



2012/13

Annual Report

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Foreword from the Chair

It is with pleasure that I present the Annual Report for 2012/13 which describes the work of the Northern Ireland Medical and Dental Training Agency (NIMDTA) across a range of functions and indicates how our business objectives were achieved.

The Board were delighted with the appointment of Keith Gardiner as NIMDTA's Chief Executive/Postgraduate Dean with effect from 1 November 2012. He brings a wealth of medical and educational expertise to the role, as a very experienced Medical Consultant and having previously acted as our Associate Dean for Secondary Care. I look forward to working closely with Keith as NIMDTA seeks to enhance patient care through the delivery of the best possible programmes of training for Doctors and Dentists.

I express my gratitude to Mrs Judith Eve, Dr Ronald Atkinson, and Dr John Marley for their outstanding contributions as Non-Executive Board Members. All three were appointed to the NIMDTA Board upon its creation in 2004 and served the maximum two terms on the Board. I would like to wish them all every success as they leave to take up new challenges.

In 2012/13 there were three new appointments to the Board, Dr John Jenkins as the Non-Executive Medical Member, Dr Derek Maguire as the Non-Executive Dental Member and Mr Gordon Smyth as a Non-Executive Lay Member. I extend a warm welcome to them and wish them every success during the term of their appointment.

The coming year will, as always, present us with a number of fresh challenges, as NIMDTA plays a full part in the implementation of the Transforming Your Care agenda, also in the implementation of the relevant recommendations from the Francis Report, in moving forward the GMC's requirements for the recognition of trainers, in continuing to roll out the revalidation processes and in responding to other major changes within Medical and Dental training. I know that NIMDTA is well placed and that we have the skills and the commitment of all our staff to meet these challenges and to respond flexibly and quickly to new situations.

A key aim for the next year is to build and develop our relationships with the many stakeholders who support the provision of training and, through these very important partnerships, to ensure excellence in training the next generation of Doctors and Dentists, to which we aspire, is achieved. I would like to take the opportunity to thank all of those partners for their continuing support.

The Board is confident of NIMDTA's capacity to deliver the objectives as set out in our Business Plan. We have a robust Governance and Risk structure in place and this is managed very effectively by our Senior Management Team.

I would like to extend my thanks to my Board colleagues for their support, also to the Senior Management Team and all members of staff for their commitment and dedication to the work of NIMDTA during the past year.

A handwritten signature in black ink, appearing to read 'Alistair Joynes', with a stylized, cursive script.

Alistair Joynes
Chairman

Date: 4 July 2013

Chief Executive's Report

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

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

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

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

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

Recruitment to all training posts in Northern Ireland is managed by NIMDTA and staff worked tirelessly during the year to recruit doctors and dentists to training posts in Northern Ireland and to ensure, as far as possible, that maximum fill rates were achieved. In August 2012 the Foundation Programme achieved a fill rate of 98.4% (99.2% in 2011/12) and Specialty Training a fill rate of 89.3% (94.3% in 2011/12). NIMDTA will continue to work with all stakeholders to fill remaining vacancies.

NIMDTA worked with LEPs to deliver programmes of training and was supported by its Foundation and Specialty Schools in ensuring that the curricula were implemented to the standards required and trainees were assessed as competent before progressing to the next stage of training or on completion of training. During the year, NIMDTA Senior Management Team and its Specialty Schools worked effectively to ensure that robust systems were put in place for the appraisal and assessment of doctors in training in preparation for the introduction of revalidation in December 2012.

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

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

NIMDTA recognises the importance of communicating with its staff and supporting them through the current uncertain and challenging economic climate. Indeed, the ongoing Business Services Transformation Project and Review of Arms Length Bodies will provide for the discussion of future change. The Joint Negotiating Forum met on a number of occasions throughout the year to discuss any areas of concern. The views of employees were also sought at team leader meetings and departmental staff meetings and through NIMDTA's annual staff satisfaction survey.

In the period 1st April 2012 – 31st March 2013 there were 229 days lost due to sickness within NIMDTA. This represents a loss rate of 2%. By comparison, in the same period for the previous year 261 days were lost to sickness, representing a loss rate of 2%.

NIMDTA participates in both the HSC Superannuation Scheme and the Universities Superannuation Scheme, both of which are multi-employer defined benefits schemes. The Agency makes employer contributions of 16% of gross pay under the Universities Superannuation Scheme and 13.3% of gross pay under the HSC Superannuation Scheme. The costs of early retirement are met by the Agency and charged to the Statement of Comprehensive Net Expenditure at the time the Agency commits itself to the

retirement. There were no early retirements in the year ending 31st March 2013. The Agency is unable to identify its share of the underlying assets and liabilities in either scheme on a consistent and reliable basis.

Regarding our financial performance NIMDTA failed to meet its breakeven target recording a surplus of 0.49%. This was due to a change in policy in respect of payments to GP trainers whereby NIMDTA no longer needs to accrue for pension costs. In previous years NIMDTA had accrued pension costs of approximately £190,000 per annum in respect of payments made to GP trainers. During this time NIMDTA continued to seek clarification from HSC Pensions Branch on the status of these payments. A decision was taken by HSC Pensions Branch that there was no need to accrue for these costs. NIMDTA was not notified of this decision until after the end of the financial year.

The Department requires that Agencies pay their non HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA achieved an outturn of 95.6% in relation to the prompt payments target. Further details of compliance with the Better Payments Practice code are given in the note 15 to the accounts.

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

There remains uncertainty around the future of NIMDTA. In April 2012 NIMDTA was informed that the Health Minister had directed the Department to undertake a review of the organisation as part of the overall review of Arms Length Bodies. Although the pre-consultation phase has now been completed and a range of options on the future status of NIMDTA have been identified, including the merger of NIMDTA with another Health and Social Care organisation, there has been no decision made as to the next stage of the process.

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

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2013 have been audited by the Northern Ireland Audit Office (NIAO). The notional cost of audit work performed in 2012/13 was £13,700. The auditors did not perform any non-audit services.

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

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

Mr Keith Gardiner
Interim Chief Executive/Postgraduate Dean

Date: 4 July 2013

Management Commentary

The Role of NIMDTA

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) to train medical and dental professionals for Northern Ireland.

The bodies responsible for managing the quality of postgraduate medical and dental training in the UK are Postgraduate Deaneries. NIMDTA, as the postgraduate deanery for NI, is responsible for the educational governance of all approved medical and dental training programmes in NI. To deliver this role, NIMDTA needs to work closely with Local Education Providers (LEPs), Royal Colleges, Faculties and Specialty Associations to ensure compliance with the standards of regulators and national frameworks.

In training medical and dental professionals for Northern Ireland, NIMDTA seeks to serve the government, public and patients of Northern Ireland by listening to local needs and having the agility to respond to regional requirements.

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

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to Foundation, Core and Specialty Training Programmes and rigorously assesses the performance of trainees through annual review and appraisal. It works in close partnership with LEPs to ensure that the training and supervision of trainees supports the delivery of high quality safe patient care.

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

date and fit to practise. NIMDTA also works to the standards in the COPDEND framework for the quality development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued continuing education courses for general medical and dental practitioners and dental care professionals. It also supports the continuing professional development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

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

The Role of the Board

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

Mr Alistair Joynes	Chair
Mrs Judith Eve	Non-Executive Lay Member (Term of appointment ended 22 August 2012 and subsequently extended to 23 January 2013)
Dr Ronald Atkinson	Non-Executive Medical Member (Term of appointment ended 23 January 2012 and subsequently extended to 23 January 2013)
Dr John Marley	Non-Executive Dental Member (Resigned with effect from 31 July 2012)
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member (appointed 24 January 2013)
Dr John Jenkins, CBE	Non-Executive Medical Member (appointed 24 January 2013)
Dr Derek Maguire	Non-Executive Dental Member (appointed 18 March 2013)

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

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

Audit Sub-Committee

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

Mr Deane Morrice, MBE	Chair
Dr John Marley	Board Member (until 31 July 2012)
Mrs Judith Eve	Board Member (until 23 January 2013)
Dr Ronald Atkinson	Board Member (until 23 January 2013)
Mr Lee Wilson	Board Member
Mr Gordon Smyth	Board Member (from 24 January 2013)
Dr John Jenkins, CBE	Board Member (from 24 January 2013)

In 2012/13 the Audit Sub-Committee met on five occasions. The Audit Sub-Committee is also attended by representatives of the NIAO, BSO internal audit, and members of the Senior Management Team (Chief Executive, Administrative Director, Finance Manager and Corporate Governance Manager).

Governance & Risk Sub-Committee

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

Mr Alistair Joynes	Chair
Mr Deane Morrice, MBE	Board Member
Dr John Marley	Board Member (until 31 July 2012)
Dr Ronald Atkinson	Board Member (until 23 January 2013)
Mr Lee Wilson	Board Member
Mr Gordon Smyth	Board Member (from 24 January 2013)
Dr John Jenkins, CBE	Board Member (from 24 January 2013)

In 2012/13 the Governance & Risk Sub-Committee met on seven occasions. The Governance and Risk Sub-Committee is also attended by members of the Senior Management Team (Chief Executive, Administrative Director, Corporate Governance Manager, Finance Manager).

Remuneration Sub-Committee

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

Mr Alistair Joynes	Chair
Mr Deane Morrice, MBE	Board Member
Dr John Marley	Board Member (until 31 July 2012)
Mrs Judith Eve	Board Member (until 23 January 2013)
Dr Ronald Atkinson	Board Member (until 23 January 2013)
Mr Lee Wilson	Board Member
Mr Gordon Smyth	Board Member (from 24 January 2013)
Dr John Jenkins, CBE	Board Member (from 24 January 2013)

In 2012/13 the Remuneration Sub-Committee met on three occasions.

Senior Management Committee

The Senior Management Committee (SMT) supports the Board through the provision of operational oversight of NIMDTA and the delivery of its services, ensuring that the structures and processes in place, as it strives to deliver excellence, are robust and adequate.

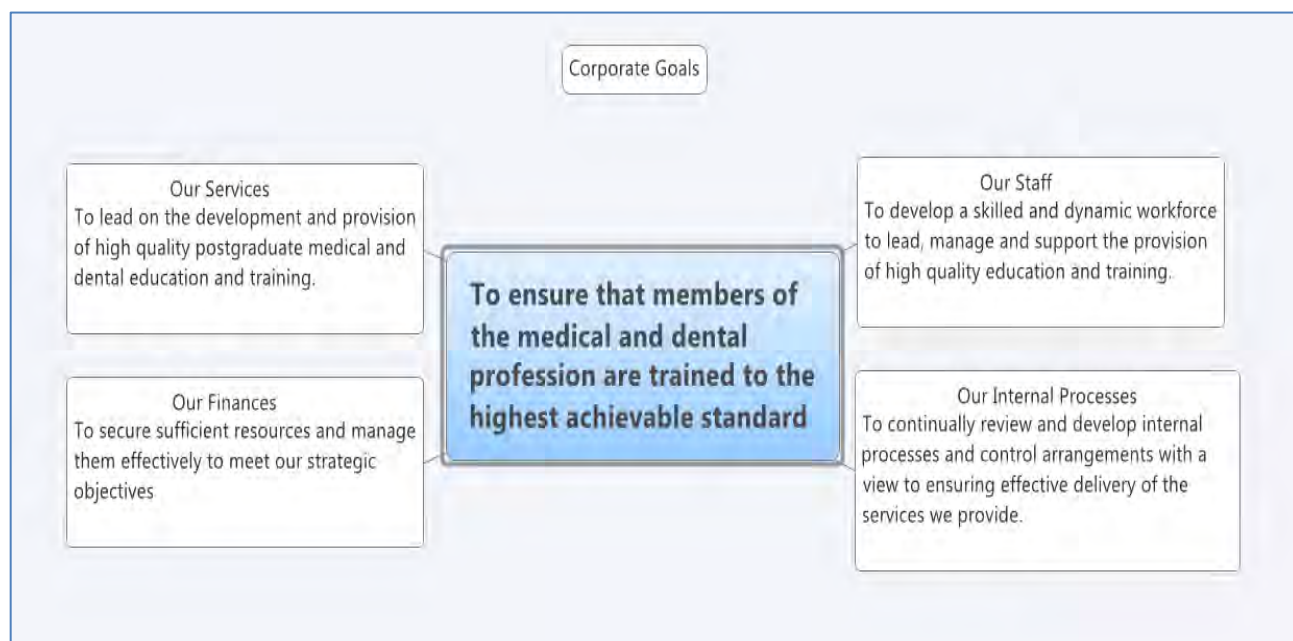
Mr Keith Gardiner	Chief Executive/Postgraduate Dean (from 1 November 2012)
Ms Margot Roberts	Administrative Director (Acting Chief Executive until 31 October 2012)
Dr Claire Loughrey	Director of General Practice Postgraduate Education
Prof David Hussey	Postgraduate Dental Dean
Mr Tommy Hutchinson	Finance Manager
Ms Roisin Campbell	Human Resources Manager
Mr Mark McCarey	Corporate Governance Manager

In 2012/13 the Senior Management Team met on ten occasions.

A Governance Statement is included on page four within Annex A of this report.

Corporate Goals & Business Objectives

The following corporate goals have been the drivers of NIMDTA's performance in 2012/13:



Within the Business Plan 2012/13 a series of business objectives were developed to ensure that the corporate goals were delivered:

Our Services

1. To ensure that standards required by the GMC are met (postgraduate medical education and training)
2. To ensure that dental trainees are recruited, trained and assessed in line with approved dental curricula.
3. To ensure that medical and dental practitioners and dental care professionals are supported in their learning and development (continuing professional development programme).
4. To ensure that appraisal processes (general practitioners) enable the designated responsible officer to discharge their statutory duties.

Our Internal Processes

5. To demonstrate substantive systems of internal control.

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

Our Staff

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

Our Finances

8. To manage expenditure in line with Managing Public Money

Performance Against Key Performance Indicators

Target	Performance
Our Services	
That information in relation to the Deanery reports is submitted within the timelines set by the GMC.	The GMC confirmed that the relevant deadlines had been met in their letter of 28 January 2013.
That quarterly reports are submitted to the Medical Education Policy Group & Health & Social Care Board.	100% of the reports were forwarded at the appropriate points
That the Learning and Development Agreements (LDA) with the five Trusts are monitored annually.	Meetings were held with each of the Trusts, to monitor performance against the LDA.
Our Internal Processes	
Achieve substantive compliance with controls assurance standards.	Substantive compliance was achieved across all thirteen applicable standards.
Implementation of Audit recommendations .	Internal Audit concluded that at the end of 2012/13 97% of outstanding recommendations had been fully implemented, and that the remaining 3% had been partially implemented.
Our Staff	
That the absence rate of staff will be benchmarked against the HSC target of 5.5%	NIMDTA's absence rate in 2012/13 was 2%.
Our Finances	
Achieve an outturn of 95% in accordance with the CBI Prompt Payment Code and Government Accounting Rules.	NIMDTA achieved a prompt payment rate of 95.6%. (See note 15.1 in the Accounts)
Achieve a breakeven target of +0.25%.	NIMDTA recorded a surplus of + 0.49%. (See note 25.3 in the Accounts)

Our Services

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

Cross Departmental Working

NIMDTA must have the structures and processes in place to enable the standards of the regulators and national frameworks to be met. NIMDTA has developed a number of internal cross departmental groups that work to maintain these structures and processes and ensure that specific areas of our services are delivered consistently across departments, that learning is shared amongst key individuals, and that peer support is available. An overview of the work of these groups in 2012/13 follows.

Senior Management Committee

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

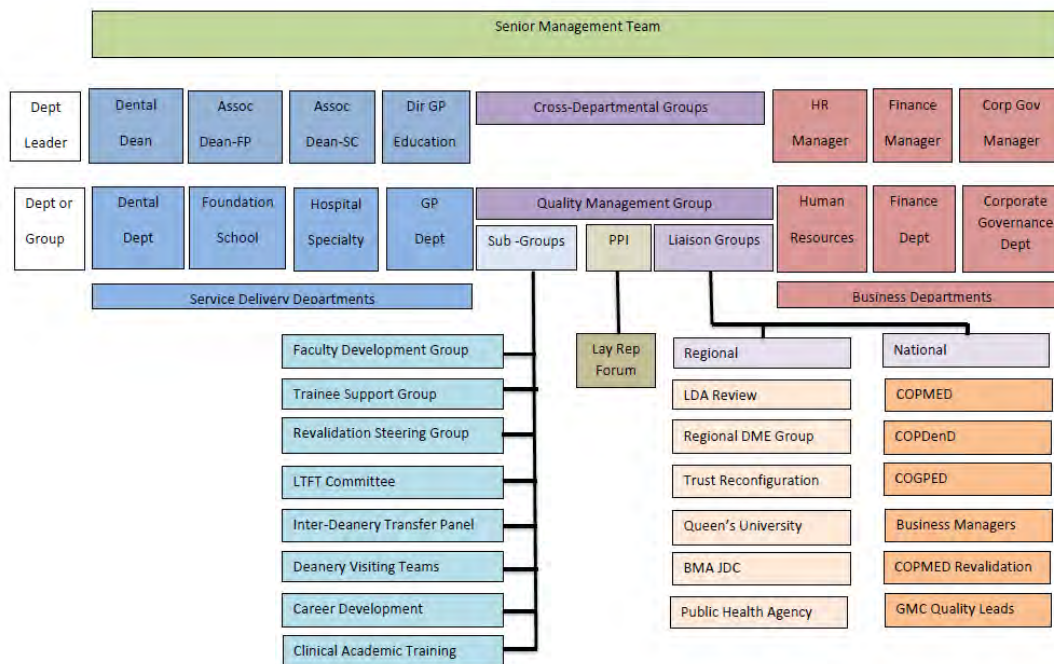
The aims of this committee are

- to advise the Board on the implementation and development of good corporate governance and risk management arrangements;
- The identification of significant risks, to include the management and investigation of complaints and incidents, and the processes in place for the effective monitoring of identified risks;
- The production and development of a three year Corporate Plan, Annual Business Plan and Annual Report and Accounts;
- The development of an effective and efficient organisational structure for NIMDTA;
- The management of NIMDTA resources in an effective and efficient manner;
- Change management issues;

- The development of sufficient administrative and technical skills and capacity to support the business of NIMDTA;
- The arrangements in place for the safe keeping of information records within NIMDTA;
- The investigation of incidents that arise from NIMDTA's Whistleblowing and Fraud policies, if appropriate.

This Committee consists of the Chief Executive/Postgraduate Medical Dean, the Postgraduate Dental Dean, the Director of General Practice Education, the Administrative Director, the Finance Manager, the Human Resources Manager, and the Corporate Governance Manager. During 2012/13, the committee met ten times

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



Quality Management Group

The Quality Management Group (QMG) is a cross-departmental group which monitors and assesses the delivery of postgraduate medical and dental training against national standards.

The aims of the Quality Management Group are to ensure that standards required by regulatory bodies are met by promoting and sharing good practice

across all specialties; enhancing the training of trainers; improving the quality of curriculum delivery in all specialties; removing obstacles to postgraduate medical education and training; and developing the resources and infrastructure of postgraduate medical education and training.

In 2012/13 the QMG met on 25 occasions under the Chairmanship of the Postgraduate Dean. Major areas of work included reporting to the GMC on the quality of postgraduate medical education and training in NI, promoting the GMC National Training Survey (93.9% response rate), responding to Patient Safety issues (70) arising from the 2012 GMC Trainee Survey, reviewing and responding to GMC Consultations, organising and completing Deanery visits to LEPs (27), reviewing Deanery guidance and procedures, and organising a lay representative recruitment exercise. The QM group also reviewed reports from its sub-committees, details of which follow below.

Faculty Development and Curriculum Delivery Group

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

The Faculty Development and Curriculum Delivery Group met on 5 occasions during 2012/13. During this time a comprehensive implementation plan for the GMC initiative on Recognising and Approving Trainers was developed, and a number of training events were organised, delivered and reviewed for Lay Representatives, Recognised Trainers, and Lead Educators. Course Directors were identified and appointed to oversee each of the Deanery's courses.

A Clinical Simulation Conference was held on Friday 15 June 2012. The programme included a keynote lecture entitled 'Simulation and Virtual Reality' which was delivered by Professor Tony Gallagher from University College Cork. An Inaugural Annual Educator's Day was held on Friday 14 September 2012 to which Mr Jon Billings, Assistant Director for Revalidation at the General Medical Council was invited to speak on Revalidation.

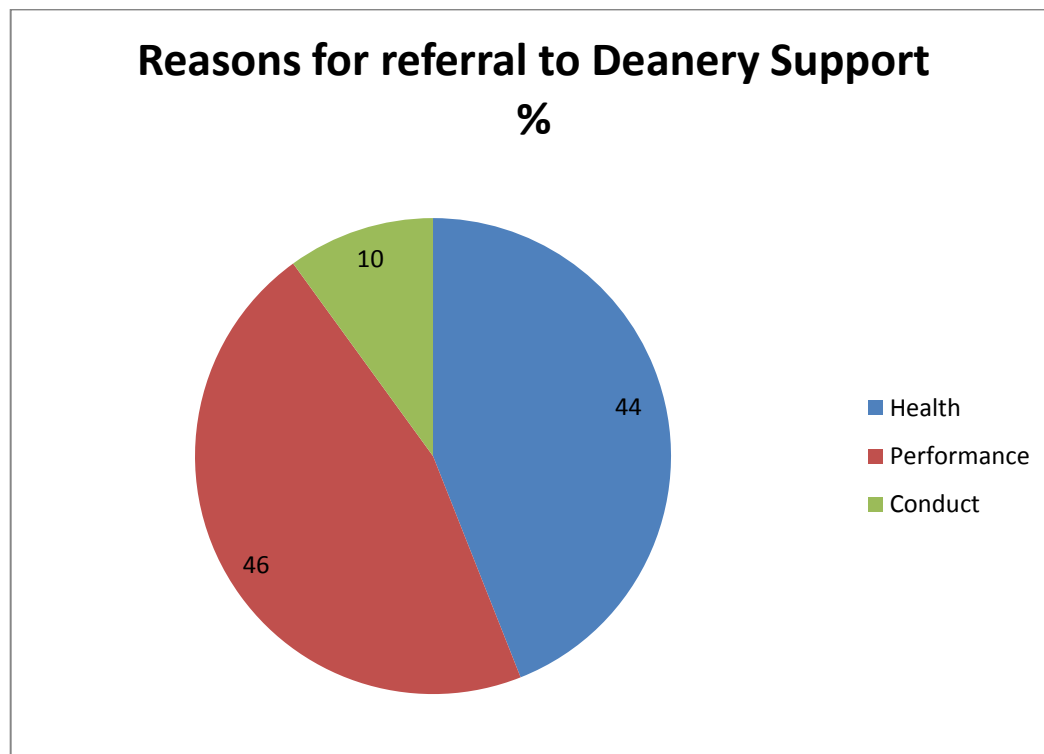
Trainee Support Group

NIMDTA provides support and guidance to all trainees experiencing difficulty. NIMDTA also advises educational supervisors, Directors of Medical Education and senior trainers on the management of these cases. This work is progressed in line with NIMDTA's Trainee Support Policy which is available online.

An electronic database was established to help track and follow up all trainees in difficulty. There are currently one hundred and sixty nine trainees entered on the database but not all of these are active cases under discussion and management.

The Trainee Support Group met monthly in 2012/13 under the Chairmanship of the Associate Postgraduate Dean for Career and Personal Development, Dr John Collins. At each meeting trainees, who were actively in need of support, were discussed and their on-going management was agreed.

There has been a considerable increase in referral of doctors in difficulty from a total of eleven in 2011/12 to forty one in 2012/13. The reasons for referral for support, apart from career counselling, are divided into concerns regarding health, conduct or performance. A breakdown of these referrals is shown in the pie chart below:



The majority of referrals were due to concerns about performance and included lack of engagement with training and assessment, examination failures, inadequate performance on observed tasks or general assessment of competency levels by the trainers. Health issues, which can be a factor in performance and conduct, made up 44% of referrals. Support for trainees has been greatly enhanced by a close working relationship between NIMDTA and Occupational Health services. Conduct is an unusual reason for referral and only occurred in four cases.

Revalidation Steering Sub-Group

A Revalidation Steering Group was set up in 2013 to oversee the implementation of Revalidation for medical trainees in the NI Deanery. The aims of the Revalidation Steering Group are:

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

The Revalidation Steering Group met twice since being established in 2013.

Less Than Full Time Training Panels

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

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

During 2012/13, there were 86 Foundation and Specialty trainees, including General Practice trainees, supported by NIMDTA to work on a less than full time basis. Arrangements were put in place for these trainees as follows:

- 40 part time in a full time post
- 18 in a supernumerary post
- 28 in a slot share arrangement

Inter Deanery Transfer (IDT) Panels

It is possible for trainees to move between Deaneries at the discretion of the Postgraduate Dean. Trainees are expected to show that they have well-founded personal reasons for wishing to move from their current Deanery. These include significant life events, caring responsibilities and committed relationships. Requests for inter-deanery transfers were considered by the IDT Panel in October 2012. Seven trainees were facilitated to transfer into the Deanery and five trainees left the NI programme to go to other UK Deaneries.

Deanery Visiting Teams

Visits to local education providers (LEPs) are an important component of NIMDTA's processes to discharge its quality management duties within the Deanery. The aims of these visits are to:

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

- explore good practice and 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; and
- promote collaboration, partnership and personal relationships between NIMDTA staff and staff in LEPs.

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

a) Cyclical Monitoring Visit

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

b) Interim Progress Visit

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

c) Problem Solving Visit

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

Outcomes of Visits

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

Deanery Visits to Local Education Providers 2012/13

During 2012/13, 27 Deanery visits were made to inspect Foundation, Core and Higher Specialty training posts and units (Table 1)

These visits were categorised as:

Cyclical	20
Interim Progress (Follow-Up)	6
Problem-solving visit (after enquiry by GMC)	1

Of the twenty cyclical, five surgical visits were accompanied by the Surgical Specialty Advisory Committee of the Royal College.

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

Cyclical visits are currently being planned for 2013/14 to Medical specialties, Surgical specialties, Anaesthetics and Radiology. Follow-up visits are planned to Haematology, Medical and Clinical Oncology.

Table 1: Foundation, Core and Specialty Hospital Visits 2012/2013

Date	Specialty	Location	HSC Trust
26 April 2012	Paediatrics	RBHSC	Belfast
26 April 2012	Paediatrics	Ulster	South Eastern
27 April 2012	Paediatrics	RJMS	Belfast
18 May 2012	Emergency Med	Antrim Area Hospital	Northern
24 May 2012	O&G	Craigavon	Southern
01 June 2012	O&G	RJMS	Belfast
29 June 2012	Ophthalmology	Royal Victoria Hospital	Belfast
08 Nov 2012	Public Health	Public Health Agency (PHA)	PHA
09 Nov 2012	Medicine	Ulster & Lagan Valley Hospital	South Eastern
15 Nov 2012	Medicine	Royal Victoria Hospital	Belfast
15 Nov 2012	Medicine	Belfast City Hospital	Belfast
22 Nov 2012	Medicine	Daisy Hill Hospital	Southern
22 Nov 2012	Surgery	Daisy Hill Hospital	Southern
22 Nov 2012	Medicine	Craigavon Area Hospital	Southern
22 Nov 2012	Surgery	Craigavon Area Hospital	Southern
23 Nov 2012	Medicine	Altnagelvin Hospital	Western
23 Nov 2012	Surgery	Altnagelvin Hospital	Western
23 Nov 2012	Medicine	South West Acute Hospital	Western
23 Nov 2012	Surgery	South West Acute Hospital	Western
30 Nov 2012	Surgery	Ulster Hospital	South Eastern
13 Mar 2013	Surgery	Belfast City Hospital	Belfast
14 Mar 2013	Surgery	Mater Hospital	Belfast
14 Mar 2013	Surgery	Royal Victoria Hospital	Belfast
15 Mar 2013	Surgery	Causeway Hospital	Northern
15 Mar 2013	Surgery	Antrim Area Hospital	Northern
28 Mar 2013	Medicine	Mater Hospital	Belfast
28 Mar 2013	Medicine	Musgrave Park Hospital	Belfast

Career Development

NIMDTA's work in this area is led by the Associate Postgraduate Dean for Career and Personal Development Dr John Collins. In 2012/13 Dr Collins completed a Master's degree in Managing Medical Careers through the University of Brighton which was supervised at the KSS Deanery.

From January to March 2013, twelve introductory career choice workshops were held for over 200 F1 trainees. Career workshops, as part of the Foundation Year 2 generic skills programme, were held in seven whole day sessions through August and September 2012. At these events, trainees

were introduced to the concepts of career planning and provided with relevant information on the resources for self-assessment, career exploration and decision-making.

The careers section of the new NIMDTA website was updated to reflect changes in specialty training, and the NHS careers website was promoted to all trainees.

An annual Careers Fair was held, and Dr Joan Reid, Senior Careers Officer at the KSS Deanery, attended as guest speaker. A close working relationship with the Queen's University Medical Undergraduate Careers Lead was maintained with NIMDTA participating regularly in undergraduate events.

Dr Collins provided careers advice to a small number of doctors who were not in training but who had GMC undertakings or conditions applied by the GMC's Fitness to Practise Panel. At the end of 2012/13 six doctors fell into this category.

Clinical Academic Training Committee

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

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

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

In 2012, nine Academic F2, two Academic Clinical Fellows and one Academic Clinical Lecturer were appointed.

Lay Representatives' Forum

NIMDTA recruited 21 Lay Representatives in 2012/13 to provide external scrutiny and contribute to a number of different Deanery activities. These activities included recruitment and selection panels, assessment panels (Annual Review of Competence Progression - ARCP / Record of In Training

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

All lay representatives were inducted to their roles and were provided with training throughout the year. The annual Lay Representative Forum was held in September 2012.

External Relationships - National

COPMED, COPDEND and COGPED

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

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

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

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

COPMED Revalidation Steering Group

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

GMC Quality Leads

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

External Relationships - Regional

LDA Review Meetings

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

Regional DME Group

This group brings together the Directors of Medical Education in the 5 HSC Trusts in Northern Ireland with the Postgraduate Dean, Administrative Director and Senior Educators from NIMDTA. Its purpose is to provide an opportunity to exchange information between NIMDTA and DMEs, to share good practice, to identify the factors which impact on the development of postgraduate education and training, facilitate input and discussion of Deanery policies and discuss implementation of GMC initiatives. The Group met on four occasions during 2012/13.

Trust Reconfiguration Meetings

These meetings were arranged in advance of Service Reconfigurations to consider the impact of proposed service changes on the delivery of postgraduate education and training. The meetings involved NIMDTA Senior Educators and Senior Administrators, Specialty Leads and Education and Service Leaders in the HSC Trust.

Liaison - NIMDTA/Queen's University School of Medicine

The Postgraduate Dean, Administrative Director and Senior Educators met formally with the Head of School, Deputy Head of School, the Director of the Centre of Medical Education from QUB on three occasions throughout the year. The aim of this liaison group is to enhance existing links on issues such as quality management, faculty development, careers advice, transfer of information, Foundation training posts and trainees in difficulty.

Liaison – NIMDTA/BMA JDC

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

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

Liaison - NIMDTA with HSC Board/Public Health Agency

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

Dentistry

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

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

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

Dental Foundation Training

Dental Foundation training is delivered in the general dental practice setting. Each year the Deanery conducts a recruitment exercise for trainees and trainers. Thirty five General Dental Practitioners (GDPs) were appointed as trainers with effect from August 2013.

Recruitment and Selection

For the recruitment in 2012/13 the Deanery participated in national Foundation recruitment. As part of this process the Deanery interviewed 155 applicants over a two day period. Thirty one Dental Foundation trainees were recruited to the NI training schemes. Ten of these were offered two year block training programmes that would guarantee them a core training post for a second year.

Trainee allocation was trainee led, with the new graduates selecting their training practices.

Delivery of Curriculum

The delivery of Dental Foundation Training is based on the UK Dental Foundation Curriculum. This curriculum is delivered through dental practice based training and in community dentistry and hospital bases. In 2012/13 the electronic portfolio was introduced for dental foundation trainees. The e-portfolio contains all workplace based assessments completed during the year. These were reviewed on a quarterly basis by the Dental Assessment Review Panel and the outcomes reported to the Senior Management Committee. The educational programme for Dental Foundation trainees ensured that there was regular contact with the Dental Advisers. Where

issues concerning performance or educational needs were identified these were discussed with the Postgraduate Dental Dean and remedial actions were put in place and, where necessary, referred to the Trainee Support Group.

The Committee for Vocational Training in Northern Ireland (CVT NI), which is responsible for overseeing the delivery of the educational programme in foundation training, met twice during the year.

Specialty Training

In 2012/13 specialty training was provided across three sites at the Royal, Altnagelvin, and Ulster Hospitals.

Three Specialty Registrars (StRs) completed their training in 2012/13 with one StR requiring additional time to complete their programme. Two trainees successfully completed Career Development Posts.

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

Continuing Professional Development

The CPD programme for Dentists and Dental Care Professionals (DCPs) continued to be popular, with over 1,100 dentists and 1,500 DCPs registered with NIMDTA's on-line course management system. These figures represent a ten per cent increase from 2011/12.

Within 2012/13, 3,370 CPD course places were offered on 100 courses in various locations across the NI Deanery and 2,201 educational opportunities were taken up. A concerted effort was made to ensure that the General Dental Council's recommended core subjects were appropriately addressed and delivered.

Course evaluations provided valuable feedback and assisted with the quality management of the courses. Infection, Prevention Control and Decontamination practical workshops proved popular as dentists strive to meet the standards of HTM 01-05. More courses in these core areas are planned for 2013/14.

General Practice

The General Practice (GP) Department is led by the Director of Postgraduate General Practice Education, Dr Claire Loughrey. There are three main areas of activity in the GP Department which is supported by medical educator and administrative teams. These areas are GP Specialty Training, GP Appraisal, and GP Continuing Professional Development (CPD).

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

To ensure that standards required by the GMC are met

GP Specialty Training

Recruitment and Selection

Demand for GP Training in Northern Ireland is high with a recruitment/selection ratio of 2.75:1. There are currently 227 GP trainees on the GP Specialty Training Programme.

GP Specialty trainees are provided with a three year programme of training on appointment, which is based in a Trust area. Out of the sixty five trainees recruited to a three year run through programme in 2009 only thirty seven completed training within this timeframe, in July 2012 due to periods of maternity leave, sick leave and less than full-time working. Twenty seven trainees are currently working less than full time.

The recruitment process took place in February 2013 in line with the nationally accredited process. Sixty four trainees were appointed to Specialty Training Year One (St1) posts in General Practice at August 2012. (One trainee resigned from the scheme at late notice). Sixty five trainees have been offered places in the GP specialty training programme to commence in August 2013.

Delivery of Curriculum

GP Training Programme Directors carried out a curriculum mapping activity to ensure that all areas of the RCGP curriculum were covered in the delivery of the formal teaching in St2 and St3 General Practice. The General Practice Department delivered 321 courses and training events for GP Trainees at different levels in 2012/13.

NIMDTA continued to support Practice Based Small Group Learning for St2 and St3 trainees. This initiative was well received by GP Trainers and GP trainees alike.

Annual Review of Competence Progression (ARCP) and MRCGP

Satisfactory completion of training in General Practice is an essential requirement for entry to the GMC's GP Register and for membership of the Royal College of General Practitioners (MRCGP). The MRCGP is an integrated assessment programme that includes three separate components:

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

In 2012/13 a total of twenty five trainees sat the AKT in October 2012 (twenty four passed at 1st attempt). Twenty four trainees passed the AKT in February 2013. Four trainees undertook CSA in November 2012 (all passed) and fifty six trainees undertook CSA in February/ March 2013 with one fail at the first attempt. Northern Ireland GP trainees performed well in comparison with their counterparts in other UK Deaneries.

The ARCP Panels met in June and July 2012 and reviewed the trainee e-portfolios which contained the evidence for the work-place based assessments.

Thirty seven GP St3 Specialty trainees completed their training requirements and gained their CCT in 2012/13. A total of 142 trainees through St1/St2/St3 achieved satisfactory progress at ARCP.

- Seven trainees were given an unsatisfactory outcome – with no additional training time required
- One trainee was given an unsatisfactory outcome – with additional training time required
- Three trainees were given an unsatisfactory outcome – insufficient evidence, additional training may be required
- Fifteen trainees were given an out of programme outcome as they were on maternity leave

All GP trainees in the GP training programme had an appraisal in addition to their ARCP. This was to ensure that GP Trainees were familiar with the requirements of the GP Appraisal scheme as they move into independent practice.

Foundation Training in GP

GP trainers in GP training practices provide training places for Foundation trainees. There are normally sixty places in twenty practices with four month attachments annually. In 2012/13 there were fifty nine Foundation trainees who completed a four month placement in General Practice.

The GMC Foundation School Survey showed no areas for concern in relation to General Practice and areas of excellence in the following areas: responsibility for clinical supervision, workload, hours of education, internet access, and other learning.

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.

GP Deanery Visits

A core element of the Quality Management of GP Specialty Training is the accreditation of GP Training Practices and GP Trainers. In 2012/13 there were 80 practice visits carried out and 129 GP Trainers accredited.

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

General Medical Council Surveys

A key performance indicator for the GP team is performance in the General Medical Council Surveys (GMC). The trainee survey 2012/13 was analysed in order to look at areas of exceptional practice and areas of concern in General Practice training.

The GMC survey provides information to enable the GP team to influence the education providers in the HSC Trusts to enhance the training experience both in terms of environment and teaching culture.

The analysis of the survey in relation to Trust posts indicated notable practice in Obstetrics and Gynaecology in one Trust with regards to overall satisfaction with the post, induction, workload and experience. Notable practice was also indicated in the local teaching provided in Emergency Medicine in one Trust.

Areas of concern were identified with regard to workload in Emergency Medicine in three Trusts and also with regards to handover in three Trusts. There was also some concern about local teaching in two Trusts and access to educational resource in one Trust.

Careers Information & Support

A review of all induction material was carried out in 2012/13 and information leaflets on recruitment and selection, the GP training programme and out of hours training were produced and made available on the website.

The GP department utilised the 'Special Circumstances' policy to facilitate trainees who had a disability and required reasonable adjustments to their working arrangements. These decisions were informed by an Occupational Health assessment and made with the input of lay and external representatives.

There were a number of GP trainees who required additional support ranging from those who required minimal intervention to those requiring significant intervention where complex multi-factorial issues prevailed. Within the year there were three referrals to Occupational Health.

Trainees with more complex issues were referred to the Trainee Support Group. 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 was established with representatives from St1- St3 to assist in communication between the GP Department and the GP trainees in the programme.

A large proportion of GP Trainees are 'out of sync' in the programme due to absence for reasons such as maternity and sick leave. These trainees met with their Programme Director prior to their return to work to ensure that a suitable educational plan was put in place.

The GP team reviewed and revised the following policies Practice and Trainer Accreditation; Allocations Policy and Out of Hours training review.

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

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

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

GP Trainer Development

There are currently 192 General Practice trainers in 106 different training practices. There have been seventeen new trainers appointed since April 2012 and seven trainers have retired.

Each year there is continued interest from potential trainers who apply for and successfully complete the Learning and Teaching course. In 2012/13 a total of twenty seven GPs attended the *Learning & Teaching Course*. The course included sessions in relation to the delivery of educational supervision and feedback, the use of consultation observation (video), and case based education.

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

The GP Trainer Groups organised training sessions to cover topics in relation to

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

NIMDTA also provided training for the following groups:

- Clinical Supervisors in Out of Hours
- Practice Managers

NIMDTA Senior Educators met regularly with the GP Trainer Convenors Group to improve information sharing and good practice.

Continuing Professional Development (CPD)

The CPD programme provided seventy two courses between April 2012 and March 2013, including a ten week Certificate in Prescribing. Evaluations from events were very positive. The CPD Annual Membership continued to run in 2012/13, attracting fifty members. There were nineteen GPs on the GP Retainer Scheme. Following successful pilots in 2011/12 four courses for Practice Nurses, and five courses for Practice Managers were included in the CPD programme for 2012/13.

There are currently 1,306 GPs registered on NIMDTA's course management database.

The number of courses provided in each Trust area during 2012/13 is as follows:

Health & Social Care Trust	Courses Provided
Belfast Trust	22
Northern Trust	25
South Eastern Trust	2
Southern Trust	12
Western Trust	11

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

GP Appraisal

NIMDTA co-ordinates and manages the process of GP Appraisal in Northern Ireland and works in partnership with the DHSSPS and the Health & Social Care Board (HSCB) under the guidance of a Central Board of Management. The governance arrangements are underpinned by a Service Level Agreement and Communications Protocol with the HSCB which are updated annually. NIMDTA appraised 1,539 GPs in 2012/13 compared with 1,520 GPs the previous year.

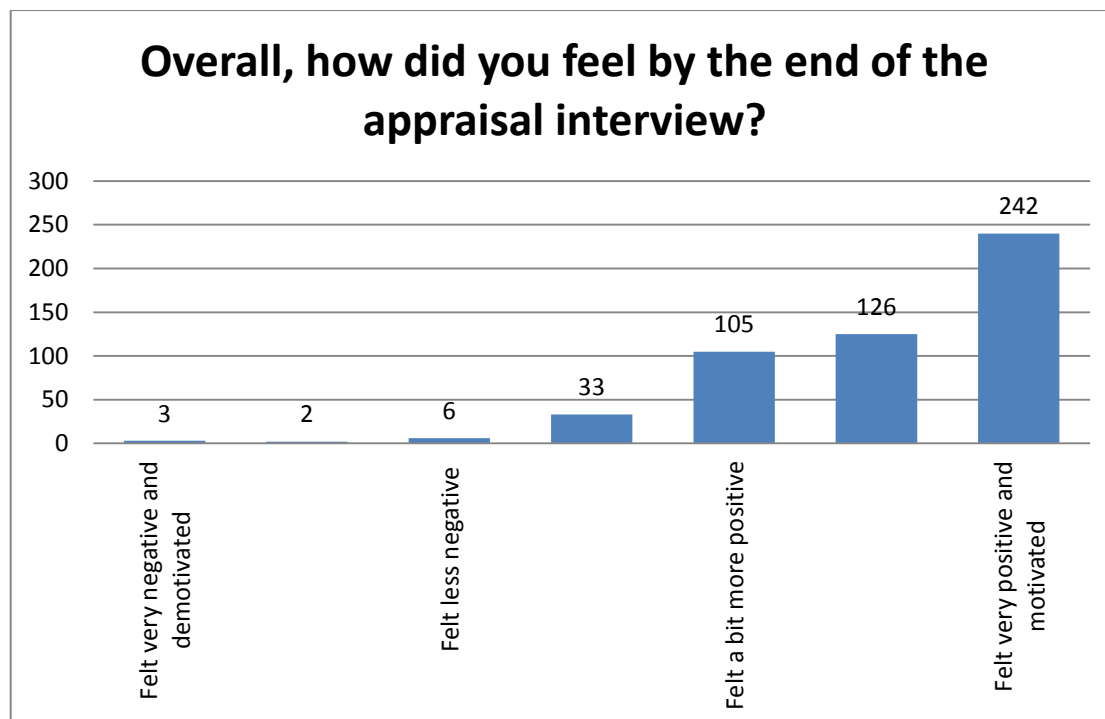
With the introduction of Revalidation, the scheduling of appraisals to meet timelines proved to be an intense activity. A significant body of work was carried out with the HSCB to review the evidence brought to the appraisal and agree a set of Quality Indicators. The documentation for GP Appraisal was updated in keeping with the 4 domains of Good Medical Practice as set out by the GMC.

Five Appraisers and the Regional Appraisal Co-ordinator (RAC) tendered their resignation during 2012/13. A new RAC was recruited in May 2012 and five new Appraisers were appointed in June 2012. The five Appraisers attended New Appraiser training in August.

The table below shows the number of doctors appraised in 2012/13 against their status and geographical areas.

Status	Total	Belfast	South Eastern	Northern	Southern	Western
Partner	869	197	144	210	170	155
Sessional in nGMS	299	112	88	93	85	53
Part Time Partner	209	60	35	48	33	33
Salaried GP	74	24	15	16	16	8
Retainee	31	12	8	7	4	1
Solely Out Of Hours	36	13	9	6	8	5
Assistant	5	1	0	2	2	0
No longer on PMPL at 31.03.13	16	3	1	6	2	4
TOTAL	1539	422	300	388	320	259

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



GP Appraisal Conference

Two GP Appraisal Conferences were held during the year with topics on the management of underperformance, patient colleague feedback, appraisal documentation and giving and receiving feedback. Evaluations for both days indicated that over 80% of Appraisers felt that talks and workshops were good to excellent.

Implementation of Revalidation

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

Number of Doctors being Revalidated in...	Total
Year Zero (Before end of March 2013)	29
Year 1 Quarter 1 (April – June 2013)	67
Year 1 Quarter 2 (July – September 2013)	65

Hospital Training

The Hospital Training Department is led jointly by the Associate Postgraduate Dean for Specialty Training (Mr Keith Gardiner, until 31 October 2012 – currently vacant) and the Associate Postgraduate Dean for Foundation Programme (Miss Angela Carragher) supported by the Associate Postgraduate Dean for Career and Personal Development (Dr John Collins). Dr Ian Steele was appointed as the new Associate Dean for Specialty Training but has not yet been released from Trust responsibilities to take up this position. Dr Richard Tubman was appointed as a new Associate Postgraduate Dean for Faculty Development and Deanery Visits.

The Hospital Training Department comprises the Foundation School as well as nine Specialty Schools. The specialty schools are: the School of Medicine, School of Surgery, School of Paediatrics, School of Obstetrics and Gynaecology, School of Psychiatry, School of Anaesthesia and Intensive Care, School of Emergency Medicine, School of Radiology and School of Pathology. The School of General Practice sits within the GP Department. There are seventeen Heads and Deputy Heads of Specialty School and administrative support within each school to ensure the requirements of the GMC are achieved.

NIMDTA relies on the skills and dedication of trained educational and clinical supervisors within the Trusts. There are forty four Training Programme Directors appointed to manage the Specialty Training Programmes and the delivery of the nationally approved Specialty Training Curricula.

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

To ensure that standards required by the GMC are met

Foundation and Specialty Training Committees

Foundation School Board

The Foundation School Board is comprised of representatives from the Department of Health, NIMDTA Board, Queen's University Medical School, Trust Chief Executives, Directors of Medical Education Foundation Trainees, BMA and Medical Students. The role of the Foundation School Board is:

- To select and review training opportunities within the Foundation Programme

- To deliver foundation training in accordance with national standards set by the General Medical Council
- To develop and support the organisational framework within which foundation programmes are delivered
- To recruit to Foundation Training in accordance with the national process and appoint to vacant foundation posts using a structured interview process
- To ensure that fair systems are in place for the allocation of foundation training placements
- To develop and manage an appeals system on issues relating to recruitment and assessment
- To ensure support systems are in place for managing doctors in difficulty
- To monitor the arrangements for delivery of the curriculum and assessment in Foundation Training
- To ensure the provision of careers advice for F1 and F2 doctors
- To work with stakeholders to ensure that there is no conflict between the provision of training and service delivery

The Foundation School Board met on three occasions during 2012/13.

Foundation Programme Directors

The Foundation Programme Director's (FPDs) Committee exists to provide a network forum for FPDs to work collaboratively to improve the Foundation Programme within Northern Ireland.

The Committee met three times during 2012/13

Specialty Team Group

In 2012/13, a Specialty Team Group was set up. The aims of this group are to:

- To oversee strategy for Specialty Schools (includes Recruitment & Selection and Induction)
- To oversee appointments to Specialty School Leadership
- To organise and oversee implementation of appraisals of Specialty School Leadership
- To organise and submit Hospital Specialty components of Annual Report, Bi-Annual Report to GMC, Reports to SMT and NIMDTA Board
- To organise the Specialty Schools Forum

- To advise on and contribute leadership to Hospital Specialty Visits
- To advise on needs for Faculty and contribute to Faculty Development events.
- To organise representation from the Hospital Training Department to attend QMG, FDG, Revalidation Steering Group, LTFT panes, Specialty Schools Review Group, Lay Representative Forum.
- To represent the Deanery / Hospital Specialty Training Department on external liaison groups
- To contribute to the development of policies.

The membership of the group is the Postgraduate Dean, Associate Dean for Secondary Care, Associate Dean for Faculty Development, Associate Dean for Careers and Personal Development, Administrative Director, Hospital Training Coordinator and Specialty Training Coordinator.

Specialty Schools Forum

The Specialty Schools Forum is chaired by the Postgraduate Dean and comprises the Associate Deans, GP Director and Heads/Deputy Heads of School. The aims of the Forum are to:

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

The Specialty Schools Forum met on six occasions during 2012/13.

Specialty School Review Group

In December 2012 a Specialty School Review Group was set up to conduct an annual review of each Specialty School and discuss the challenges and performance over the previous 12 months. The specialties of Paediatrics and Psychiatry were reviewed in January 2013. Areas for discussion included: Review of School Board, Recruitment and Selection, Induction to the Specialty, Formal Teaching Programme, ARCPs, Trainees in Difficulty. The remaining Schools will be reviewed in 2013/14.

Recruitment and Selection

Foundation Programme Recruitment and Selection

In September 2012 the national Foundation Programme Application Process (FPAS) for Foundation Programme recruitment for August 2013 intake commenced.

There were significant changes to the allocation process following an options appraisal led by the Medical Schools Council to determine the best approach for selection of applicants into the UK Foundation Programme and allocation to Foundation Schools. Their proposals were accepted by the four UK Health Departments.

Selection for August 2013 was based upon:

- An invigilated Situational Judgement Test (SJT) to assess aptitude for the Foundation Programme and
- An Educational Performance Measure (EPM) to reflect educational performance at medical school up to the point of application to the Foundation Programme

The SJT replaced the previous 'white space' application form questions as a measure of meeting the national person specification.

There were 244 posts included in the national Foundation Programme recruitment process and all posts were filled during the first round of the national recruitment process in February 2013. Successful applicants were automatically allocated to a programme of training based on the results of the SJT and their ranked order of posts.

The Academic Foundation Programme (AFP) selection and recruitment became more closely aligned with the national application process for the

standard Foundation Programme (FP). Those appointed to academic programmes were also required to sit the SJT.

Specialty Programmes Recruitment and Selection

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

Four hundred and thirty two posts were advertised for August 2012 from a total of 1,155 Specialty Training posts to which 390 trainees were appointed (325 appointments into programmes of training and 65 to fixed-term specialty training appointments). Trainees were allocated to posts based on preferences and ranking at interview.

At 3 August 2012 there were a total of 69 posts remaining unfilled, spread across all specialties but with the largest number of vacancies occurring in Emergency Medicine, Core Medical Training and Core Surgical Training. This figure had increased to 104 by the end of March 2013 due to resignations, maternity leave, sick leave and out of programme training.

Induction

Foundation Programme Induction

The fifth annual Regional New Foundation Doctors Induction Day was held on 30 July 2012. The induction day included presentations on the Foundation Curriculum 2012, e-portfolio and the introduction of Supervised Learning Events from August 2012.

Specialty Programme Induction

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

Deanery-wide Courses for Trainees

Delivery of the curriculum for trainees is a joint responsibility of NIMDTA and LEPS. Each Trust was responsible for providing Foundation teaching and each Specialty unit would be expected to have weekly teaching sessions. In addition, NIMDTA provided generic skills training days for the F2 trainees, a range of formal education and examination preparation courses for each Specialty and a Management Training Programme for all Final Year Specialty

trainees. Senior trainees were also provided access to the Teaching the Teacher Programme.

Generic Skills Training for Foundation Trainees

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 were interactive and designed to meet the professional needs of this group of doctors as they started their professional careers. Eight training modules were delivered, each of which was provided on seven separate occasions to ensure all F2 doctors could attend.

Specialty-specific Training

A variety of courses targeted at Specialty trainees were developed and organised under the auspices of NIMDTA. These included examination preparation courses, basic science courses and specialty specific clinical courses and teaching.

Management Training Programme

A total of 106 Specialist Registrars in their final year of training attended a Management Development Programme in 2012/13. This programme aims to equip doctors in training with the necessary management skills to become an NHS consultant.

Study Leave Approval

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

A total of 3,417 study leave applications were received by NIMDTA, eighty of which were not approved. The 3,337 applications granted equated to £643, 541 of spend.

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

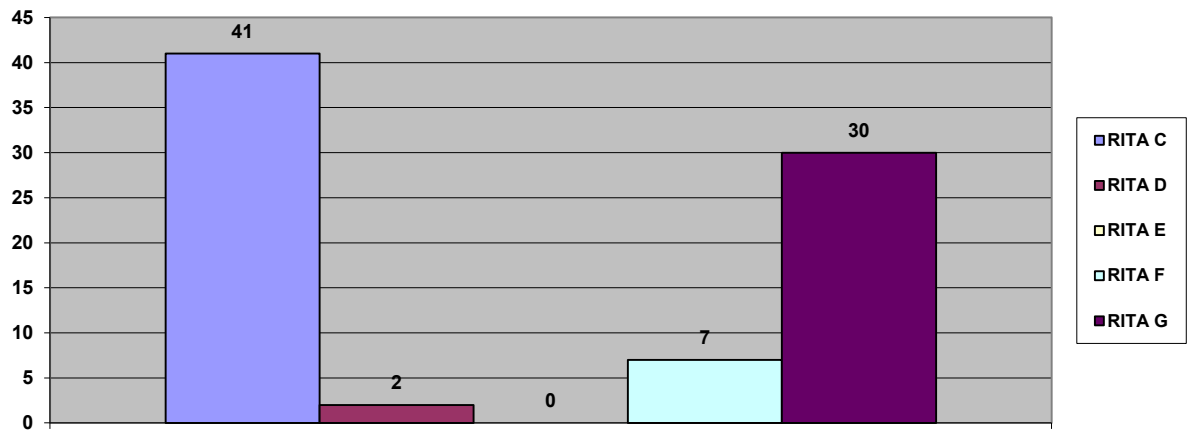
Assessment of Trainee Progress

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

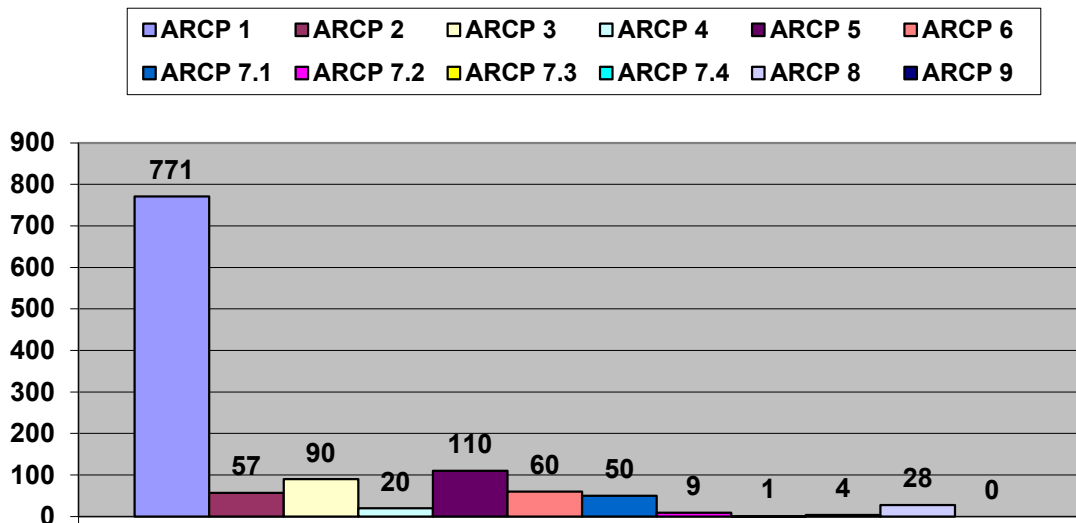
In 2012/13, 1,115 were assessed in specialty training: 1,041 trainees were assessed using the ARCP process and 74 SpRs were assessed using the RITA process. 201 trainees were issued with dual outcomes (these could be follow-ups from Outcome 2s or 5s, a RITA G/ARCP 6 following a RITA C/ARCP 1 or a dual specialty trainee receiving separate outcomes for the 2 specialties).

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



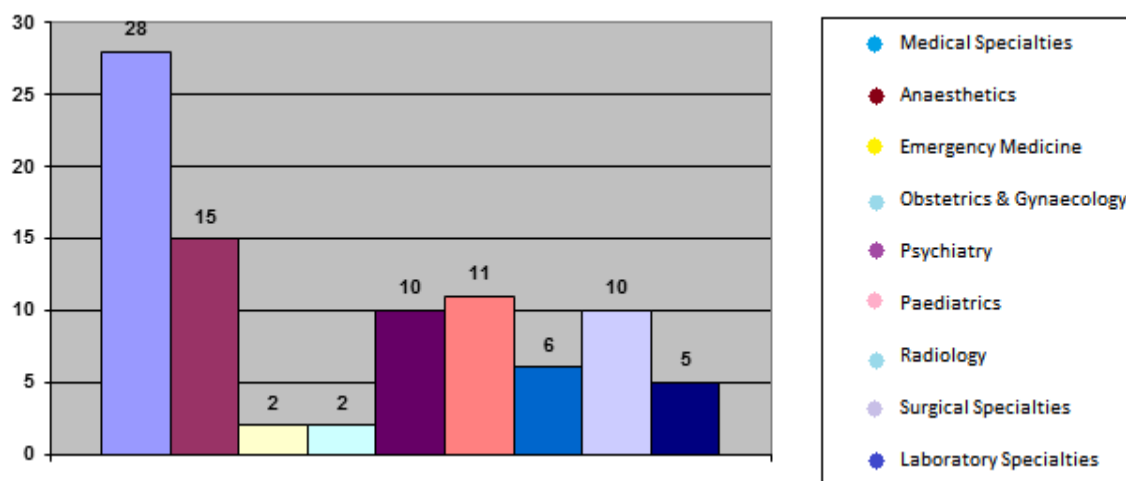
ARCP Outcomes



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

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

The bar chart below shows the trainees that completed training and successfully obtained a CCT in the following specialties:



Foundation Programme Outcomes

Of the 239 Foundation trainees who completed training in August 2012:

- 163 entered a programme of Core or Specialty training (in the UK)
- 38 did not take up a specialty training post due to maternity leave, desire to work abroad or other
- 13 Foundation trainees elected, or were required, to complete a further F2 year
- 16 commenced a service post
- 9 trainees have not confirmed their current post or remain seeking employment

Our Internal Processes

Administrative Functions

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

To demonstrate substantive systems of internal control

Controls Assurance

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

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

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

Performance Indicators

The narrative throughout this Management Commentary is structured around the strategic and business objectives as set out in NIMDTA's Business Plan 2012/13. (Performance against key performance indicators is noted on p14).

Risk Management

The effective management of risk remains a key objective in delivering the business of NIMDTA. Within 2012/13 the Governance & Risk Committee, a sub-committee of the NIMDTA Board met on seven occasions. During the year the Committees reviewed the key risks relating to the work of NIMDTA. Risk registers were updated accordingly and the Corporate Risk Register was revised to incorporate new risks identified, or the re-grading of risks in order to take account of completed actions. Further, a Risk Management Action Plan was put in place to ensure all recommendations from the internal audit reports were implemented.

Principal Risks & Uncertainties

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

That the mechanisms are not in place to identify Doctors and Dentists in difficulty at an early stage

This has been a key area of work within 2012/13, with considerable effort being invested in revising the Trainee Support Policy, the development and maintenance of a trainee support database, as well as examining appropriate transfer of information processes. Time bound actions have been delegated to identified officers in order to see this work progressed with a view to further reducing risk exposure.

Lack of suitable candidates to fill training positions

The implications of this risk relate to vacant positions affecting service provision and/or causing patient safety issues. This risk was amended from

partially to fully managed within the period, but it remains a high risk due to the associated implications of the risk occurring.

That the review of NIMDTA may result in significant organisational change

This risk relates to the potential implications of the consultation into Arms Length Bodies. The consultation document has not yet been issued, providing uncertainty in relation to the timing and content. This presents further communication issues with all stakeholders in the interim, as well as moving forward when any resultant recommendations are published.

Emergency Preparedness

In March 2013, the Governance & Risk Committee reviewed and amended the Business Continuity Plan, before submitting it to the NIMDTA Board for approval. This Plan provides instructions on required action if a major incident should occur such as a fire, flooding or an outbreak of an infectious disease. The continuing development of such a plan should ensure that minimum disruption is experienced in the delivery of NIMDTA's services, if such an event were to occur.

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

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

Information Governance

During 2012/13 staff from NIMDTA continued to participate in meetings regarding the ongoing development of the next version of the Intrepid system, Version 10. Intrepid is a database that has been designed in order to facilitate the recording and reporting requirements of Postgraduate Deaneries. The functionality of the core system can be enhanced through additional modules.

The Course Manager module continued to offer:

- Continuing Professional Development courses to General Practitioners, Dentists and Dental Care Professionals

- Training days for the Dental Foundation Programme, the Foundation Programme and the GP Specialty Training Programme
- All of NIMDTA courses for its Hospital Specialty Training Programmes

In total, there were 9,987 bookings made in 2012/13. NIMDTA continues to work with the supplier regarding improvements to the system, and submitted requirements for the next version of the Course Manager system which is in development and should be available for testing early in 2013/14.

All local recruitment for Specialty Training, as well as national recruitment for a selection of specialties, was again carried out using the Intrepid Pathway system during 2012/13. Over the period a total of 821 applications were received through Pathway.

Also during 2012/13, NIMDTA staff continued to participate in workshops relating to the HSC Business Services Transformation Programme (BSTP). BSTP is tasked with modernising the HR and finance systems within Health & Social Care organisations in Northern Ireland (HSCNI). The project will lead to the replacement of NIMDTA's HR and Finance systems with a solution which will be used throughout HSCNI. A local implementation team continued to meet regularly, with Finance and HR staff providing updates from the design workshops which they had attended. The Administrative Director is a member of the Project Board for the Regional Organisations Business Services Transformation Project.

NIMDTA had been scheduled to go live with the Finance Procurement and Logistics (FPL) system in December 2012, however this was postponed due to system stability and performance issues encountered by other organisations where the system had already gone live. It is anticipated that the replacement Finance and HR systems will now be operational within NIMDTA during 2013/14.

In December 2012, as a result of the upcoming implementation of the BSTP systems, NIMDTA transferred from the Northern Ireland Civil Service IT Assist Network and support provision to IT Services within the HSC Business Services Organisation. As part of the migration computers were upgraded and all staff were provided with @hscni.net email addresses to replace the @nimdta.gov.uk addresses used previously.

A redevelopment of the NIMDTA website was completed in January 2013, aimed at improving navigation and access to information.

Information Requests

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

One request was received under the Data Protection Act. There were no data related incidents in 2012/13.

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

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

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

Environmental Issues

Environmental Management

NIMDTA recognises that good management includes all environmental matters and seeks to ensure that environmental protection and the prevention of pollution are part of decisions, policies and practices in order to ensure that the impact of the work of NIMDTA on the environment is minimised. NIMDTA is committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. In 2012/13, NIMDTA co-ordinated this area of work through its Environmental Management Policy.

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

Waste Management

Waste originating from NIMDTA's premises is considered as being controlled waste as defined in the Waste and Contaminated Land (Northern Ireland) Order 1997. In accordance with the provisions contained in that Order, NIMDTA has a duty of care in relation to the handling, disposal and management of waste. The duty to dispose of waste properly is set out in the Environmental Protection Act 1990 and the Environmental Protection (Duty of Care) Regulations 1991. In 2012/13, NIMDTA co-ordinated this area of work through its Waste Management Policy.

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

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

Equality and Human Rights

NIMDTA's Equality Scheme was given formal approval by the Equality Commission in September 2011. Work has begun in relation to progressing work identified within the Scheme, and throughout 2012/13 NIMDTA has worked in close partnership with colleagues from the HSC Agencies and Special Bodies Consortium in the implementation of its statutory equality duties.

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

On 11 February 2013 the Equality Unity of the Business Services Organisation organised an event entitled 'From little acorns, mighty oaks grow'. The Corporate Governance Manager attended the event on behalf of NIMDTA, and chaired a workshop. The event saw over seventy staff, board and committee members from across the health and social care sector, voluntary and community organisations join together to share good practice and learning in promoting equality, human rights and diversity.

NIMDTA has an Equal Opportunities policy that applies to all aspects of employment, including recruitment, promotion, training, redeployment and other benefits and facilities. NIMDTA positively and productively promotes

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

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

Social & Community Issues

Personal and Public Involvement (PPI)

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

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

As an HSC organisation NIMDTA has a statutory responsibility to ensure that the PPI agenda is delivered throughout its work. The General Practice Department has been identified as the lead department in introducing such work patterns within NIMDTA.

Throughout 2012/13 the Director of Postgraduate General Practice Education and Corporate Governance Manager worked in partnership with colleagues from the HSC in developing PPI activity throughout the sector.

Our Staff

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

In 2012/13, NIMDTA made the following new appointments:

Postgraduate Dean – Professor Keith Gardiner
Associate Dean (Secondary Care) - Dr Ian Steele
Associate Dean (Faculty Development + Deanery Visits) - Dr Richard Tubman
Associate GP Director – Dr Fiona Allen
Associate GP Director – Dr Michelle Stone
Associate GP Director – Dr Andrew Leitch
Lead Appraiser – Dr Monica Hughes

Head of School (Paediatrics) - Dr Stan Craig
Deputy Head of School (Paediatrics) - Dr Sharon Christie
Deputy Head of School (Medicine) - Dr Camille Harron

Training Programme Director (Rehabilitation Medicine) – Dr Suzanne Maguire
Training Programme Director (General Adult Psychiatry) - Dr Jo Minay
Training Programme Director (Learning Disability) - Dr Paula McLorinan
Training Programme Director (Neurology) – Dr Gavin McDonnell
Training Programme Director (Vascular Surgery) – Mr Denis Harkin
Training Programme Director (Genitourinary Medicine) – Dr Say Quah
Training Programme Director (Urology) – Ms Siobhan Woolsey
Training Programme Director (Acute Medicine) - Dr Michael Trimble

Training in Recruitment and Selection

In order to ensure that the recruitment and selection policy for junior doctors and dentists is complied with, training on national and local recruitment and selection processes was provided for members of selection panels. In addition workshops were provided for those with responsibility for chairing recruitment and selection panels.

Administrative Staffing

The delay in the introduction of the FPL system has made it difficult to determine the number of posts that will be affected by the outsourcing of the finance functions to shared services. As a result of this vacancy control

measures were put in place for all administrative posts so that staff, who are affected by shared services may opt to be redeployed within NIMDTA.

Training and development

NIMDTA supported 5 medical and dental staff in undertaking the Certificate/Masters in Medical Education. Two members of staff were supported by NIMDTA in undertaking a degree course. A member of staff was also supported in undertaking a supervisory management programme.

Health and Wellbeing

NIMDTA supported staff to take part in a weekly exercise programme. A number of health and well-being stress prevention sessions were provided by the Dental Training Co-Ordinator. Cancer Focus NI were invited by NIMDTA to provide a presentation on healthy eating and undertook 1:1 body checks for staff.

Communication with Staff

NIMDTA places a high value on communicating with staff, and as a result developed a communications strategy to ensure that this was done effectively.

The Senior Management Committee met on a monthly basis and each Head of Department was responsible for communicating any decisions to their individual departments.

Administrative team leaders met with senior managers to discuss issues on a quarterly basis. Any issues raised at the team leader meeting were brought to the Senior Management Committee.

An annual staff satisfaction survey was carried out to assess the satisfaction of staff and an action plan was agreed by the Board to deal with any issues arising from the satisfaction report.

Successful negotiations with NIPSA took place over this period to agree a redeployment policy for staff affected by shared services.

Staff Appraisal

The Knowledge and Skills Framework (KSF) appraisal system was modified and training was provided for staff on the new system.

In advance of the requirements for revalidation the Educator appraisal system was modified and training was provided for staff responsible for carrying out educator appraisal.

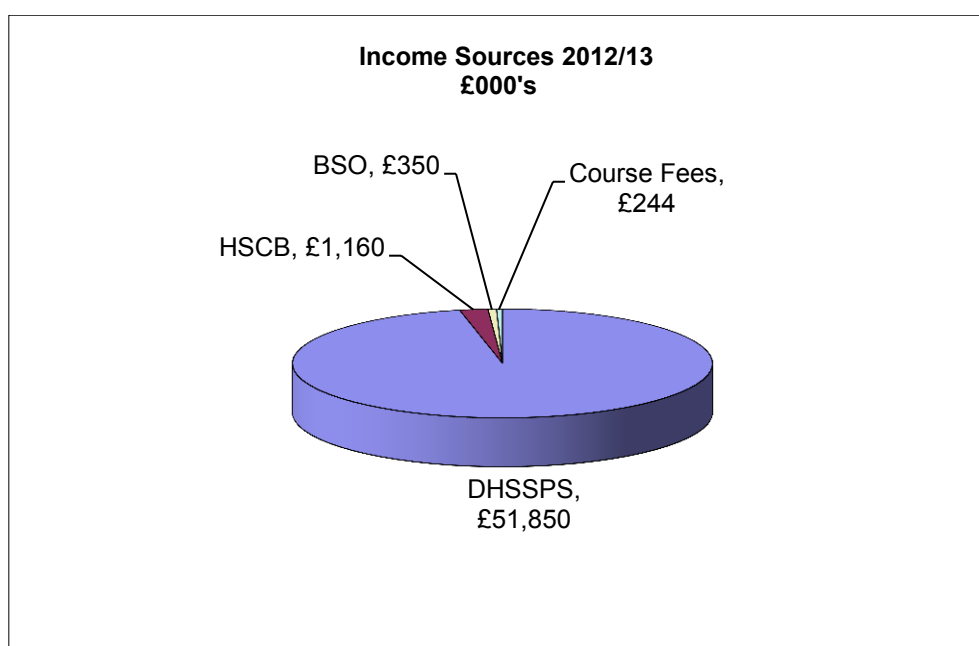
HRPTS

The HR department worked with the Regional HRPTS Project Manager to prepare for the introduction of the HRPTS system to NIMDTA. It is anticipated that NIMDTA will 'go live' in the third wave of the roll out to Trusts in Northern Ireland in November 2013.

Our Finances

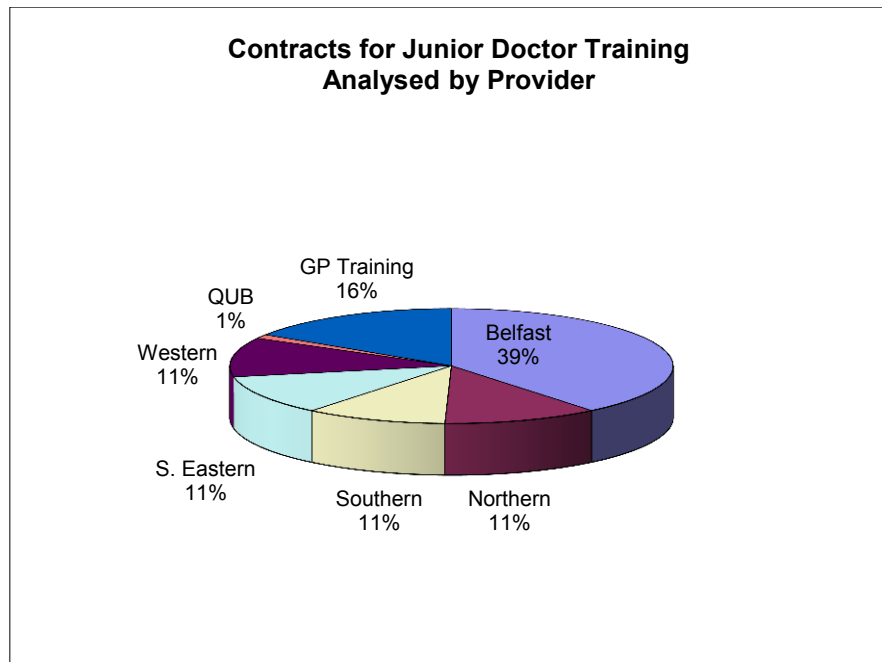
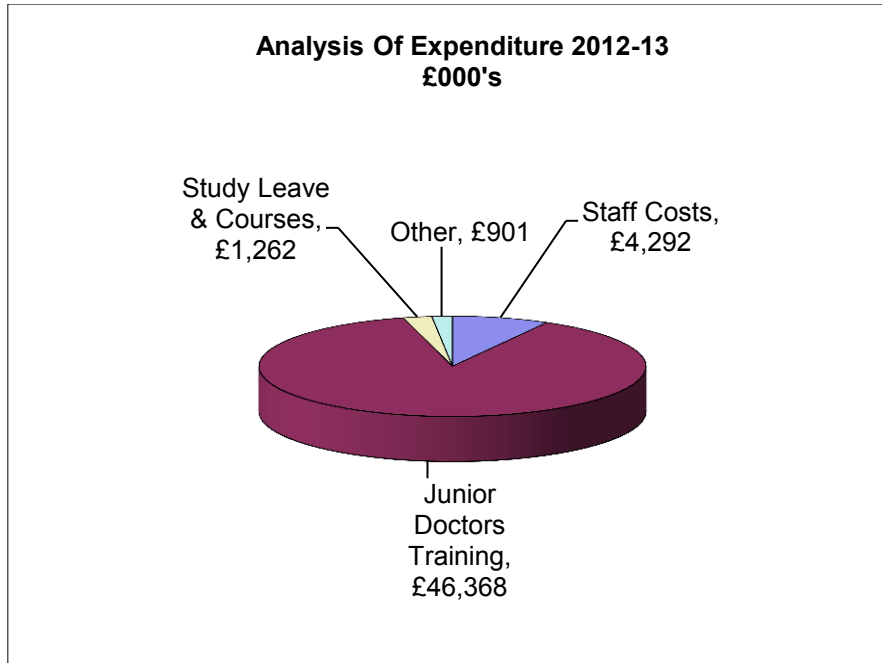
To manage expenditure in line with Managing Public Money

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



NIMDTA spent over £53m in 2012/13, the majority of this being spent on Learning and Development Agreements with the Trusts and other training providers such as GP practices. The payments made under the Learning and Development Agreements include a proportion of trainee's salaries which can vary from 50% to 100% depending upon their grading.

NIMDTA employs a number of medical and dental educator staff on a part-time basis to monitor the quality of training provided by LEPs. NIMDTA also 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 2012/13 financial year NIMDTA met its efficiency savings targets. This was achieved largely through better management of less than full time training, vacancy controls and more efficient use of funds in the provision of study leave and training courses.

The Agency failed to achieve its breakeven objective (+/- 0.25%) as outlined in its business plan, having recorded a surplus of 0.49% (£262,000). This was largely due to a change in policy in respect of pension costs on payments to GP trainers. The Agency had accrued for these costs, however a decision by HSC Pensions Branch subsequent to the 2012-13 year end meant that this

accrual was no longer necessary. As such the 2012-13 financial statements have been restated to reflect the removal of a £185,000 charge for the year. Excluding this adjustment the Agency would have reported a small surplus of £77,000 which, at 0.15%, would have been within the tolerable limits of breakeven.

2013/14 will continue to present a challenge to the Agency to meet its breakeven target. In particular the Agency will face cost pressures due to increasing demand for less than full time training and extensions to training. This has a significant impact in General Practice training where there are increasing numbers of trainees requiring maternity leave and less than full time training. Unlike hospital trainees, job sharing is not a viable option for General Practice trainees and the cost of training a General Practice trainee is higher due pay supplements and trainer grants.

Remuneration Report

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

Remuneration committee

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

Mr. A. Joynes (Chairman)

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

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

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

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

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

Remuneration Policy

The membership of the remuneration committee for NIMDTA consists of the Chairman and the five non-executives.

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

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

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

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

Service contracts

There were no service contracts.

Directors

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

Ms M Roberts was appointed acting Chief Executive on 1st December 2011 to 31st October 2012.

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

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

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

Non-executive Directors

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

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

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

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

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

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

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

Dr. J. Jenkins appointed 24th January 2013 (for a period of 2 years);

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

Duration of contract

All contracts of senior executives are permanent.

Notice period

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

Termination Payments

Statutory provisions only apply as detailed in contracts. There were no payments made to directors in respect of compensation for loss of office during 2012/13.

Retirement Age

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

Retirement Benefit costs

HSC Superannuation Scheme

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

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

In respect of Directors, there are no provisions for the cost of early retirement included in the 2012/13 accounts.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31st March 2008 valuation will be used in the 2012/13 accounts.

University Superannuation Scheme

NIMDTA participates in the University Superannuation Scheme. This is a defined benefit scheme with employer contributions of 16% of gross pay. The most up to date actuarial valuation was carried out at 31st March 2008. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent basis.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31st March 2008 valuation will be used in the 2012/13 accounts.

Premature Retirement costs

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

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HSC Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HSC Superannuation Scheme

qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks' pay (reduced by 30% for each year of additional service over 6 2/3 years).

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

In respect of Directors there are no provisions for the cost of premature retirement included in the 2012/13 accounts.

Senior Management Remuneration – Audited

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

	2012-13		2011-12	
Name	Salary, including Performance Pay £000	Benefits in Kind (Rounded to nearest £100)	Salary, including Performance Pay £000	Benefits in Kind (Rounded to nearest £100)
Non-Executive Members				
Mr A Joynes Chairman	10-15	-	10-15	-
Mrs J Eve Non Executive Director	5-10	-	10-15	-
Dr R Atkinson Non Executive Director	0-5	-	0-5	-
Dr J Marley Non Executive Director	0-5	-	0-5	-
Mrs A Eggert Non Executive Director	-	-	0-5	-
Mr D Morrice Non Executive Director	0-5	-	0-5	-
Mr L Wilson Non Executive Director	0-5	-	0-5	-
Mr G Smyth Non Executive Director	0-5	-	-	-
Dr J Jenkins Non Executive Director	0-5	-	-	-
Dr M Maguire Non Executive Director	0-5	-	-	-
Executive Members				
Prof K Gardiner Chief Executive & Postgraduate Dean	145-150	-	-	-
Ms M Roberts Acting Chief Executive	60-65	-	60-65	-
Dr C Loughrey Director Of General Practice Education	115-120	-	115-120	-
Prof D Hussey* Postgraduate Dental Dean	65-70	-	65-70	-
Highest Earner's Total Remuneration (£'000)	145-150		130-135	
Median Total Remuneration	89,370		85,777	
Ratio	1.7		1.5	

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

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

Pensions of Senior Management – Audited

Name	Accrued pension at age 60 and related lump sum £000	Real increase in pension and related lump sum at age 60	CETV at 31/03/12 £000	CETV at 31/03/13 £000	Real increase in CETV £000
<u>NonExecutive Members</u>					
Mr A Joynes Chairman	-	-	-	-	-
Mrs J Eve Non Executive Director	-	-	-	-	-
Dr R Atkinson Non Executive Director	-	-	-	-	-
Dr J Marley Non Executive Director	-	-	-	-	-
Mr D Morrice Non Executive Director	-	-	-	-	-
Mr L Wilson Non Executive Director	-	-	-	-	-
Mr G Smyth Non Executive Director	-	-	-	-	-
Dr J Jenkins Non Executive Director	-	-	-	-	-
Dr D Maguire Non Executive Director	-	-	-	-	-
<u>Executive Members</u>					
Prof K Gardiner Chief Executive & Postgraduate Dean	45-50 Plus lump sum of 135-140	Decrease of 0-2.5 plus lump sum decrease of 0-2.5	860	902	-7
Ms M Roberts Acting Chief Executive	25-30 Plus lump sum of 85-90	2.5-5 plus lump sum of 7.5-10	580	617	37
Dr C Loughrey Director of General Practice Education	20-25 plus lump sum of 70-75	0-2.5 plus lump sum of 2.5-5	421	461	17
Dr D Hussey Postgraduate Dental Dean	0-5 plus lump sum of 5-7.5	0-2.5 plus lump sum of 0-2.5	43	53	8

Salary and Pension Entitlements

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

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

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

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

Mr Keith Gardiner
Interim Chief Executive/Postgraduate Dean

Date: 4 July 2013

Appendix A – Financial Statements

NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

**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

05/08/2013

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

FOREWORD

1. Statutory Background

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

These accounts for the year ended 31 March 2013 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

N.I. Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES.

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

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

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

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Prof K. Gardiner of the Northern Ireland Medical and Dental Training Agency as the Accounting Officer for the Agency. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for the keeping proper records and for safeguarding the Agency's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

N.I. Medical & Dental Training Agency

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CERTIFICATE OF THE CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 19 to 58) which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency, have been compiled from and are in accordance with the accounts and financial records maintained by the Agency and with the accounting standards and policies for HSC bodies approved by the Department of Health, Social Services and Public Safety.

Keith Gorman Interim Chief Executive
1/07/13 Date

CERTIFICATE OF THE CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 19 to 58) 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.

[Signature] Chairman
04-07-13 Date

Keith Gorman Interim Chief Executive
4/07/13 Date

GOVERNANCE STATEMENT

1. Scope of Responsibility

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

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

- NIMDTA is an arm's length body of the Department of Health, Social Services and Public Safety. The Agency is subject to regular accountability reviews. A Management Statement and associated Financial Memorandum between the DHSSPS and NIMDTA sets out the framework within which the Agency operates.
- NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for training, educational structures and processes are achieved.

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

NIMDTA has a Service Level Agreement (SLA) with the Business Services Organisation (BSO) for the provision of legal, internal audit, equality, procurement and information technology services. A report on performance against the SLA is provided to NIMDTA on a monthly basis and the SLA is subject to annual review.

2. Compliance with Corporate Governance Best Practice

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

Three members of the Board were replaced during the year due to resignation or completion of their term of office. For seven months of the year the Board had no dental

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

member but this was rectified in March 2013 when a new member was recruited by Public Appointments.

3. Governance Framework

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

- A clearly articulated strategic plan covering the period 2012-2015 supported by an annual business plan
- Regular reports to the Board on performance against key targets and objectives
- A clear definition of the roles and responsibilities of the Board and the scheme of delegation which delegates decision making authority within set parameters to the Chief Executive and other officers
- Standing Orders and Standing Financial Instructions
- Clear procurement regulations set out in the Standing Financial Instructions and supported by detailed procedures
- An established structure of standing committees of the Board with clearly defined remits including the Audit Committee, Governance and Risk Committee and Remuneration Committee
- A comprehensive programme of internal audit review
- A Whistle Blowing Policy and Complaints Policy and regular reporting of complaints to the Board
- An induction programme for all new Board members and provision of development opportunities
- Clear channels of communication with all stakeholders including Accountability Review meetings with the Department of Health, Social Care and Public Safety (DHSSPS).
- Evaluation of the Board's performance through annual appraisal
- A Board Governance Self-Assessment Tool

The Board, as currently constituted, is made up of a Chair and five non-executive members, including one medical and one dental member. Although no executive director sits on the Board, members of the Senior Management Committee are in attendance at all Board meetings and report directly to the Board. The Board provides a forum for discussion on NIMDTA's performance against the objectives contained within its Business Plan and the provision of assurance on the management of risk.

Operational risk management sits with the Senior Management Committee and risk management is a standing item at monthly senior management meetings. The

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

Governance and Risk Committee oversees NIMDTA's governance structures and processes, ensuring that processes are in place for the effective monitoring of identified risks. All significant risks are reported to the Board and highlighted in the Corporate Risk Register for discussion and determination of the risk appetite.

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

The Audit Committee met five times, the Governance & Risk Committee seven times and the Senior Management Committee ten times during 2012/13. Reports from each of the sub-committees were presented to the Board. The Board examined the quality of papers submitted to meetings as part of DHSSP's Board governance self-assessment process. The quality of papers was considered to meet the standards required. One change was implemented in relation to labelling the papers in line with the purpose that they have been submitted to the Board, for example papers are now marked for noting, approving, decision, and discussion. Formal meetings of the Board were held on seven occasions with the addition of four Board workshops. Of the seven Board meetings held during the year there was an attendance rate of 100% for one meeting, 83% for three meetings and 67% for three meetings.

The Chief Medical Officer is responsible for the annual appraisal of the Chair of the Board and Board members are, in turn, appraised annually by the Chair. Appraisals were completed for all Board members during 2012/13.

4. Business Planning and Risk Management

Performance Management

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

Business objectives were agreed by NIMDTA's Senior Management Committee, taking account of DHSSPS priorities and targets, and approved by the Board. Progress against objectives set in the Business Plan was reported to the Board and to the DHSSPS at Accountability Review meetings.

NIMDTA's risk management arrangements are embedded within its performance management framework. Identified risks are aligned to each of the key strategic and business objectives and corrective actions to deliver objectives and minimise risk are regularly monitored and assessed. Regular reports on the achievement of objectives and the performance against key financial targets are provided to the Board.

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

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Leadership

I recognise that committed leadership in the area of risk management is essential to maintaining sound systems of internal control required to manage risks. I am responsible for ensuring that NIMDTA is in a position to provide overall assurance that it has in place the necessary controls to manage identified risks. NIMDTA's Assurance Framework details my overall accountability to the Board for risk management within the organisation. I am responsible for ensuring that NIMDTA is in a position to provide overall assurance that it has in place the necessary controls to manage its risk exposure.

Training

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

Learning

Sharing learning throughout the organisation from complaints, incidents, significant events and claims is key to maintaining the risk management culture within the Agency. Staff are encouraged to disseminate learning acquired from the analysis of incidents, complaints and claims, internal and external audit reports, quality management processes, responses from GMC to Deanery reports and inspections from regulatory bodies.

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

Assurance Framework

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

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

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

Complaints and Incidents

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

All complaints and incidents are reported to the Senior Management Committee and graded according to severity and potential risk. These are reviewed by the Governance and Risk Committee and reported to the Board. During 2012/13 there were nine complaints received of which four were assessed as insignificant and five as minor. A total of eight incidents were reported of which five were insignificant and three minor. All complaints were responded to within the required timeframe. Complaints were also received from one doctor in training in relation to the recruitment and selection process for entry into specialty training. These complaints are being investigated under NIMDTA's Specialty Training Complaints Procedure.

Corporate Risk Register

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

Quality Management Framework

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

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

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minimum safety and quality standards required by the health regulator, are in the process of being put in place.

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

Revalidation is the new process by which all licensed doctors must demonstrate that they are up to date and fit to practise. This process commenced on 3 December 2012, with the first cycle for doctors in training commencing in April 2013. The Postgraduate Dean, as the Responsible Officer for all doctors in training, is required to make a recommendation to the GMC, that the doctor should be revalidated. The recommendation is based on the trainee's appraisals, usually over a five year period, and other information drawn from the employer's clinical governance systems. The appraisal forms part of the annual review of competence progression (ARCP) which is an indicator of the trainee's clinical performance and progress to date.

Asset Management

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

With regard to estate management NIMDTA has produced a Property Asset Management Plan. In September 2012 a Space Utilisation Survey was carried out to assess the suitability of the current premises to support the organisation's business objectives. This survey found that the premises were used effectively and efficiently. However, the rental costs associated with the property were found to be expensive by comparison to those of other leasehold premises. As the lease for the premises expires in June 2014 NIMDTA is exploring the possibility of either renewing the current lease at a lower price, in order to increase its cost effectiveness, or securing alternative premises of a similar size and function that will allow for the achievement of the organisation's business aims and objectives. An option has also been identified that may require a short extension to the current lease in order to facilitate a move to another location that is currently held within the Health and Social Care Estate.

The DHSSPS is currently reviewing the status of NIMDTA as part of a wider review of Arm's Length Bodies. The outcome of this review may have some bearing on where the organisation is ultimately located.

5. Information Risk

As Accounting Officer and Personal Data Guardian I am responsible for overseeing all arrangements in relation to the processing and transfer of information and for protecting the confidentiality of service user information. The Administrative Director is the Senior

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Information Risk Owner (SIRO) and she is responsible for ensuring that information risks within NIMDTA are accurately identified and managed with appropriate assurance mechanisms and for ensuring that any breaches of information security are reported to the Board. Information risks are assessed on an ongoing basis and recorded in the Information Governance Risk Register which is the subject of review by the Governance and Risk Committee. The Administrative Director is supported in her role by the Corporate Governance Manager who is NIMDTA's nominated Information Asset Owner.

NIMDTA has introduced a series of measures to manage information risks. These include training in records management, data protection, freedom of information and information security. Staff are required to undertake training in relation to records management and information security and have also been issued with NIMDTA's Data Protection Policy, the code of Practice on Protecting the Confidentiality of Service User Information and guidelines on the processing and sharing of information. NIMDTA will continue to review and develop its data protection processes and procedures. Work continues to develop a central filing system to enable the efficient tracking of all records.

There were no significant incidents reported in information governance during 2012/13.

6. Public Stakeholder Involvement

NIMDTA has a statutory responsibility to ensure that the practice of Personal and Public Involvement (PPI) is embedded within the organisation. NIMDTA has established a Working Group to ensure that the PPI agenda is delivered. NIMDTA is represented on the Regional HSC PPI Forum which operates a programme for the promotion and advancement of PPI across health and social care. NIMDTA also appointed members of the public in June 2012 to act as non-clinical lay representatives to provide external scrutiny to NIMDTA processes and to give assurance that they are consistent with the delivery of high quality safe patient care.

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

7. Assurance

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

Internal Controls

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

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

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

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

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

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Controls Assurance Standards

The Agency assessed its compliance with the applicable Controls Assurance Standards which were defined by the DHSSPS and against which a degree of progress is expected in 2012/13. The Agency achieved the following levels of compliance for 2012/13.

Standard	DHSSPS Expected Level of Compliance	Agency Level of Compliance	Reviewed by
Governance (Core Standard)	Substantive (75% - 99%)	Substantive (90%)	Internal Audit
Risk Management (Core Standard)	Substantive (75%99%)	Substantive (89%)	Internal Audit
Purchasing and Supply	Substantive (75% - 99%)	Substantive (89%)	Internal Audit
Waste Management	Substantive (75% - 99%)	Substantive (87%)	Internal Audit
Health and Safety	Substantive (75% - 99%)	Substantive (86%)	Internal Audit
Financial Management (Core Standard)	Substantive (75% - 99%)	Substantive (83%)	Internal Audit
Records Management	Substantive (75% - 99%)	Substantive (83%)	Self-Assessed
Security Management	Substantive (75% - 99%)	Substantive (82%)	Self-Assessed
Human Resources	Substantive (75% - 99%)	Substantive (95%)	Self-Assessed
Fire Safety	Substantive (75% - 99%)	Substantive (88%)	Self-Assessed
Buildings, Land, Plant and Non-Medical Equipment	Substantive (75% - 99%)	Substantive (80%)	Self-Assessed
Information & Communications Technology	Substantive (75% - 99%)	Substantive (82%)	Self-Assessed
Environmental Management	Substantive (75% - 99%)	Substantive (79%)	Self-Assessed

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

8. Sources of Independent Assurance

NIMDTA obtains independent assurance from the following sources:

Internal Audit

NIMDTA has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the organisation is exposed and annual audit plans are based upon this analysis. In 2012/13 Internal Audit reviewed the following systems.

Verification of Controls Assurance Standards

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Internal Audit confirmed that NIMDTA had met the required level of compliance with six standards (Governance, Risk Management, Financial Management, Purchasing and Supply, Waste Management and Health and Safety Management)

Financial Review

Internal Audit reviewed NIMDTA's state of readiness in preparation for the implementation of the Business Services Transformation Programme (BSTP). It also assessed the appropriateness and effectiveness of the financial controls in place in relation to:

- Finance Procurement and Logistics (FPL) Transition readiness
- Non-Pay Expenditure
- Payroll
- Bank and Cash
- General Ledger
- Budgetary Control
- Procurement

NIMDTA received a satisfactory level of assurance with one Priority 1 weakness identified. This related to an error by the central BSO team and not NIMDTA staff. Five Priority 2 and two Priority 3 findings were also identified.

Corporate Risk Based Audits

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

- Risk Management (satisfactory assurance)

Two Priority 2 weaknesses were identified. The recommendations have been accepted by NIMDTA and an action plan put in place to implement the audit recommendations by June 2013.

- Management of Senior Educator Staff (limited assurance)

Internal Audit concluded that a clear and comprehensive framework was not in place to appropriately manage this category of staff and a number of priority one and priority two weaknesses were identified. These were as follows:

Priority 1

- There are limited controls or monitoring processes in place to ensure the completeness of sessions by staff contracted to work on behalf of NIMDTA. There are no policies for how staff should record their time or how it should be monitored.

Priority 2

- There are limited monitoring controls in place in relation to annual leave taken by staff contracted to work on behalf of NIMDTA. This has led to four cases being identified by internal audit where annual leave has not been recorded on the HR system.

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- Annual appraisals have not been carried out for 13/14 Senior Educator Staff sampled in the past two years.

All recommendations were accepted by NIMDTA and an action plan is in place to address these control weaknesses for full implementation by June 2013.

A review of the implementation of previous Priority 1 and Priority 2 recommendations were carried out at mid-year and again at year end. Ninety-seven per-cent of the 35 recommendations examined were fully implemented and 3% partially implemented as follows:

Area of Review	Recommendations	Fully Implemented	Partially Implemented
Financial Review	6	6	
Use of lay representatives	13	13	
Records Management	16	15	1

In her annual report, the Head of Internal Audit reported that NIMDTA's system of internal control was adequate and effective.

Northern Ireland Audit Office

The Comptroller and Auditor General is Head of the Northern Ireland Audit Office (NIAO) and is responsible for the audit of NIMDTA's financial statements and for assessing the economy, efficiency and effectiveness with which public money has been deployed. NIAO sub-contracted the audit to KPMG for 2012/13.

General Medical Council

NIMDTA, as the Northern Ireland Deanery, is required to demonstrate compliance with the GMC standards and submits a Deanery Report twice yearly to the GMC (April and October). The Deanery Reports are used with other sources of information to monitor the quality of postgraduate medical education and training and identify any risks or areas of concern. The GMC's Quality Scrutiny Group looks at how NIMDTA deals with any concerns or risks to the quality of training or patient safety and what it has done to mitigate these risks. The GMC was content that the information provided in the Deanery Reports indicated appropriate management of these risks. The areas of concern will be further reviewed against the results of the annual national trainee survey. The survey provides the GMC with an indication as to the potential areas of risk within postgraduate medical education and training to which its quality assurance programme should be targeted. The 2011/12 national training survey identified a number of themes across all UK Deaneries including the clinical supervision of trainees, the quality of induction and arrangements for handover, service reconfigurations and the impact on training, rota gaps and the impact on trainees. This year's national training survey closed on 8 May 2013. A total of 1,651 doctors in training completed the survey out of 1,676 who were eligible, giving a response rate of 98.5%. The survey asked questions in relation to educational supervision, clinical supervision, feedback, practical experience, handover, induction, local teaching and workload. Over 81% of doctors were overall satisfied with the training received. Twenty-one immediate patient safety concerns, 64 non-immediate patient safety concerns were identified and are being addressed. In addition there were 34 concerns in relation to the clinical environment and 48 concerns relating to undermining.

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As part of the GMC's quality assurance processes it conducts visits to Postgraduate Deaneries and designated local education providers every three years. The GMC will also carry out triggered visits to local education providers if there are any significant areas of concern arising from Deanery Reports or where risks to patient safety or trainee safety have been identified through other sources of evidence. There were no scheduled or triggered visits from the GMC during 2012/13.

Since the Public Inquiry into the care provided by the Mid Staffordshire NHS Foundation Trust, the GMC has increased its focus on patient safety, including a specific question in its national trainee survey, the creation of a response to concerns process and an audit of HSC Trusts emergency medicine department rotas. The GMC expects that NIMDTA will follow through on all patient safety concerns until they are addressed and the Agency is working with the Regulation and Quality Improvement Authority (RQIA) to establish a mechanism for the transfer and receipt of information where risks to patients have been identified or reported.

RQIA

There were no reports from RQIA during 2012/13.

9. Review of Effectiveness of the System of Internal Governance

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

10. Internal Governance Divergences

Prior year control issues which have now been resolved

An additional audit assignment was completed in May 2012 following receipt of a whistleblowing letter. Internal Audit reviewed the processes for the recruitment, use and payment of Lay Representatives and provided an unacceptable level of assurance. Internal Audit reviewed the implementation of its 13 recommendations at year end and was satisfied that all had been fully implemented.

Due to the death of the Postgraduate Dean/ Chief Executive in December 2011 a member of the Agency's Senior Management team was appointed to the role of Acting Chief Executive until November 2012 when I took up the position of Postgraduate Dean/Interim Chief Executive.

Prior year control issues which continue to be considered control issues

There are no control issues from the previous year that have not been resolved.

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New control issues

During the year a number of control weaknesses were identified arising from the Internal Audit Report on the Management of Senior Educator Staff. All five recommendations have been accepted by management. A policy for the Management of Senior Educator Staff has been approved by the Board and is now in place. The Senior Educators Handbook has been amended to reflect hours of work, job plan, the requirement for a monthly sessional return and appraisal documentation. The Handbook has been approved by the Board and the new arrangements are now in place. Appraisals have been rolled out for all senior educator staff.

Uncertainty continues as to the impact of the Review of NIMDTA, and any organisational change, on the delivery of the Agency's core functions and business objectives. The Agency is aware that following a pre-consultation phase, a consultation document has been produced, but no decision as to next steps has been taken.

11. Conclusion

The Agency has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI.

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal audit, I am content that the Agency has operated a sound system of internal governance during the period 2012 -13.

Interim Chief Executive



Date

4/07/13

Northern Ireland Medical and Dental Training Agency

Northern Ireland Medical 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 & Dental Training Agency for the year ended 31 March 2013 under the Health and Personal Social Services (Northern Ireland) Order 1972 as amended. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Northern Ireland Medical & Dental Training Agency's and Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to examine, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Financial Reporting Council'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 & 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 & 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 recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on Regularity

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

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Northern Ireland Medical & Dental Training Agency's affairs as at 31 March 2013 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 as amended and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

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

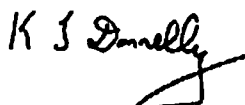
Matters on which I report by exception

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

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

Report

I have no observations to make on these financial statements.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU
02 August 2013

N.I. Medical & Dental Training Agency

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31st March 2013

	NOTE	2013 £	Restated 2012 £
Expenditure			
Staff costs	3.1	(4,292,309)	(4,228,457)
Depreciation	4.0	(63,435)	(76,258)
Other expenditures	4.0	(10,731,175)	(9,862,534)
		<u>(15,086,919)</u>	<u>(14,167,249)</u>
Income			
Income from activities	5.1	593,467	610,538
Other income	5.2	-	-
		<u>593,467</u>	<u>610,538</u>
Net Expenditure		<u>(14,493,452)</u>	<u>(13,556,711)</u>
Revenue Resource Limits (RRL's) issued (to)			
Belfast HSC Trust		(18,118,349)	(18,546,880)
South Eastern HSC Trust		(5,237,133)	(5,130,664)
Southern HSC Trust		(4,778,657)	(4,901,986)
Northern HSC Trust		(5,140,277)	(5,176,988)
Western HSC Trust		(5,133,190)	(5,272,784)
Total RRL issued		(38,407,606)	(39,029,302)
Total commissioner resource utilised			
Revenue Resource Limit (RRL) received from DHSSPS	25.1	53,163,349	52,891,698
Surplus / (Deficit) against RRL		<u>262,291</u>	<u>305,685</u>
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2013 £	2012 £
Net gain/(loss) on revaluation of property, plant and equipment	6.1/10/6.2/10	-	-
Net gain/(loss) on revaluation of intangibles	7.1/10/7.2/10	-	-
Net gain/(loss) on revaluation of available for sales financial assets		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2013		<u>(14,493,452)</u>	<u>(13,556,711)</u>


The notes on pages 23 to 58 form part of these accounts.

N.I. Medical & Dental Training Agency

**STATEMENT of FINANCIAL POSITION as at 31 March 2013
as at 31 March 2013**

	NOTE	2013		Restated 2012		Restated 2011	
		£	£	£	£	£	£
Non Current Assets							
Property, plant and equipment	6.1/6.2	107,453		177,035		165,112	
Intangible assets	7.1 /7.2	3,526		28,677		52,929	
Financial assets	8.1	-		-		-	
Total Non Current Assets			110,979		205,712		218,041
Current Assets							
Assets classified as held for sale	9.0	-		-		-	
Inventories	11.0	3,664		4,356		7,116	
Trade and other receivables	12.0	1,193,880		1,145,720		289,103	
Other current assets	12.0	101,382		102,485		60,591	
Financial assets	8.1	-		-		-	
Cash and cash equivalents	13.0	68,978		196,894		306,944	
Total Current Assets			1,367,904		1,449,455		663,754
Total Assets			1,478,883		1,655,167		881,795
Current Liabilities							
Trade and other payables	14.0	(3,025,316)		(2,956,901)		(1,971,503)	
Other liabilities	14.0	-		-		-	
Total Current Liabilities			(3,025,316)		(2,956,901)		(1,971,503)
Non Current Assets plus/less Net Current Assets/Liabilities			<u>(1,546,433)</u>		<u>(1,301,734)</u>		<u>(1,089,708)</u>
Non Current liabilities							
Provisions	16.0	(15,000)		-		-	
Other payables > 1 year	14.0	-		-		-	
Financial liabilities	8.1	-		-		-	
Total Non Current Liabilities			(15,000)		-		-
Assets Less Liabilities			<u>(1,561,433)</u>		<u>(1,301,734)</u>		<u>(1,089,708)</u>
Taxpayers Equity							
Revaluation Reserve		(1,962)		4,185		-	
SOCNE Reserve		(1,559,471)		(1,305,919)		(1,089,708)	
			<u>(1,561,433)</u>		<u>(1,301,734)</u>		<u>(1,089,708)</u>

The notes on pages 33 to 59 form part of these accounts.

Signed:  (Chairman)

Date: 04/07/13

Signed:  (Interim Chief Executive)

Date: 4/07/13

N.I. Medical & Dental Training Agency

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2013

	NOTE	SOCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2011		(2,046,502)	-	(2,046,502)
Prior year adjustment		956,794	-	956,794
Restated balance at 1 April 2011		<u>(1,089,708)</u>	-	<u>(1,089,708)</u>
Changes in Taxpayers Equity 2011-12				
Grant from DHSSPS		13,250,000	-	13,250,000
Transfers between reserves		-	4,185	4,185
(Comprehensive expenditure for the year)		(13,556,711)	-	(13,556,711)
Non cash charges - auditors remuneration	4	13,700	-	13,700
Non cash charges - IT Services	4	76,800	-	76,800
Balance at 31 March 2012		<u>(1,305,919)</u>	4,185	<u>(1,301,734)</u>
Changes in Taxpayers Equity 2012-13				
Grant from DHSSPS		14,175,000	-	14,175,000
Transfers between reserves		-	(6,147)	(6,147)
(Comprehensive expenditure for the year)		(14,493,452)	-	(14,493,452)
Non cash charges - auditors remuneration	4	13,700	-	13,700
Non cash charges - IT Services	4	51,200	-	51,200
Balance at 31 March 2013		<u>(1,559,471)</u>	<u>(1,962)</u>	<u>(1,561,433)</u>

N.I. Medical & Dental Training Agency

STATEMENT of CASH FLOWS for the year ended 31 March 2013

	NOTE	2013 £	Restated 2012 £
Cash flows from operating activities			
Net expenditure after interest		(14,493,452)	(13,556,711)
Adjustments for non cash costs		168,486	191,010
(Increase)/decrease in trade & other receivables		(47,057)	(898,511)
(Increase)/decrease in inventories		692	2,760
Increase/(decrease) in trade payables		68,415	985,398
Use of provisions		-	-
Net cash outflow from operating activities		(14,302,916)	(13,276,054)
Cash flows from investing activities			
(Purchase of property, plant & equipment)		-	(83,996)
(Purchase of intangible assets)		-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net Cash outflow from investing activities		-	(83,996)
Cash flows from financing activities			
Grant in aid		14,175,000	13,250,000
Net financing		14,175,000	13,250,000
Net increase (decrease) in cash & cash equivalents in the period		(127,916)	(110,050)
Cash & cash equivalents at the beginning of the period	13	196,894	306,944
Cash & cash equivalents at the end of the period	13	68,978	196,894

The notes on pages 23 to 58 form part of these accounts.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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

1.1 Accounting convention

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

1.2 Currency and Rounding

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

1.3 Property, plant and equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

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

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

Valuation of Land and Buildings

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

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

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

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

Fair values are determined as follows:

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

Modern Equivalent Asset

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

Assets Under Construction (AUC)

The Agency does not have any Assets under Construction.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

Otherwise, depreciation and similarly, amortisation is applied 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 the lower of their estimated useful lives and the term of the lease. The estimated useful life of an asset is the period over which the Agency expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

1.5 Impairment loss

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

1.6 Subsequent expenditure

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

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

1.7 Intangible assets

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

Recognition

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

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

1.8 Donated assets

The Agency does not hold any donated assets.

1.9 Non-current assets held for sale.

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

1.10 Inventories

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

1.11 Income

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

Grant in aid.

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

1.12 Investments

The Agency does not have any investments.

1.13 Other expenses

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

1.14 Cash and cash equivalents

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

1.15 Leases

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

The Agency as lessee

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

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

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

Where a lease is for land and buildings, the land and building components are separated. Leased land is treated as an operating lease. Leased buildings are assessed as to whether they are operating or finance leases.

1.16 Private Finance Initiative (PFI) Transactions

The Agency had no PFI transactions during the year.

1.17 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

1.18 Provisions

In accordance with IAS 37, Provisions are recognised when the Agency has a present legal or constructive obligation as a result of a past event, it is probable that the Agency will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DFP's discount rate of -1.8% (negative real rate) for 0 up to and including 5 years, -1.0% (negative real rate) after year 5 up to 10 years and +2.2% in real terms for 10 years or more (+2.35% for employee early departure obligations for all periods).

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

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

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

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

1.19 Contingencies

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

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

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using actual staff numbers and costs applied to the actual untaken leave balances as at 31 March 2013. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the Agency and has not been included.

Retirement benefit costs

The Agency participates in the following defined benefit schemes:

HSC Superannuation Scheme

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31 March 2008 valuation will be used in the 2012/13 accounts.

The University Superannuation Scheme

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

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 Value Added Tax

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

1.23 Third Party Assets

The Agency does not hold any third party assets.

1.24 Government Grants

The Agency does not receive any government grants.

1.25 Losses and Special Payments

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

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

1.26 Accounting Standards issued but not yet adopted.

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

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014. The application of these IFRS changes is subject to further review by Treasury and the other Relevant Authorities before due process consultation.

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

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

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 2013

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

Staff costs comprise	2013			2012
	Total £	Permanently employed staff £	Others £	Total £
Wages & Salaries	3,831,645	3,789,995	41,650	3,782,497
Social security costs	167,324	167,324	-	156,568
Other pension costs	293,340	293,340	-	289,392
Total staff costs reported in Statement of Comprehensive Expenditure	4,292,309	4,250,659	41,650	4,228,457
Less recoveries in respect of outward secondments	-	-	-	-
Total net costs	<u>4,292,309</u>			<u>4,228,457</u>

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

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

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

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

The Universities Superannuation Scheme is a multi-employer defined benefit scheme with employer contributions of 16% of gross pay. The most up to date actuarial was carried out at 31 March 2008. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

3.2 Average number of persons employed

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

	2013			2012
	Total No.	Permanently employed staff No.	Others No.	Total No.
Medical and dental	26	6	20	28
Administrative and clerical	48	41	7	47
Total net average number of persons employed	<u>74</u>	<u>47</u>	<u>27</u>	<u>75</u>

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	2012-13			2011-12			2012-13				
	Salary £000	Bonus/ Performance Pay £000	Benefits in Kind (Rounded to nearest £100)	Salary £000	Bonus/ Performance Pay £000	Benefits in Kind (Rounded to nearest £100)	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	CETV at 31/03/12 £000	CETV at 31/03/13 £000	Real increase in CETV £000
Non-Executive Members											
Mr A Joynes Chairman	10-15	-	-	10-15	-	-	-	-	-	-	-
Mrs J Eve Acting Chairman	5-10	-	-	5-10	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-
Mr D Morrice Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
Mr L Wilson Non Executive Director	0-5	-	-	0-5	-	-	-	-	-	-	-
Mr G Smyth Non-Executive Director	0-5	-	-	-	-	-	-	-	-	-	-
Dr J Jenkins Non-Executive Director	0-5	-	-	-	-	-	-	-	-	-	-
Dr D Maguire Non-Executive Director	0-5	-	-	-	-	-	-	-	-	-	-
Executive Members											
Dr T McMurray Chief Executive & Postgraduate Dean	-	-	-	70-75	-	-	-	-	-	-	-
Prof K Gardiner Chief Executive & Postgraduate Dean	145-150	-	-	-	-	-	Member Deceased 0-2.5 decrease plus lump sum decrease of 0- 2.5	45-50 plus lump sum of 135- 140	860	902	(7)
Ms M Roberts Acting Chief Executive (i)	60-65	-	-	60-65	-	-	0-2.5 decrease plus lump sum decrease of 0-2.5	25-30 plus lump sum of 85-90	580	617	37
Dr C Loughrey Director Of General Practice Education	115-120	-	-	115-120	-	-	2.5-5 plus lump sum of 2.5-5	20-25 plus lump sum of 70-75	421	461	17
Prof D Hussey Postgraduate Dental Dean	65-70	-	-	65-70	-	-	0-2.5 plus lump sum of 0-2.5	0-5 plus lump sum of 5-7.5	43	53	8

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.

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

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

(i) Ms M Roberts was appointed to the role of Acting Chief Executive from 12th August 2010 to 2nd May 2011 and from 1st December 2011 to 31st October 2012. 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 2013

NOTE 3 STAFF NUMBERS AND RELATED COSTS

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

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

3.5 Staff Benefits

There were no staff benefits paid in either the year ending 31 March 2013 or 31 March 2012.

3.6 Retirements due to ill-health

There were no retirements due to ill health either in the year ending 31 March 2013 or 31 March 2012.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 4 OPERATING EXPENSES

Operating Expenses are as follows:-

	2013	2012
	£	£
Junior Doctors Salaries	8,556,651	7,685,916
Junior Doctors Study Leave	683,541	645,650
Establishment	434,668	422,134
Premises	55,154	53,299
Training Courses	475,047	616,443
Recruitment	210,857	90,187
Miscellaneous	954	27,032
Rentals under operating leases	209,252	207,121
Total Operating Expenses	10,626,124	9,747,782
Non cash items:-		
Depreciation	63,435	76,258
Amortisation	25,151	24,252
Notional Costs - IT Services	51,200	76,800
Provisions provided for in year	15,000	-
Auditors remuneration	13,700	13,700
	168,486	191,010
Total	10,794,610	9,938,792

The Agency paid £1,175 to its external auditor, the Northern Ireland Audit Office in respect of work carried out on the National Fraud Initiative. This is reflected within establishment expenditure above.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 5 INCOME

5.1 Income from Activities

	2013	2012
	£	£
Other Public Bodies:		
Business Services Organisation	349,645	399,962
Other Sources:		
Course Fees	243,822	210,576
Total	593,467	610,538

5.2 Other Operating Income

The Agency had no other operating income in either the year ending 31 March 2013 or 31 March 2012.

5.3 Deferred income

The Agency had no deferred income at either 31 March 2013 or 31 March 2012.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 6.1 Property, plant & equipment - year ended 31 March 2013

	Land £	Buildings (excluding dwellings) £	Assets under Construction £	Plant and Machinery (Equipment) £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation							
At 1 April 2012	-	314,532	-	-	109,406	138,626	562,564
Indexation	-	(31,453)	-	-	-	-	(31,453)
Additions	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve (Disposals)	-	-	-	-	-	-	-
At 31 March 2013	-	283,079	-	-	109,406	138,626	531,111

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

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

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

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

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

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 6.2 Property, plant & equipment - year ended 31 March 2012

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

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

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

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

	2012 £	2011 £
Donations	-	-
Government grant	177,035	165,112
Lottery funding	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 7.1 Intangible Assets - year ended 31 March 2013

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 7.2 Intangible assets - year ended 31 March 2012

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

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 2012 or 31 March 2013.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 10 IMPAIRMENTS

The Agency had no impairments at either 31 March 2013 or 31 March 2012.

NOTE 11 INVENTORIES

	2013 £	2012 £
General Supplies	3,664	4,356
Total	<u><u>3,664</u></u>	<u><u>4,356</u></u>

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2013 £	Restated 2012 £	Restated 2011 £
Amounts falling due within one year			
Trade receivables	1,193,880	1,145,720	282,256
Other receivables	-	-	6,847
Trade and other receivables	<u>1,193,880</u>	<u>1,145,720</u>	<u>289,103</u>
Prepayments and accrued income	101,382	102,485	60,591
Other current assets	<u>101,382</u>	<u>102,485</u>	<u>60,591</u>
Amounts falling due after more than one year			
Trade receivables	-	-	-
Other receivables	-	-	-
Trade and other Receivables	<u>-</u>	<u>-</u>	<u>-</u>
Prepayments and accrued income	-	-	-
Other current assets falling due after more than one year	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL TRADE AND OTHER RECEIVABLES	<u><u>1,193,880</u></u>	<u><u>1,145,720</u></u>	<u><u>289,103</u></u>
TOTAL OTHER CURRENT ASSETS	<u><u>101,382</u></u>	<u><u>102,485</u></u>	<u><u>60,591</u></u>
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	<u><u>1,295,262</u></u>	<u><u>1,248,205</u></u>	<u><u>349,694</u></u>

The balances are net of a provision for bad debts of
£nil (2012 £nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

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

Name	Amounts falling due within 1 year 2012/13 £	Amounts falling due within 1 year 2011/12 £	Restated Amounts falling due within 1 year 2010/11 £	Amounts falling due after more than 1 year 2012/13 £	Amounts falling due after more than 1 year 2011/12 £	Restated Amounts falling due after more than 1 year 2010/11 £
Balances with other central government bodies	-	-	-	-	-	-
Balances with local authorities	-	-	-	-	-	-
Balances with NHS /HSC Trusts	1,193,880	1,145,720	282,256	-	-	-
Intra-Government Balances	1,193,880	1,145,720	282,256	-	-	-
Balances with bodies external to government	101,382	102,485	67,438	-	-	-
Total receivables & other current assets at 31 March	1,295,262	1,248,205	349,694	-	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 13 CASH AND CASH EQUIVALENTS

	2013	2012	2011
	£	£	£
Balance at 1st April	196,894	306,944	343,272
Net change in cash and cash equivalents	(127,916)	(110,050)	(36,328)
Balance at 31st March	68,978	196,894	306,944

The following balances at 31 March were held at

	2013	2012	2011
	£	£	£
Commercial banks and cash in hand	68,978	196,894	306,944

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2013	2012	Restated 2011
	£	£	£
Amounts falling due within one year			
Other taxation and social security	225,903	205,092	204,296
Other payables	2,799,413	2,736,464	1,700,242
Accruals and deferred income	-	15,345	66,965
Trade and other payables	3,025,316	2,956,901	1,971,503
Current part of finance leases	-	-	-
Current part of long term loans	-	-	-
Other current liabilities	-	-	-
Total payables falling due within one year	3,025,316	2,956,901	1,971,503
Amounts falling due after more than one year			
Other Payables, accruals and deferred income	-	-	-
Trade and other payables	-	-	-
Total non current other payables	-	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	3,025,316	2,956,901	1,971,503

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

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

Name	Amounts falling	Restated		Amounts falling	Amounts falling	Restated
	due within 1 year 2012/13 £	Amounts falling due within 1 year 2011/12 £	Amounts falling due within 1 year 2010/11 £	due after more than 1 year 2012/13 £	due after more than 1 year 2011/12 £	Amounts falling due after more than 1 year £
Balances with other central government bodies	225,903	205,092	204,296	-	-	-
Balances with local authorities	8,147	1,134	8,427	-	-	-
Balances with NHS/HSC Trusts	1,157,298	389,802	274,958	-	-	-
Intra-Government Balances	1,391,348	596,028	487,681	-	-	-
Balances with bodies external to government	1,633,969	2,360,873	1,483,822	-	-	-
Total payables and other liabilities at 31 March	3,025,316	2,956,901	1,971,503	-	-	-

14.2 Loans

The Agency did not have any loans at either 31 March 2013 or 31 March 2012

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 15 PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

From 16 March 2013 EU Directive 2011/7/EU on Combating Late Payment in Commercial Transactions was implemented through the Late Payment of Commercial Debts Regulations 2013. These regulations apply to all contracts made from 16 March 2013. They require all public bodies to pay suppliers for goods/services received within 30 days of receiving an undisputed invoice. The impact of this directive will take effect 30 days from 16 March 2013 (which is payment to be received by 14 April 2013) and the performance against the EU directive will be shown in the 2013-14 financial year accounts

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:

	2013	2013	Restated	Restated
	Number	Value	2012	2012
		£	Number	Value
				£
Total bills paid	2,535	1,511,441	2,407	1,412,093
Total bills paid within 30 day target or under agreed payment terms	2,424	1,430,895	2,364	1,402,638
% of bills paid within 30 day target or under agreed payment terms	95.6%	94.7%	98.2%	99.3%
Total bills paid within 10 day target or under agreed payment terms	1,669	1,021,057	1,894	1,137,389
% of bills paid within 10 day target or under agreed payment terms	65.8%	67.6%	78.7%	80.5%

The figures for 2012 have been restated to reflect only payments made to commercial suppliers.

15.2 The Late Payment of Commercial Debts Regulations 2002

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES - 2013

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

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

Analysis of expected timing of discounted flows

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

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

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 16.1 PROVISIONS FOR LIABILITIES AND CHARGES - 2012

	Pensions relating to former directors £	Pensions relating to other staff £	Clinical negligence £	Other £	2010 £
Balance at 1 April 2011	-	-	-	-	-
Provided in year	-	-	-	-	-
(Provisions not required written back)	-	-	-	-	-
(Provisions utilised in the year)	-	-	-	-	-
Unwinding of discount	-	-	-	-	-
At 31 March 2012	-	-	-	-	-

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 2012	-	-	-	-	-

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 17 CAPITAL COMMITMENTS

The Agency did not have any capital commitments at either 31 March 2013 or 31 March 2012.

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

	2013	2012
	£	£
Obligations under operating leases comprise		
Land & Buildings		
Not later than 1 year	160,387	160,387
Later than 1 year but not later than 5 years	53,462	213,849
Later than 5 years	-	-
	<u>213,849</u>	<u>374,236</u>
Other		
Not later than 1 year	-	3,146
Later than 1 year but not later than 5 years	-	-
Later than 5 years	-	-
	<u>-</u>	<u>3,146</u>

18.2 Finance Leases

The Agency does not have any finance leases.

18.3 Operating Leases

The Agency did not have any income under operating leases.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 19 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

The Agency has no PFI contracts at either 31 March 2013 or 31 March 2012.

NOTE 20 OTHER FINANCIAL COMMITMENTS

The Agency has not entered into non-cancellable contracts and has no other financial commitments at either 31 March 2013 or 31 March 2012

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 2013 or 31 March 2012.

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 2013. The Agency is not in a position to accurately assess the cost of the debt arising from a cessation event.

NOTE 23 RELATED PARTY TRANSACTIONS

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

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

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

Prof. K Gardiner was an employee of the Belfast HSC Trust. His services were provided to the Trust by secondment, during the year the Belfast HSC Trust paid £24,808 to the Agency under this arrangement. This sum includes employers costs £4,706, in respect of national insurance and pension contributions.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

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 2012/13. Set out below are details of the amount paid to these organisations during 2012/13. In none of these cases listed did the Executive/Non Executive Directors have any involvement in the decisions to procure the services from the organisation concerned.

	Payments to Related Party £	Income from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Queens University Belfast	532,136	-	-	-

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

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

NOTE 24 THIRD PARTY ASSETS

The Agency does not hold any third party assets at either 31 March 2013 or 31 March 2012.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

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:

	2013 Total £	2012 Total £
HSC Board	1,160,161	1,135,348
SUMDE	-	-
DHSSPS (excludes non cash)	51,849,702	51,593,000
Other Government Department	-	-
Non cash RRL (from DHSSPS)	153,486	163,350
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	53,163,349	52,891,698

25.2 Capital Resource Limit

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

	2013 Total £	2012 Total £
Gross capital expenditure	-	83,996
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	-	83,996
Capital Resource Limit	-	84,013
Overspend/(Underspend) against CRL	-	(17)

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

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.

	2012/13 £	Restated 2011/12 £
Net Expenditure	52,901,057	52,586,013
RRL	53,163,349	52,891,698
Surplus / (Deficit) against RRL	262,292	305,685
Break Even cumulative position (opening)	646,848	341,163
Break Even cumulative position (closing)	<u>909,139</u>	<u>646,848</u>

Materiality Test:

	2012/13 %	2011/12 %
Break Even in year position as % of RRL	<u>0.49%</u>	<u>0.58%</u>
Break Even cumulative position as % of RRL	<u>1.71%</u>	<u>1.22%</u>

In previous years the Agency had accrued pension costs of approximately £190,000 per annum in respect of payments made to GP trainers. In 2011-12 the Agency made a payment on account of £956,794 to the HSC Pension Scheme. The Agency continued to seek clarification from HSC Pensions Branch on the need to accrue for these costs. However, as a result of a decision taken by HSC Pensions Branch subsequent to the 2012-13 year end, it was determined that the accrued costs were not required. As such, the 2012-13 financial statements have been restated to reflect the removal of a £185,000 charge for the year. In addition to the accrual that existed at 31 March 2012 and the payment on account has been restated as a trade receivable. The decision has therefore led to the current year break even position falling outside of the tolerable limits. Excluding this adjustment the Agency would have reported a small surplus of £77,000 which, at 0.15%, would have been within the tolerable limits. The restatement of the previous year balances has also caused the 2011-12 surplus to increase from 0.23% prior to restatement to 0.58%.

N.I. Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 26 LOSSES & SPECIAL PAYMENTS

Type of loss and special payment	2012-13		2011-12
	Number	£	£
Cash losses			
Cash Losses - Theft, fraud etc	-	-	-
Cash Losses - Overpayments of salaries, wages and allowances	-	-	-
Cash Losses - Other causes	-	-	-
Claims abandoned			
Waived or abandoned claims	-	-	-
Administrative write-offs			
Bad debts	-	-	-
Other	1	625	-
Fruitless payments			
Late payment of commercial debt	-	-	-
Other fruitless payments and constructive losses	-	-	-
Stores losses			
Losses of accountable stores through any deliberate act	-	-	-
Other stores losses	-	-	-
Special payments			
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	4,115
Extra contractual	-	-	-
Special severance payments	-	-	-
TOTAL	1	625	4,115

26.1 Special Payments

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

26.2 Other Payments

There were no other payments made during the year.

26.3 Losses and Special Payments over £250,000

There were no losses or special payments over £250,000 in either the year ending 31 March 2013 or 31 March 2012.

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 02 August 2013