

##### 5.1 Income from Activities

	2011	Restated 2010
	£	£
Other Public Bodies:		
Business Services Organisation	557,399	583,106
Queen's University	-	-
Other Sources:		
Course Fees	252,235	230,561
<b>Total</b>	<b>809,634</b>	<b>813,667</b>

##### 5.2 Other Operating Income

	2011	Restated 2010
	£	£
Interest receivable	-	-
<b>Total</b>	<b>-</b>	<b>-</b>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

NOTE 6 Property, plant & equipment

Summary

	Purchased £	Donated £	2011 Total £
Net book value:			
Land	-	-	-
Buildings (excluding dwellings)	114,566	-	114,566
Assets under construction	-	-	-
Plant and machinery (Equipment)	-	-	-
Information Technology (IT)	6,068	-	6,068
Furniture & Fittings	44,478	-	44,478
<b>Total Property, plant &amp; equipment - 31 March 2011</b>	<b>165,112</b>	<b>-</b>	<b>165,112</b>

	Purchased £	Donated £	2010 Total £
Net book value:			
Land	-	-	-
Buildings (excluding dwellings)	152,755	-	152,755
Assets under construction	-	-	-
Plant and machinery (Equipment)	-	-	-
Information Technology (IT)	11,418	-	11,418
Furniture & Fittings	58,341	-	58,341
<b>Total Property, plant &amp; equipment - 31 March 2010</b>	<b>222,514</b>	<b>-</b>	<b>222,514</b>

Professional revaluations of land and buildings are undertaken by Land and Property Services (LPS) at least once in every five year period. See Accounting Policy Note 1, Section 1.3 for more details of valuation of Property, Plant and Equipment.

**N.I. Medical & Dental Training Agency**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH**

**NOTE 6.1 Property, plant & equipment - Purchased assets - year ended 31 March 2011**

	<b>Land £</b>	<b>Buildings (excluding dwellings) £</b>	<b>Assets under Construction £</b>	<b>Plant and Machinery (Equipment) £</b>	<b>Information Technology (IT) £</b>	<b>Furniture and Fittings £</b>	<b>Total £</b>
<b>Valuation</b>							
At 1 April 2010	-	303,447	-	-	158,892	138,626	600,965
Indexation	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	-	-	-
<b>At 31 March 2011</b>	<b>-</b>	<b>303,447</b>	<b>-</b>	<b>-</b>	<b>158,892</b>	<b>138,626</b>	<b>600,965</b>

<b>Depreciation</b>							
At 1 April 2010	-	150,692	-	-	147,474	80,285	378,451
Indexation	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	-	-	-
Provided during the year	-	38,189	-	-	5,350	13,863	57,402
<b>At 31 March 2011</b>	<b>-</b>	<b>188,881</b>	<b>-</b>	<b>-</b>	<b>152,824</b>	<b>94,148</b>	<b>435,853</b>

<b>Net Book Value</b>							
At 31 March 2011	-	114,566	-	-	6,068	44,478	165,112
At 31 March 2010	-	152,755	-	-	11,418	58,341	222,514

<b>Asset financing</b>							
Owned	-	114,566	-	-	6,068	44,478	165,112
Finance Leased	-	-	-	-	-	-	-
On b/s PFI contracts	-	-	-	-	-	-	-
<b>Net Book Value</b>							
At 31 March 2011	-	114,566	-	-	6,068	44,478	165,112



**N.I. Medical & Dental Training Agency**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH**

**NOTE 6.2 Property, plant & equipment - Purchased assets - year ended 31 March 2010**

	<b>Land £</b>	<b>Buildings (excluding dwellings) £</b>	<b>Assets under Construction £</b>	<b>Plant and Machinery (Equipment) £</b>	<b>Information Technology (IT) £</b>	<b>Furniture and Fittings £</b>	<b>Total £</b>
<b>Cost or Valuation</b>							
At 1 April 2009	-	303,447	-	-	158,892	138,626	600,965
Indexation	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	-	-	-
<b>At 31 March 2010</b>	<b>-</b>	<b>303,447</b>	<b>-</b>	<b>-</b>	<b>158,892</b>	<b>138,626</b>	<b>600,965</b>

**Depreciation**

At 1 April 2009	-	112,503	-	-	141,254	66,422	320,179
Indexation	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
(Impairments)	-	-	-	-	-	-	-
(Disposals)	-	-	-	-	-	-	-
Provided during the year	-	38,189	-	-	6,220	13,863	58,272
<b>At 31 March 2010</b>	<b>-</b>	<b>150,692</b>	<b>-</b>	<b>-</b>	<b>147,474</b>	<b>80,285</b>	<b>378,451</b>

**Net Book Value**

At 31 March 2010	-	152,755	-	-	11,418	58,341	222,514
At 31 March 2009	-	190,944	-	-	17,638	72,204	280,786

**Asset financing**

Owned	-	152,755	-	-	11,418	58,341	222,514
Finance Leased	-	-	-	-	-	-	-
On b/s PFI contracts	-	-	-	-	-	-	-
<b>Net Book Value At 31 March 2010</b>	<b>-</b>	<b>152,755</b>	<b>-</b>	<b>-</b>	<b>11,418</b>	<b>58,341</b>	<b>222,514</b>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

NOTE 7 Intangible assets

Summary

	2011		
	Purchased £	Donated £	Total £
Net book value:			
Software	-	-	-
Software licenses	52,929	-	52,929
<b>Total Intangible assets - 31 March 2011</b>	<b>52,929</b>	<b>-</b>	<b>52,929</b>

	2010		
	Purchased £	Donated £	Total £
Net book value:			
Software	-	-	-
Software licenses	71,490	-	71,490
<b>Total Intangible assets - 31 March 2010</b>	<b>71,490</b>	<b>-</b>	<b>71,490</b>

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 7.1 INTANGIBLE ASSETS (Purchased) - Year ended 31 March 2011

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

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 7.2 INTANGIBLE ASSETS (Purchased) - Year ended 31 March 2010

	Software licenses	Software	Total
Valuation	£	£	£
At 1 April 2009	139,322	-	139,322
Indexation	-	-	-
Additions	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
(Impairments)	-	-	-
(Disposals)	-	-	-
At 31 March 2010	<u>139,322</u>	<u>-</u>	<u>139,322</u>
<b>Amortisation</b>			
At 1 April 2009	42,220	-	42,220
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
(Impairments)	-	-	-
(Disposals)	-	-	-
Provided during the year	25,612	-	25,612
At 31 March 2010	<u>67,832</u>	<u>-</u>	<u>67,832</u>
<b>Net Book Value</b>			
At 31 March 2010	<u>71,490</u>	<u>-</u>	<u>71,490</u>
At 1 April 2009	<u>97,102</u>	<u>-</u>	<u>97,102</u>
<b>Asset Financing</b>			
Owned	71,490	-	71,490
Finance Leased	-	-	-
On b/s PFI and other service concession arrangements contracts	-	-	-
<b>Net Book Value</b>			
At 31 March 2010	<u>71,490</u>	<u>-</u>	<u>71,490</u>
<b>Asset Financing</b>			
Owned	97,102	-	97,102
Finance Leased	-	-	-
On b/s PFI and other service concession arrangements contracts	-	-	-
<b>Net Book Value</b>			
At 1 April 2009	<u>97,102</u>	<u>-</u>	<u>97,102</u>

**N.I. Medical & Dental Training Agency**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**NOTE 8 FINANCIAL INSTRUMENTS**

**8.1 Financial instruments**

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

**NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE**

The Agency did not hold any Assets Classified as held for sale at 31 March 2010 or 31 March 2011.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH

10 IMPAIRMENTS

	2011		
	Property, Plant & Equipment £ Purchased	Intangibles £ Purchased	Total £
Total value of impairments for the period	-	-	-
Impairments taken through revaluation/donation reserve	-	-	-
<b>Impairments charged to Net expenditure account</b>	<b>-</b>	<b>-</b>	<b>-</b>

	2010		
	Property, plant & Equipment £ Purchased	Intangibles £ Purchased	Total £
Total value of impairments for the period	-	-	-
Impairments taken through revaluation/donation reserve	-	-	-
<b>Impairments charged to Net expenditure account</b>	<b>-</b>	<b>-</b>	<b>-</b>

11 INVENTORIES

	2011 £	2010 £
General Supplies	7,116	6,630
<b>Total</b>	<b>7,116</b>	<b>6,630</b>

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2011	Restated 2010
	£	£
<b>Amounts falling due within one year</b>		
Trade Receivables	282,256	325,874
Deposits and advances	-	-
Clinical Negligence Receivable	-	-
RPA Receivable	-	-
CSR Receivable	-	-
Other receivables	6,847	2,515
<b>Trade and other Receivables</b>	<u>289,103</u>	<u>328,389</u>
Prepayments and accrued income	60,591	63,894
Current part of PFI prepayment		
<b>Other current assets</b>	<u>60,591</u>	<u>63,894</u>
<b>Amounts falling due after more than one year</b>		
Trade Receivables	-	-
Deposits and advances	-	-
Clinical Negligence Receivable	-	-
RPA Receivable	-	-
CSR Receivable	-	-
Other receivables	-	-
<b>Trade and other Receivables</b>	<u>-</u>	<u>-</u>
Prepayments and accrued income	-	-
<b>Other current assets falling due after more than 1 yr</b>	<u>-</u>	<u>-</u>
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<u><u>289,103</u></u>	<u><u>328,389</u></u>
<b>TOTAL OTHER CURRENT ASSETS</b>	<u><u>60,591</u></u>	<u><u>63,894</u></u>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<u><u>349,694</u></u>	<u><u>392,283</u></u>

The balances are net of a provision for bad debts of  
£nil (2010 £nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

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

Name	Amounts	Restated	Amounts talling	Restated
	falling due within 1 year 2010/11	Amounts falling due within 1 year 2009/10	due after more than 1 year 2010/11	Amounts talling due after more than 1 year 2009/10
	£	£	£	£
Balances with other central gov bodies	-	-	-	-
Balances with local Authorities	-	-	-	-
Balances with NHS /HSC Trusts	282,256	325,874	-	-
Balances with public corporations and trading funds	-	-	-	-
<b>Intra-Government Balances</b>	<b>282,256</b>	<b>325,874</b>	<b>-</b>	<b>-</b>
Balances with bodies external to government	67,438	66,409	-	-
<b>Total Receivables &amp; other current assets at 31 March</b>	<b>349,694</b>	<b>392,283</b>	<b>-</b>	<b>-</b>



## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### 13 CASH AND CASH EQUIVALENTS

	2011	restated 2010
	£	£
Balance at 1st April	343,271	3,518,438
Net change in cash and cash equivalents	(36,327)	(3,175,167)
Balance at 31st March	<u>306,944</u>	<u>343,271</u>

#### The following balances at 31 March were held at

	2011	2010
	£	£
Commercial Banks and cash in hand	<u>306,944</u>	<u>343,271</u>

#### 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2011	Restated 2010
	£	£
<b>Amounts falling due within one year</b>		
Other taxation and social security	204,296	214,128
Bank overdraft	-	-
Trade capital payables	-	-
Trade revenue payables	-	-
Payroll payables	-	-
RPA payables	-	-
Other payables	2,657,036	2,899,827
Accruals and deferred income	66,965	71,699
<b>Trade and other payables</b>	<u>2,928,297</u>	<u>3,185,654</u>
Current part of finance leases	-	-
Current part of Long term loans	-	-
Current part of imputed finance lease element of on balance sheet PFI contracts	-	-
<b>Other current liabilities</b>	<u>-</u>	<u>-</u>
<b>Total payables falling due within 1 yr</b>	<b>2,928,297</b>	<b>3,185,654</b>
<b>Amounts falling due after more than one year</b>		
Other Payables, accruals and deferred income	-	-
Trade and other payables	-	-
Finance leases	-	-
Imputed finance lease element of on balance sheet PFI contracts	-	-
Long term loans	-	-
<b>Total non current other payables</b>	<u>-</u>	<u>-</u>
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<u><b>2,928,297</b></u>	<u><b>3,185,654</b></u>

**N.I. Medical & Dental Training Agency**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES**

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

Name	Amounts falling	Restated	Amounts falling	Restated
	due within 1 year 2010/11 £	Amounts falling due within 1 year 2009/10 £	due after more than 1 year 2010/11 £	Amounts falling due after more than 1 year 2009/10 £
Balances with other central gov bodies	204,296	214,128	-	-
Balances with local Authorities	8,427	-	-	-
Balances with NHS/HSC Trusts	1,231,752	1,252,996	-	-
Balances with public corporations and trading funds	-	-	-	-
<b>Intra-Government Balances</b>	<b>1,444,475</b>	<b>1,467,124</b>	<b>-</b>	<b>-</b>
Balances with bodies external to government	1,483,822	1,718,530	-	-
<b>Total Payables and other liabilities at 31 March</b>	<b>2,928,297</b>	<b>3,185,654</b>	<b>-</b>	<b>-</b>

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 15 PROMPT PAYMENT POLICY

##### 15.1 Public Sector Payment Policy - Measure of Compliance

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

	2011 Number	2011 Value £	2010 Number	2010 Value £
Total bills paid	9,601	8,608,204	9,697	14,073,184
Total bills paid within 30 day target	9,048	8,384,975	9,439	13,846,059
% of bills paid within 30 day target	94.2%	97.4%	97.3%	98.4%

##### 15.2 The Late Payment of Commercial Debts Regulations 2002

The amount included within Interest Payable (Note 4) arising from claims made by small businesses under this legislation are as follows :

	£
Total	<u><u>0</u></u>

As required by HSC(F) 04/2011 'Prompt Payment Policy' the Agency has updated its measurement whereby prompt payment is defined as invoices paid under standard HSC conditions of contracts or under other specific terms agreed with suppliers for the purchase of goods and services.

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### 16 PROVISIONS FOR LIABILITIES AND CHARGES - 2011

	Pensions relating to former directors £'000	Pensions relating to other staff £'000	Clinical negligence £'000	Other £'000	2011 £'000
Balance at 1 April 2010	-	-	-	-	-
Provided in year	-	-	-	-	-
(Provisions not required written back)	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-
Unwinding of discount	-	-	-	-	-
At 31 March 2011	-	-	-	-	-

#### Analysis of expected timing of discounted flows

	Pensions relating to former directors £'000	Pensions relating to other staff £'000	Clinical Negligence £'000	Other £'000	2011 £'000
Within 1 year	-	-	-	-	-
1 - 5 years	-	-	-	-	-
6 -10 years	-	-	-	-	-
Over 10 years	-	-	-	-	-
Thereafter	-	-	-	-	-
At 31 March 2011	-	-	-	-	-

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### 16.1 PROVISIONS FOR LIABILITIES AND CHARGES - 2010

	Pensions relating to former directors £'000	Pensions relating to other staff £'000	Clinical negligence £'000	Other £'000	2010 £'000
Balance at 1 April 2009	-	-	-	-	-
Provided in year	-	-	-	-	-
(Provisions not required written back)	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-
Unwinding of discount	-	-	-	-	-
At 31 March 2010	-	-	-	-	-

#### Analysis of expected timing of discounted flows

	Pensions relating to former directors £'000	Pensions relating to other staff £'000	Clinical Negligence £'000	Other £'000	2010 £'000
Within 1 year	-	-	-	-	-
1 - 5 years	-	-	-	-	-
6 -10 years	-	-	-	-	-
Over 10 years	-	-	-	-	-
Thereafter	-	-	-	-	-
At 31 March 2010	-	-	-	-	-

**N.I. Medical & Dental Training Agency**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**NOTE 17 CAPITAL COMMITMENTS**

	<b>2011</b>	<b>2010</b>
	<b>£</b>	<b>£</b>
Contracted capital commitments at 31 March not otherwise included in these financial statements		
Property, plant & equipment	-	-
Intangible assets	-	-
	<hr/>	<hr/>

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 18 COMMITMENTS UNDER LEASES

##### 18.1 Operating Leases

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

	2011	2010
	£	£
<b>Obligations under operating leases comprise</b>		
<b>Land &amp; Buildings</b>		
Rentals due within 1 year	160,387	160,387
Rentals due after 1 year but not within 5 years	374,236	534,623
Rentals due thereafter	-	-
	<u>534,623</u>	<u>695,010</u>
<b>Other</b>		
Rentals due within 1 year	3,432	3,432
Rentals due after 1 year but not within 5 years	3,146	6,578
Rentals due thereafter	-	-
	<u>6,578</u>	<u>10,010</u>

##### 18.2 Finance Leases

The Agency does not have any finance leases.

## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **NOTE 19 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS**

N.I. Medical & Dental Training Agency has no PFI contracts.

#### **NOTE 20 OTHER FINANCIAL COMMITMENTS**

The Agency not has entered into non-cancellable contracts and has no other financial commitments.

#### **NOTE 21 Financial Guarantees, Indemnities and Letters of Comfort**

Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within HSC in creating risk than would apply to a non public sector body of a similar size, therefore HSC bodies are not exposed to the degree of financial risk faced by business entities. The Agency has limited power to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Agency in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

The Agency did not have any financial instruments at either 31 March 2011 or 31 March 2010.

#### **NOTE 22 CONTINGENT LIABILITIES**

The Agency is a member of the Universities Superannuation Scheme (USS). Under the terms of this scheme if a cessation event occurs then the employer must fund any debt on a full buy out basis. This is the amount that it would cost to buy out the members benefits by purchasing annuities. A cessation event can occur when the last active member of the scheme ceases to be active or the Agency withdraws from the scheme. The Agency currently has two active members of the scheme. No such cessation event had occurred as at 31st March 2011. The Agency is not in a position to accurately assess the cost of the debt arising from a cessation event.

#### **NOTE 23 RELATED PARTY TRANSACTIONS**

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

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

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

Dr T McMurray is an employee of the Belfast HSC Trust. His services are provided to the Agency by secondment, during the year the Agency paid £124,227 to the Belfast HSC Trust under this arrangement. This sum includes employers costs £25,712 in respect of national insurance and pension contributions.



## **N.I. Medical & Dental Training Agency**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

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

Some of the Agency's Non Executive Directors have disclosed interests with organisations from which the Agency purchased services or supplied services to during 2010/11. Set out below are details of the amount paid to these organisations during 2010/11. In none of these cases listed did the Executive/Non Executive Directors have any involvement in the decisions to procure the services from the organisation concerned.

	<b>Payments to Related Party £</b>	<b>Income from Related Party £</b>	<b>Amounts owed to Related Party £</b>	<b>Amounts due from Related Party £</b>
Queens University Belfast	236,859	-	-	-

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

Dr J Marley is a non-executive member of the board and is employed by Queens University Belfast.

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

#### **NOTE 24 THIRD PARTY ASSETS**

The Agency does not hold any third party assets.

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 25 Financial Performance Targets

##### 25.1 Revenue Resource Limit

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

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

	2011 Total £	2010 Total £
HSC Board	1,069,187	754,000
SUMDE & NIMDTA	-	-
DHSSPS resource budget	52,220,000	51,835,919
Other Gov Department	-	-
Non cash RRL (from DHSSPS)	-	116,368
<b>Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure</b>	<b>53,289,187</b>	<b>52,706,287</b>

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

##### 25.2 Capital Resource Limit

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

	2011 Total £	2010 Total £
Gross Capital Expenditure	8,813	-
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	8,813	-
Capital Resource Limit	8,813	46,000
Overspend/(Underspend) against CRL	-	(46,000)

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### 25.3 Break even performance

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

	2010/11 £	2009/10 £
Net Expenditure	<u>53,225,643</u>	<u>52,428,668</u>
RRL	53,289,187	52,706,287
Surplus/(Deficit) against RRL	63,544	277,619
Break Even cumulative position (opening)	277,619	-
Other Adjustments	-	-
Break Even Cumulative position (closing)	<u><u>341,163</u></u>	<u><u>277,619</u></u>

#### Materiality Test:

	2010/11 %	2009/10 %
Break Even in year position as % of RRL	<u>0.12%</u>	<u>0.53%</u>
Break Even cumulative position as % of RRL	<u>0.64%</u>	<u>0.53%</u>

## N.I. Medical & Dental Training Agency

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011

#### NOTE 26 LOSSES & SPECIAL PAYMENTS

TYPE OF LOSS		NO. OF CASES	VALUE £
1	Cash Losses - Theft, fraud etc		
2	Cash Losses - Overpayments of salaries, wages and allowances		
3	Cash Losses - Other causes (including unvouched and incompletely vouched payments)		
4	Nugatory and fruitless payments		
	i. Abandoned capital schemes		
	ii. Late payment of commercial debt		
	iii. Other		
5	Bad debts and claims abandoned		
6	Stores and Inventory Losses - Theft, fraud, arson (whether proved or		
	i. Bedding and linen		
	ii. Other equipment and property		
7	Stores and Inventory Losses - Incidents of the service (result of fire, flood, etc)		
8	Stores and Inventory Losses - Deterioration in store		
9	Stores and Inventory Losses - Stocktaking discrepancies		
10	Stores and Inventory Losses - Other causes		
	i. Bedding and linen		
	ii. Other equipment and property		
11	Compensation payments (legal obligation)		
	i. Clinical Negligence		
	ii. Public Liability		
	iii. Employers Liability	1	5,000
12	Ex-gratia payments - Compensation payments (including payments to patients and staff)		
13	Ex-gratia payments - Other payments		
14	Extra statutory payments		
15	a. Losses sustained as a result of damage to buildings and fixtures arising from bomb explosions or civil commotion.		
	b. Damage to vehicles		
<b>TOTAL</b>		<b>1</b>	<b>5,000</b>

#### 26.1 Special Payments

There were no special payments during the financial year.

#### NOTE 27 POST BALANCE SHEET EVENTS

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

#### NOTE 28 DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 18th August 2011