

SCHEDULE 4

Governance & Risk Committee Standing Orders

Standing Order Review Schedule

Date first Approved by NIMDTA Board: March 2010

Last Approved by NIMDTA Board: November 2016

Date of Next Review: November 2017

Schedule Owner – Governance, IT & Facilities Manager

Amendment Overview

Version	Date	Pages	Comments	Actioned
2010 - 1.0	11/03/2010	3	Risk Management Team created and Terms of Reference approved by the Board	Mark McCarey
2010 – 1.1	25/10/2011	3	Name of committee changed to Governance Committee and TOR updated to reflect changes. Approved by Governance Committee	Mark McCarey
2010 – 1.2	17/11/2011	3	Approved by the Board	
2012 – 2.0	31/07/2012	6	Bi-review of Governance Committee Standing Orders. Draft for consideration July 2012 to reflect name change and potential frequency of meetings	Mark McCarey
2012 -2.1	18/09/2012	6	Moved to new policy template. Presented to G&R Committee to reflect name change. Re-presented for consideration as part of NIMDTA's Standing Orders. Now to be known as Schedule 4. <i>(Ref: Minutes of Governance meeting held on 24/04/2012 that all standing Orders be brought back to next meeting of G&R Committee and annually thereafter)</i> Updated to reflect discussion at Governance & Risk Committee. Reference to 'Chairman ' changed to 'Chair' throughout. Wording at	Mark McCarey

			2.3 changed to reflect nature of role. Frequency of meetings altered. Sub-committee section removed.	
2012 – 2.1	27/09/2012	6	Submitted to Board for approval. Approved by board subject to the following amendments. Title page – the word ‘Management’ to be removed from the title of the committee. Page 5, 4.1 – to read ... and shall be attended by the Chief Executive ...	Mark McCarey
2012 – 2.2	07/03/2013	10	Changed made to reflect discussion at Board meeting held on 27/09/2012	Linda Craig
2012 – 2.3	10/06/2013	8	Updated to include ‘The Role of Agency’ and NIMDTA mission statement	Linda Craig
2014 – 3.0	27/11/2014	6	Presented to NIMDTA Board for approval. Approved subject to minor amendments	Margot Roberts
2014 – 3.1	26/12/2014		Finance Manager removed from Committee Membership list	Margot Roberts
2015 – 4.0	24/02/2015	8	Presented to G&R Committee for approval. Approved subject to minor amendments to distribution of minutes	
2015 – 4.1	26/02/2015		Presented to Agency Board for approval. Approved.	
2016 – 4.2	27/10/2016	8	Reviewed following the retirement of the Administrative Director for consideration by the Governance & Risk Committee	Mark McCarey
2016 – 4.3	23/11/2016	7	Reviewed following G&R for Board approval. Approved.	Mark McCarey

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Role of the Northern Ireland Medical and Dental Training Agency

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

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

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

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

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

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

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

1. Introduction

The Board of the Northern Ireland Medical and Dental Training Agency (hereinafter referred to as “the Board”) has appointed a Governance & Risk Committee (hereinafter referred to as “the Committee”) to oversee the NIMDTA’s governance structures and processes and to ensure that NIMDTA fulfils its business in line with its statutory functions.

2. Terms of reference

Its purpose is to support the Board in fulfilling its statutory functions and in providing good corporate governance.

The Committee will provide oversight in relation to:

- the implementation and development of an embedded and proactive culture of risk management within NIMDTA;
- the identification of significant risks, and the processes in place for the effective monitoring of identified risks;
- the production, development and periodic review of a Corporate Risk Register;
- the production, development and periodic review of Departmental Risk Registers;
- the development of action plans to mitigate or eliminate identified risks;
- training needs of NIMDTA staff, that may arise from time to time, in relation to the impact of corporate governance in their areas of work;
- the management and investigation of complaints, incidents, and accidents;
- the arrangements in place for the processing, transferring, safe keeping, and disposal of information records within NIMDTA;
- the systems in place for the prevention and detection of fraud within NIMDTA;
- to seek continuous improvement in NIMDTA’s governance structures and progression against audit recommendations;
- to ensure that the governance systems in place are cost effective, and represent value for money;
- further governance issues that may be delegated from time to time.

3. Powers and responsibilities

The Board is ultimately responsible for all the decisions and actions taken in its name, whether directly or through its arrangements for delegation. The Board retains the right, therefore, to amend or overturn any decisions or actions of any Committee, Sub-Committee or working group which it deems to be contrary to Board policy or otherwise against the Board's interests.

4. Composition and Membership

The Committee shall consist of the Chair of the NIMDTA Board, at least two Board members (that the Board shall nominate from time to time) and shall be attended by the Chief Executive/Postgraduate Medical Dean, the Governance Manager, the Business Manager, and the IT & Records Management Officer.

The Chair of the Governance and Risk Committee will be elected by members of the Committee, and it will be serviced by the Committee Support Executive Officer.

The quorum for meetings of the committee shall be four, based on there being two members of the Board.

In the event of any post holder being unable to attend meetings for a period of time, the Committee shall appoint an appropriate individual to become a member in the interim.

5. Frequency of meetings and reporting mechanism

The Committee shall normally meet four times per annum.

Draft minutes of a meeting will be forwarded to all members of the committee as soon as practicable after the meeting taking place.

The Committee shall forward a minute of each meeting to the Board for consideration at their next meeting.

6. Attendance by persons not being members of the Committee

At the discretion of the Chair:

Staff members, not being members of the Committee, may attend identified agenda points of a meeting relevant to their role in order to further inform discussion.

Persons, not being members of the committee or staff members, may be invited to attend identified agenda points of a meeting of the Committee.