



**NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY**

**Annual Report and Accounts**

**FOR THE YEAR ENDED 31 MARCH 2021**

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

On

28 July 2021

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## Foreword from the Chair

NIMDTA has adapted to the significant impact of the disruptions to medical and dental education and training created by the COVID-19 pandemic throughout the year. Clearly there remains substantial challenges ahead in order to realign our activities in order to provide the future workforce that will be required for the health and wellbeing of the population of Northern Ireland. Despite the many difficulties and the pressures on front-line services during the year, we continued to make significant progress towards the delivery of the outcomes which were specified in our 2020-21 Strategic and Business Plans. In addition, we implemented many of the new initiatives designed to continuously improve the training of doctors and dentists in Northern Ireland and, as a result, further enhance our contribution to the wider HSC system.

During the year, there were a number of achievements which should be highlighted:

- Continued development of the Single Lead Employer project, designed to improve the experience of doctors and dentists in training;
- Development of on-line learning modules to replace face-to-face workshops;
- Delivery of enhanced trainee support activities;
- Delivery of the outcomes and Key Performance Indicators (KPIs) set out within our Strategic and Business Plans;
- Despite home-working arrangements, continuation of most of our staff engagement processes through on-line workshops, briefings and delivery of a comprehensive health and well-being programme;
- Ongoing development of training environment quality indicators activities;
- Maintaining focus on continuous improvement in all areas of our service; and
- Consideration of alternative approaches to learning and development, such as simulation.

### **NIMDTA's vision is:**

***“To equip, develop and inspire doctors and dentists in training to provide and continuously improve the quality of health care delivery to the population of Northern Ireland”.***

In order to achieve this vision, we maintained our focus on both recruiting and retaining the best possible calibre of medical and dental graduates and on ensuring that they received the highest standard of education and training. On a positive note, intake levels in 2020 have been higher than normal with General Practice (GP) recruitment meeting the Ministerial target of 111 for the first time. Difficulties were experienced in relation to the normal

recruitment methodologies with alternative approaches being introduced at each stage of the pandemic disruption.

We have and will continue to review and improve our effectiveness throughout all of the services and will respond to the many new challenges which we will face going forward. Most of these will continue to be determined by the external environment and the impact of recent events on education and training within the period of 2020-21.

The COVID-19 pandemic has had a significant impact on every area of NIMDTA's activities. For example:

- Doctors in training being required to undertake urgent clinical services, with a cessation of educational activities;
- Dentists in training having less opportunity to gain experience due to the impact of the introduction of measures relating to aerosol generating procedures;
- Examinations and Mandatory Educational Events postponed;
- Clinical Educators and Trainers being recalled to front-line activities;
- Annual Review Competence Progressions (ARCPs), Revalidations and GP Appraisals being postponed;
- Recruitment activities being subjected to alternative arrangements;
- Early registration of new Medical School Graduates in order to allow them to move into clinical service four months ahead of entering Foundation Year 1; and
- All of the NIMDTA team working from home and using video conferencing.

Whilst these factors have had a major impact on NIMDTA during the year, they will become much more significant as we further return to "normal" business. The pressures on the NIMDTA team will be exceptional, as demand for educational activities, examination entries, ARCPs, recruitments, trainee progression and revalidation escalate. Although difficult to fully quantify at present, another major factor will be the extent of the additional Training Support activities which will arise in the aftermath of the current pandemic. There is no doubt that significant additional activity and associated costs will arise in 2021-22 and, almost certainly, continue into 2022-23. We are confident that, within the team, we have the skills, commitment and professionalism to deliver what is required and also maintain our focus on the outcomes within our Business and Strategic Plans.

Over the last year, we have continued to operate with the full complement of Non-Executive Board Members, following further extensions to the terms of the Chair, Deane Morrice, Chair of the Audit Committee, Lee Wilson, Chair of the Governance and Risk Committee and Derek Maguire, the Non-Executive Dental Representative.

We were delighted that it was announced in the 2020 Queen's Birthday Honours that Derek Maguire was to be awarded an OBE. This was a well-deserved recognition for 33 years of

service to Dentistry and the COVID-19 response. In addition to his role on the NIMDTA Board, Derek is an Executive Committee Member with the Faculty of Dental Trainers, and acts as a Facilitator and Assessor for the Faculty of General Dental Practice. Derek is also a Fellow of the Faculty of General Dental Practice (Royal College of Surgeons of England), a Fellow of the Faculty of Dental Surgery (Royal College of Physicians & Surgeons of Glasgow), a Fellow of Faculty of Dental Trainers (Royal College of Surgeons of Edinburgh), and a Fellow of the International College of Dentists.

During 2020, our Chief Executive/Postgraduate Dean, Professor Keith Gardiner, retired and has been replaced by Mr Mark McCarey as Chief Executive and by Dr Ian Steele as Director of Education/Postgraduate Medical Dean. Professor Gardiner made a significant contribution to NIMDTA during his years within the dual role and was instrumental in establishing NIMDTA at the forefront of Deaneries throughout the UK. He was also fully committed to ensuring that the interests of Northern Ireland were, at all times, well represented in Four Nation activity in response to COVID-19.

As always, I wish to acknowledge the dedication, commitment and professionalism of all of our team, who have worked together to enhance our reputation across the Health and Social Care sector, not only within Northern Ireland but throughout the UK. Collectively, they have strengthened our engagement with the many partners who support our training processes by consistently delivering the necessary education and training, not only in terms of clinical skills development, but also in respect of leadership, innovation and interpersonal skills. I would also like to acknowledge my Board colleagues for their commitment and support and again reiterate my appreciation to everyone in NIMDTA for their contribution over the past year and, most importantly for their professionalism, flexibility and resilience.

My tenure as NIMDTA Chair is due to end within the first quarter of 2021-22. For this reason the accounts will be signed by the Vice-Chair Mr Deane Morrice MBE.

I have had a long career in both the public and the private sectors and would say, without hesitation, that the last ten years have been very special. Whilst it has always been challenging, it has also been very rewarding as we have seen NIMDTA move forward and become an exemplar within Deaneries throughout the four Nations.

When I reflect on the ten years, it has gone so quickly and has involved huge changes, including those that have occurred during the past year. There are few, if any, of our well-established practices that have sustained during the pandemic, but our staff have risen to each and every challenge with commitment and determination.

We have a great team of people in every area of our business and it has only been possible to retain our standards through the professionalism, flexibility and resilience of each colleague.

I will certainly miss NIMDTA, but most of all I will miss those opportunities to engage with a group of very special people, who have all shared the common aim of providing the best possible quality of education and training to the doctors and dentists of the future.

A handwritten signature in black ink, appearing to read 'Alistair Joynes', with a stylized flourish at the end.

Alistair Joynes  
**Chair**

Date: 14 June 2021



## Chief Executive's Introduction

2020-21 has been a year of significant challenge for all who work across the HSC in Northern Ireland. At NIMDTA we have sought to work proactively with all of our stakeholders to ensure that we deliver our statutory brief at this most important time. I am very proud of the leadership and innovative work that we have delivered over the last year.

September 2020 marked the start of a significant transition in the development of NIMDTA. Professor Keith Gardiner retired from the operational duties associated with his role of Chief Executive/Postgraduate Medical Dean on 30 September 2020. Keith led the work of NIMDTA since his appointment to this role in 2012-13. His logical, precise manner and ethos of continual improvement will be missed by all of his colleagues. Keith's legacy at NIMDTA will be characterised by a visionary leadership for the role of Doctors and Dentists in Training in Northern Ireland, and seeking to ensure that the best possible resources were in place to fully realise their potential. NIMDTA itself has evolved in line with this vision, and the organisation has matured into a key stakeholder within the HSC under his leadership. I would like to personally thank Keith for his unwavering commitment to NIMDTA and his colleagues, and to thank him for the investment that he generously provided to me.

I was appointed to the role of Interim Chief Executive with effect from the 1 October 2020, with Dr Ian Steele taking up the role of Interim Postgraduate Medical Dean. Ian was subsequently appointed to the role of Director of Education/Postgraduate Medical Dean in January 2021. Dr Camille Harron was appointed to the role of Medical Director with effect from 1 April 2021. Camille's appointment will provide leadership to the Single Lead Employer function and is a key appointment as this service matures into full operation. I was appointed to the role of Chief Executive with effect from 1 April 2021.

I would like to acknowledge the work of all of the members of our Senior Management Committee over this transition period. The context of the provision of backfill and acting up to key roles whilst working within the wider HSC leading in a pandemic response was challenging. The continued performance of our brief to the highest level points to the calibre and commitment of this team. This work was complemented and supported by our Board who increased the pattern of meetings throughout the pandemic response and transition periods. Their support and counsel through this period was valued highly, and empowered the successful continuation of our work.

The challenges of 2020-21 have been felt across NIMDTA, and perhaps most significantly by our staff. This year saw the embedding of working from home practices, and the introduction of new working methods. As an organisation focused on the provision of postgraduate education this manifested in many staff working in a hybrid manner in that they were primarily based at home, but attended Beechill House to facilitate digital learning

events. I am very proud of the resilience and commitment demonstrated this year as we have innovated and developed in this context.

We have welcomed a number of new staff into NIMDTA this year, and I am very aware that this is not a traditional introduction to their new roles. I have sought to monitor the induction and training of such staff at this time, and was continually impressed by their participation in such processes, as well as to hear the compassionate ways in which established staff sought to assist and support at this time.

Alistair Joynes, our Chair, is due to retire from office within the first quarter of 2021-22 following the completion of two periods of appointment. As an organisation NIMDTA has evolved in many ways throughout his tenure and Alistair played a pivotal role in the vision and implementation of this. Alistair embraced this role in an active manner, being a continual presence within the building and engaging with staff in many ways. He was always available during these times and became well known to staff through his personal approach. Alistair chaired proceedings in a very helpful manner. Through his comprehensive understanding of our work he was able to recognise the high commitment of our staff, but also provide insight and challenge in areas. We will miss his contributions in this context, and wish him every success and happiness in his future endeavours.

I have already noted the challenges that presented in relation to the delivery of postgraduate education throughout 2020-21. We have sought to deal with this in a proactive manner through collaborative work across all of our training departments. Over the following pages you can read in further detail about the output of this work in terms of the pivoting of traditional structures, the continued implementation of Single Lead Employer processes, development of digital learning solutions, and investment in simulation opportunities.

It is noted that the tone of this introduction has been based on the challenges faced in 2020-21. At NIMDTA we have sought to lead and support our staff through this time, whilst maintaining a vision that such a context provides tremendous opportunity to learn and improve how we deliver our services. When a return to more traditional work patterns emerges, it is likely that these will be formed and improved around key learning forged during the pandemic response. This will greatly enhance our delivery of postgraduate medical and dental training, providing further opportunities for the next generations of doctors and dentists to deliver to fulfil their fullest potential and deliver excellent care to the population of Northern Ireland.

Handwritten signature of Mark McCarey in black ink.

Mark McCarey,  
**Chief Executive**

Date: 30 June 2021

## Performance Report

### 1. Performance Overview

The purpose of this performance overview is to provide a brief summary of NIMDTA and its aims as well as to provide insight into the achievement of its objectives. It also provides an overview of NIMDTA's performance over the past year.

#### Chief Executive's Statement on Performance

I am satisfied that NIMDTA has performed well in 2020-21. The following key targets have been met:

- a financial break even position, with a surplus against RRL of £36,866 (0.06%) against a target of 0.25%;
- an outturn of 99% in relation to thirty day prompt payments against a target of 95%;
- an outturn of 97% in relation to ten day prompt payments against a target of 75%;
- satisfactory levels of assurance were identified across all Internal Audit reports with the exception of Management of Single Lead Employer Processes (further information on all Internal Audit reports is contained in the Governance Statement);
- an absence rate of staff of 1.21% against a target of 4.34%;
- 98% of referrals to the Professional Support Team were responded to within two weeks against a target of 90%; and
- 98% of hospital based trainers were Recognised Trainers against a target of 90%.

Further narrative on each of the above, as well as other areas of performance, is contained within the body of this report.

## Purpose and Activities

NIMDTA is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also 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 and national requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. NIMDTA endeavours to attract and appoint individuals of the highest calibre to recognised training posts and programmes. NIMDTA encourages doctors to train and remain in NI so that Health and Social Care (HSC) has a highly competent medical and dental workforce with the essential skills to meet the changing health needs of its population.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes. NIMDTA supports trainees with the aim of maximising their potential to successfully progress, complete training and be appointed to permanent posts in NI. 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 both the training and supervision of trainees support the delivery of high quality safe patient care. NIMDTA provides trainees with a wide range of opportunities to gain experience in leadership, quality improvement, research and teaching.

NIMDTA trains clinical and educational supervisors and recommends them to the General Medical Council (GMC) for recognition of their role. NIMDTA selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the GMC for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA is the Designated Body for doctors in training and has a statutory role in making recommendations to the GMC to support the revalidation of trainees. NIMDTA 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 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 has been integrated as the lead employer for Doctors and Dentists in training (DDiT) across the HSC. The aim of this service is to provide a high quality continuous employment experience for DDiT.

NIMDTA plays a key role in attracting DDiT to the HSC, and in creating an environment where they wish to continue to remain practising within the HSC.

NIMDTA carries out these roles on behalf of the DoH by focussing on the needs of people (population, trainees, trainers and NIMDTA staff), in partnership with key stakeholders and by upholding the HSC Values - openness and honesty, compassion, excellence and working together.

### Quality Management

The 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 role in assuring that the postgraduate training of doctors and dentists is consistent with the delivery of safe care and that doctors are trained to the standards set by the GMC.

In line with all UK Deaneries (or equivalent), NIMDTA is required to demonstrate compliance with GMC standards and ensure that its quality processes support the development and improvement of postgraduate medical education and training within Northern Ireland.

NIMDTA is responsible for the educational governance of all approved Foundation and Specialty Training Programmes, including General Practice, and is expected to demonstrate compliance with the standards and requirements that the GMC sets out. To achieve this NIMDTA works in close partnership with the 5 HSC Trusts and other Local Educational Providers (LEPs). An educational contract known as the Learning & Development Agreement (LDA) sets out the obligations of both NIMDTA and LEPs. This LDA is monitored for compliance and is reviewed annually.

NIMDTA has in place a Quality Management Framework to ensure that Local Education and Training Providers meet the standards and requirements set by the GMC and COPDEND.

This is done through a system of robust monitoring and inspection visits of LEPs (HSC, GP and Dental 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 Postgraduate Medical Dean and the Senior Management Committee (SMC) members. This work stream feeds into business planning and risk management processes.

During 2020-21, a number of planned Educational Monitoring Activities were postponed from April 2020 due to the pandemic and resumed in a virtual format in June 2020. To ensure that the quality of education was maintained during this time, the Quality team continued to work in partnership with LEPs to ensure existing and new concerns were monitored and action plans were in place to address them. Planning and delivery of these activities resumed in June 2020 and the Associate Deans for Visits and Curriculum Review carried out a number of Educational Monitoring Activities (Deanery Visits and Specialty Reviews) to General Medicine (2), Haematology (1), Histopathology (1), Neurology (1), General Surgery (2), Psychiatry of Intellectual Disability (1), Genito Urinary Medicine (1), Palliative care (1) and Geriatric Medicine (1).

There were 55 visits made to general medical practices. This included 15 accreditation visits to new practices and 40 reaccreditation visits to established training practices.

The process for Educational Monitoring Activities is currently being reviewed in conjunction with the Placement Quality workstream to identify a collaborative approach, enabling NIMDTA and the LEPs to work together to improve postgraduate training.

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 to DoH, Health and Social Care Board (HSCB), Public Health Agency (PHA), Regulation and Quality Improvement Authority (RQIA) and the GMC. NIMDTA also meets regularly with the HSCB, PHA and DoH to discuss the outcomes of Deanery visits, including patient and trainee safety issues and the impact of unfilled training posts.

In February 2021, following discussion between Belfast Health and Social Care Trust (BHSCT), GMC and NIMDTA; the Cardiothoracic Surgery unit in BHSCT was referred to the GMC for escalation to their Enhanced Monitoring processes under the category of 'Persistent and/or serious concerns for the safety or well-being of doctors in training'. A GMC Enhanced Monitoring Follow-Up Visit took place to General Medicine Training at Causeway Hospital (Northern Health and Social Care Trust (NHSCT)) in March 2021. Following this Visit, the NIMDTA Quality Management Group was of the view that there have been significant improvements since the previous visit in March 2019. A request to de-escalate the unit to routine monitoring was submitted to the GMC.

During the recruitment of Educational Supervisors to the 2020-21 Dental Foundation Training Programme, 12 general dental practices had practice assessments carried out by NIMDTA. Of the 12 assessed, 9 practices continued and were allocated a Foundation Dentist. A further 19 practices, with a valid practice assessment certificate continued to train during 2020-21. This brought the total number of training practices to 28.

The Annual Engagement Meeting between NIMDTA and the GMC Quality Assurance (QA) Team for Monitoring & Improvement took place on Wednesday 9th September 2020. The meeting focused on NIMDTA's Quality Management Activities, overview of the Quality Reporting System and the new Quality Assurance process.

A key change in the new GMC QA process is the introduction of an Annual Self-Assessment Questionnaire (SAQ) and Declaration which is renewed every four years. The process will be led by a subgroup of the Quality Management Group which will review all evidence and data to demonstrate to the GMC that NIMDTA is meeting and/or working towards the standards outlined in Promoting Excellence. A series of monthly meetings to prepare the first NIMDTA SAQ and Declaration commenced in January 2021. These documents are to be submitted to the GMC by 30 November 2021.

The 2020 GMC National Training Survey was postponed due to the pandemic. Following consultation with stakeholders, the GMC launched a shorter, targeted, survey which specifically asked about doctors' experiences of working and training during the pandemic. The response rate from NI trainees was 52.25% (3rd highest in UK) and the response rate from trainers was 31.6% (2nd highest in UK). Despite the changes to the survey, the findings were not reported in the usual format and results have been published for each individual question rather than indicator.

Joint NIMDTA and LEP Annual Reviews took place throughout 2020-21 to discuss developments in postgraduate medical and dental education and training and to review the effectiveness of the LDA between NIMDTA and the LEP in ensuring that minimum standards set out by the GMC in "Promoting Excellence" are met.

In addition, Annual School Reviews took place throughout November 2020 via Zoom, and 41 Training Programme Directors (TPD) from subspecialties in Medicine, Surgery and Psychiatry completed Annual Quality Report templates.



## Placement Quality

The aim of the Placement Quality work stream is to optimise patient-centred care by identifying benchmarks of quality in the delivery of hospital based education and training and to promote continuous quality improvement of postgraduate medical training posts within Northern Ireland. Placement Quality Reviews involve research into applicable placement quality initiatives across the UK and internationally, review of the relevant curricula and previous measures of quality, working with lead educators and engaging with trainees via surveys and focus groups to obtain information in relation to their experiences in Northern Ireland.

Placement Quality work was paused in March 2020 due to the pandemic. ADEPT Clinical Leadership Fellows for Placement Quality were redeployed to clinical practice and the Associate Dean supported the safe introduction of final year medical students into clinical practice in early May 2020 (the Interim Foundation Year 1). An ADEPT fellow returned on a less than full time basis (2 days per week) between August 2020 and February 2021.

Placement Quality work recommenced in May 2020 and the focus for the work stream for the remainder of 2020-21 was completion of the Psychiatry Training and Core Surgical Training Reviews which commenced in late 2019 and early 2020. Additional work in relation to the report and feedback of the re-survey of Foundation Year 1 (F1) and Obstetrics and Gynaecology (O&G) training conducted in January 2020 and re-survey of Psychiatry training was carried out in December 2020.

In August 2020, five Trust specific F1 Resurvey Reports were published which summarise the improvements made to the F1 training experience against the recommendations from the initial Placement Quality Review in 2018 and allowed for regional and Trust benchmarking and highlighted areas for further development.

In August 2020, a Psychiatry Training Placement Quality Report of the Placement Quality review carried out in late 2019 was published, based on the feedback from trainees and training sites during August 2019 – December 2019. Alongside this a 'Guide to training in Psychiatry in Northern Ireland' and a Prospectus of all Regional Psychiatry Training sites was produced.

During the summer of 2020, the Placement Quality Review team completed meetings with representatives of each Trust to share the findings of trainee feedback from the Placement Quality Review of Core Surgical Training that commenced in January 2020. The team discussed Trust specific issues; shared evidence of good practice identified from the survey and agreed local actions to be taken forward. Following these meetings a Core Surgery Training Placement Quality Report was published in October 2020, highlighting regional

examples of good practice and identifying key recommendations for improvement of core surgical training placements.

A Placement Quality resurvey of the Obstetrics and Gynaecology (O&G) training programme was conducted in January 2020, to review the progress made in addressing the key recommendations from the initial Placement Quality Report (March 2019). In December 2020, five Trust specific O&G re-survey Reports were published. The reports highlight regional and Trust improvements made to the O&G training experience and identify areas where further work is needed.

A resurvey of the Psychiatry Training programmes was also carried out in January 2021 as a follow up to the 2019 Placement Quality Review. A regional report of the re-survey results was published in March 2021.

The work of the Placement Quality initiative was highlighted at a number of educational events during 2020-21. A workshop, at the virtual NIMDTA/Queen's University Belfast (QUB) Clinical Education Day on 11 September 2020, shared the outcomes of the re-survey of F1 trainees, highlighting positive developments and the key recommendations where further actions need to be focused. Additionally, the positive changes resulting from the current Placement Quality Reviews were promoted and recognised nationally through poster presentations at the National Association of Clinical Tutors (NACT) Foundation Meeting in March 2021. The first prize was awarded to an example of good quality improvement practice entitled "A solution to improving the quality of medical training placements". Further posters, highlighting the work of the Placement Quality work-stream will be presented at the National Education Scotland (NES) Conference in May 2021 and the Royal College of Obstetrics and Gynaecology World Congress in June 2021.

### Revalidation

The NIMDTA Revalidation Operational Group continued to meet regularly throughout 2020-21 to review updates and reports from national and local groups and forums which oversee this area.

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are fit to practise in their chosen field and able to provide a good level of care. As Designated Body for postgraduate medical trainees in Northern Ireland, NIMDTA has continued to make recommendations to the GMC regarding revalidation of medical trainees and confirm that there were no unaddressed concerns about a trainee's fitness to practise. Recommendations to revalidate were based on evidence reviewed by Annual Review of Competence Progression (ARCP) panels, usually over a 5 year period, and information drawn from the LEP clinical governance systems.

During 2020-21, positive recommendations were made for 182 doctors in training (64 for GP trainees and 118 for Hospital Specialty Trainees) bringing the total of positive recommendations for doctors in training in Northern Ireland since revalidation began to 2,257. There were five recommendations for deferral submitted to the GMC on the basis of insufficient evidence available to enable a positive recommendation. There were no doctors in training who required notification to the GMC of non-engagement with the revalidation process.

The GMC wrote to Responsible Officers in March 2020 to advise that revalidation submission dates for doctors who were due to revalidate between 17 March 2020 and the end of September 2020 were to be deferred for 12 months. Subsequently, all doctors with revalidation dates between 1 October 2020 and 16 March 2021 were also deferred by 12 months. Following feedback from all the Responsible Officers and doctors, the GMC reviewed their decision and allowed flexibility to make recommendations to revalidate doctors who were obtaining Certificate of Completion Training (CCT) and required a revalidation recommendation. This has resulted in a significant increase in numbers of trainees due to revalidate during the 2021-22 year.

#### Impact on Medical and Dental Training Programmes of COVID-19 Response

Following agreement at the Chief Executives Forum, the Trainee Redeployment Group was established to enable NIMDTA and LEPs to work in partnership to develop the principles and approach to redeployment of trainees to support the wider healthcare system during pandemic surges. The first meeting took place in March 2020 with nominated representatives from each Trust in attendance and meetings have continued to take place weekly/fortnightly throughout the pandemic with a detailed action log maintained.

Following the first surge of the COVID-19 pandemic, the group was repurposed to the Enabling Postgraduate Training Group as the focus shifted to sharing good practice in planning, developing and delivering teaching and training at local and regional level for trainees and trainers.

The Quality Manager supported the Postgraduate Medical Dean in communicating with Trusts to ensure all requests for trainee redeployment were discussed and agreed with the Postgraduate Dean in advance of any change. During the initial phase of the pandemic there were a large number of trainees identified for redeployment (circa 300) from their usual post to the areas where there was expected to be greatest clinical need (e.g. Emergency Departments; Intensive Care Units; Acute Medical Units). The redeployments during this period were gradually reversed as the number of cases of COVID-19 decreased at the start of the summer 2020.

Following review of this first period, principles for redeployment were agreed with HSC Trusts in September 2020 prior to the increase in COVID-19 cases that occurred through to March 2021. Trainees were consulted prior to moving; previous ARCP outcomes were considered, the duration of placements were kept short (usually 2 to 4 weeks), a return date was defined, with Lead Educator and Postgraduate Medical Dean approval; induction and supervision arrangements were made clear. Trainees in Academic posts and General Practice were not moved during this period. In the second phase 160 trainees were identified for redeployment.

In the context of high levels of COVID-19 activity in Trusts during January 2021 and as a result of prior advanced planning it was possible for the trainees who were due to rotate between training posts on 3rd February 2021 to still do so.

The NIMDTA website was updated with a specific COVID-19 section which was organised into themes for ease of reference for trainees due to the volume and range of information provided by DoH, GMC, PHA, statutory education bodies and Royal Colleges. Trainee Guidance was developed and issued in relation to supporting the pandemic response and the impact on areas such as recruitment, ARCP and training progression, redeployment and health and wellbeing.

Regular meetings took place with the Conference of Postgraduate Medical Deans (COPMeD) Senior Managers in England, Scotland and Wales which provided a forum for sharing of information and ensuring a consistent approach to training issues across the Four Nations.

To assist with transfer of information between NIMDTA and Trusts for all rotations between August 2020 and April 2021, information was collated for trainees who were categorised as Clinically Extremely Vulnerable (CEV) and the personal impact to them at this time. Information was shared with the next receiving Trust to facilitate trainee and service adjustments.

A Regional HR Cell Group was established with daily meetings taking place with representation from Trusts, the HSC Business Services Organisation (BSO), PHA, Northern Ireland Ambulance Service (NIAS) and Northern Ireland Fire and Rescue Service (NIFRS). Information shared at this Group was incorporated into trainee guidance.

To support the introduction of the Foundation Interim Year 1 (FiY1) initiative in NI, NIMDTA established the FiY1 Progress Group with representation from QUB to consider the allocation process, induction and support of trainees appointed to this programme. A NIMDTA/Trust Human Resources working group was also developed to support and facilitate the implementation of this initiative at an operational level.

A Regional Induction Programme was designed and delivered as a series of online presentations facilitated by Project Echo in advance of all FiY1s commencing. Local induction

programmes were also developed in conjunction with Trust Foundation Programme Directors.

In May 2020, 213 FiY1 doctors were allocated regionally across the five HSC Trusts. This group of new trainees commenced work in late May 2020 and continued to support the response to the pandemic until July 2021.

Online support sessions were held for FiY1s in each Trust during May and June 2020 via Zoom with representatives from NIMDTA and Trusts. A summary of these sessions were collated and shared with all FiY1s and Trusts and published on NIMDTA's website. A feedback survey was conducted with FiY1s and those involved in providing online regional induction to understand the benefits and limitations of online delivery for future Foundation regional induction programmes.

During the first phase of the pandemic, all teaching and training events for trainees and trainers were cancelled or postponed to focus on essential upskilling of staff for front line care. In June 2020, an internal Facilitating Online Learning and Development Task and Finish Group was established to consider how postgraduate medical and dental education should be planned, developed and delivered regionally for trainees and trainers using digital technology to support online learning and development. The aims of the group included development of training and support for Clinical Facilitators, Educators and education management staff to facilitate and deliver education and training, and to identify the IT and other resources required to support this. An internal Business Case was submitted and approved by SMC for a Moodle based Learning Management System (LMS) to meet NIMDTA's requirements until the regional system is in place.

NIMDTA is represented on a Project Board to implement a Regional Learning Management System for the HSC, to consider the functions and requirements from the perspectives of doctors and dentists in training. These include a learning and development repository to support trainees in completing induction and other training modules; maintaining records for reporting and to be accessible to trainees, NIMDTA and Trusts or Hosts.

A Maximising and Improving Training Opportunities workshop took place in September 2020 with representatives from NIMDTA and Trusts. The importance of collaborative partnership working to rebuild medical education and training in parallel with the Rebuilding HSC Services initiative was highlighted. Two breakout sessions were hosted: "Maintaining Medical Education and Training During a Pandemic" (including how redeployment of trainees could be staged and proportionate, and how formal education and practical experience for trainees could be protected during a pandemic) and the "Strategy to Enhance the Quality of Medical Education in Northern Ireland" was the focus of a second breakout session, considering improving trainee engagement to enhance trainee satisfaction and dedicated education and personal development time for trainees.

## Recruitment and Selection

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes. The recruitment processes are overseen by the Medical and Dental Recruitment and Selection (MDRS) Programme Board using nationally agreed guidelines.

The recruitment process for Hospital Specialty Training varies between specialties and programmes with a combination of local recruitment, nationally co-ordinated local recruitment and national recruitment. Within Northern Ireland, the majority of the recruitment is managed directly by NIMDTA.

There are three main recruitment rounds to fill vacancies with some additional recruitment events for a number of specialties. NIMDTA works to try and maximise the fill rates whilst ensuring that the national thresholds for appointment are maintained. The COVID-19 pandemic significantly impacted the recruitment process taking place between March and June 2020 for trainees commencing in post in August 2020. Derogations to the standard process were employed to ensure that recruitment to specialty training programmes could continue.

In August 2020, the Medical Foundation Programme achieved a fill rate of 102% which included an oversubscription of an additional 5 F1's and for Hospital Specialty Training there was a fill rate of 88%.

Within Dentistry the 28 available foundation training posts were successfully recruited to and commenced in September 2020. Nineteen additional Educational Supervisors were recruited to facilitate COVID-19 enforced extensions to training for the 2019-20 Foundation Dentists cohort.

Twenty-two dentists were appointed to Dental Core Training and all available posts were filled. One Dental Core Trainee subsequently resigned from post and one Dental Core Trainee resumed training in January 2021.

In 2015-16 the Minister for Health announced an increase of 20 posts in General Medical Practice (GP), in addition to the 65 posts that had been previously recruited to training on an annual basis. Further expansion occurred incrementally up to the current 111 available GP training posts per annum. NIMDTA has been involved in planning for this expansion in cooperation with HSC Trusts and GP practices. In 2020-2021, 111 trainees were appointed to posts, which reflect a small increase from the 109 appointed in 2019-20.

The Minister approved an expansion in the Intensive Care Medicine training programme by four posts from August 2020.

## Delivery of Curriculum and Provision of Additional Training Opportunities

NIMDTA continues to work with LEPs to deliver programmes of training and is supported by the Medical Foundation, Dental Foundation and Specialty Schools in ensuring national curricula are implemented to the standards required.

At the start of the COVID-19 pandemic in March 2020, following a directive from DoH, all education events were cancelled. This included the Generic skills programmes for Foundation and iQuest Generic Professional Skills for Specialty trainees. Educational events, such as the Generic Skills programmes were subsequently resumed in a virtual format following a period of redesign which also required introduction of new technology for its support. All formal education sessions and examination preparation courses in specialty programmes restarted during the year 2020-21 and all continued to take place virtually. Formal education provision continues to be reviewed and updated annually in response to changing training requirements.

Engagement and communication with trainees continues to be promoted and facilitated through direct email, trainee newsletters, social media and information leaflets.

Academic training is provided in partnership with QUB to promote opportunities for clinical trainees to undertake academic training, to be involved in scholarly activity and to present their research work. During 2020-21, four NIMDTA trainees continued to progress in the prestigious Wellcome-sponsored Irish Clinical Academic Training (ICAT) programme.

There were nine appointments to the Clinical Academic Training Programme (CATP) at Foundation level and four appointments at Specialty level during 2020-21. CATP trainees assisted with the pandemic response by returning to fulltime clinical work during the period April to June 2020 and were assisted in this by trainees who were out of programme for research returning to the clinical workplace.

The number of courses delivered for GP Trainees was significantly lower than 2019-20; just 277 (including all regional and locality days, and EQUIP+ sessions). This was due to the cancelation of all courses between April 2020 and August 2020. More frequent virtual regional days were delivered, compared to five individual locality days.

There were 13 Trainer courses (five lunchtime learning, five Learning and Training (L&T) days and five New Trainer Days) organised by NIMDTA and nine Trainer locality days in the five area groups.

The annual NIMDTA, QUB and Ulster Medical Society (UMS) Research Day for Trainees took place in November 2020 using a virtual platform. This event provides an opportunity to learn about undertaking research as well as providing an opportunity for trainees to showcase their research through oral and poster presentations.

The fifth cohort of ADEPT Clinical Leadership Fellows had expected to complete their programme at the start of August 2020. ADEPT Fellows returned to clinical work for the period April to June. Twelve Fellows have been successful in achieving a Level 7 Certificate in Leadership from the Institute of Leadership and Management (ILM) and presented their projects at a virtual event with the HSC Leadership Centre. Three fellows resumed their fellowships in August 2020 and completed these in January 2021. The Fellows have joined the ADEPT AlumNI network which is comprised of current and previous ADEPT fellows and provides the opportunity for further development of leadership skills.

Recruitment to the sixth cohort, due to commence in August 2020 was cancelled due to the impact of the COVID-19 pandemic. Recruitment took place in March 2021 for the next cohort to start in August 2021.

The Northern, Southern and Western HSC Trusts hosted trainees as part of The Royal College of Physicians' Chief Registrar Scheme from August 2020. This is a healthcare leadership and management development opportunity and appointees contribute to quality improvement, education, local service re-design and workforce transformation activity.

NIMDTA's Clinical Leadership and Improvement Programme (ENGAGE) for final year trainees in GP and Hospital Specialty training continued into a fourth year in 2020-21. The programme was delivered in collaboration with the HSC Leadership Centre with ten trainees completing the programme as part of the 2019-20 cohort. The programme was paused in March 2020 due to the pandemic before restarting as an online event with a virtual showcase event on 28 September 2020. The 2020-21 programme commenced in August 2020 has been delivered online with 37 trainees enrolled.

The fifth annual NIMDTA Educational Excellence Day was due to take place in June 2020 but was cancelled due to the pandemic. The aim of our SUCCEED strategy is to enhance the care of patients by proactively supporting NIMDTA doctors and dentists in training to enjoy their training, successfully progress, complete training and be appointed to permanent posts in Northern Ireland.

The SUCCEED Postgraduate Education Fellowship commenced in August 2019 as a pilot. These fellowships are an outworking of the Supporting Training, Covering the Curriculum and Enhancing Prospects actions of the strategy. The fellowships aim to enable core level trainees to maximise their potential for success at examinations, to help specialty schools develop their training programmes to include the implementation of curricular changes, to enable higher trainees to advance their careers by developing a special interest in medical education and to provide trainees with the opportunity to contribute to QUB undergraduate curriculum delivery. Fellows are appointed for one year with one day per week specifically allocated to undertake their duties. Feedback from the pilot in 2019-20 involving Anaesthetics and Psychiatry exceeded expectations, as well as a demonstrable improvement



in examination results. As a result of its success, NIMDTA expanded this programme from August 2020 to include Obstetrics & Gynaecology, Paediatrics and Emergency Medicine. It is hoped that further expansion will take place in 2021-22.

### Progression of Trainees

NIMDTA rigorously assesses the performance of trainees through annual review and appraisal. For the 2020-21 academic year, a total of 1,595 trainees were assessed using the ARCP processes; 1,093 were specialty trainees and 504 were Foundation trainees. In Foundation Training, 242 Foundation Year 2 (F2) trainees completed their training, 241 F1 trainees achieved satisfactory progress to enter F2 and 11 received an unsatisfactory outcome. There were two requests for an appeal against Outcome 3 in regards to the required extension time, one was overturned at Stage 1 of the process and the other was escalated to the Foundation School Director and subsequently reversed. Both doctors received a four month extension instead of the eight months as discussed at ARCP.

New processes agreed by the four Statutory Education Bodies (SEBs) were put in place for ARCPs from May 2020 to facilitate delivery of this important function during the pandemic. These arrangements were continued for all ARCPs in 2020-21.

For Hospital Specialty Training 682 trainees achieved an Outcome 1 (Satisfactory progress), 190 trainees successfully completed their programme and received an Outcome 6, 32 trainees received an Outcome 2 (Inadequate progress by the trainee – no additional training time required), 37 received an Outcome 3 (Inadequate progress by the trainee – additional training time required), 3 trainees received an Outcome 4 (Released from Training Programme – with or without specified competences) and 58 trainees received an Outcome 8 (Out of programme for clinical experience, research or a career break). As a result of the COVID-19 pandemic, two new outcomes were created to provide the opportunity to note where there has been disruption to training as a result of the pandemic. These outcomes were Outcome 10.1 (Progress is satisfactory but the acquisition of competencies/capabilities has been delayed by COVID-19 disruption) and Outcome 10.2 (Trainee is at a critical progression point. Progress is satisfactory but the acquisition of competencies/capabilities has been delayed by COVID-19 disruption). For Hospital Specialty Training 161 trainees received an Outcome 10.1 and 22 trainees received an Outcome 10.2. There were two requests for an appeal against Outcome 3 and one request for an appeal against an Outcome 4 for the 2019-20 academic year; the original outcome was upheld for all trainees.

In General Practice, 58 trainees finished their training during 2020-21. The ARCP process showed that 171 trainees achieved satisfactory progress, 25 had unsatisfactory outcomes. There was no longer a Royal College of General Practitioners (RCGP) requirement to record ARCPs for trainees Out of Programme due to absence. It is anticipated that 56 trainees will

gain their CCT by August 2021. There are currently 352 trainees (322.25 Whole Time Equivalent (WTE)) in the GP training programme, 118 in ST1, 122 in ST2 and 112 ST3. Currently 78 trainees work less than full time and approximately 51% of all trainees are classed as out of sync within the standard training year cycle.

In Dentistry, nine out of 28 Foundation Dentists achieved satisfactory completion in September 2020 due to the impact of COVID-19. Nineteen extensions to Dental Foundation training were granted to 2019-20 Foundation Dentists and subsequently all have achieved satisfactory completion. A Foundation Dentist granted an extension of 6 months training will complete in April 2021.

One Foundation Dentist resumed training after extended leave and is progressing favourably. In Dental Core Training, 19 trainees had a successful ARCP outcome, while one trainee resigned mid-year and a further trainee was Out of Programme. In Dental Specialty Training, seven specialty registrars achieved satisfactory outcome at ARCP. Additional steps were taken to support progression across all programmes including; placement of trainees in alternative clinical settings, increased simulation training, enhanced educational programmes and enhanced administrative and TPD support for educators and trainees.

### Professional Support

From 1 January 2016 the Professional Support Unit (PSU) has been led by the Associate Dean for Careers and Professional Support, Dr Camille Harron. The Associate Dean for Careers and Professional Support has been promoted and will take up a new role of NIMDTA's Medical Director from 1 April 2021. During her time, the Associate Dean for Careers and Professional Support has expanded the services that NIMDTA provides to support Doctors and Dentists in training to include enhanced one to one support, Coaching and Mentoring, Dyslexia assessment and Dyslexia Coaching. The Associate Dean for Careers and Professional Support has also raised the profile of NIMDTA by delivering workshops at regional and national Medical Education Conferences. The role is supported by the Senior Professional Support Manager, a Mentoring Lead and a Coaching Lead.

Strategic development and delivery of professional support to NIMDTA trainees is overseen by the Professional Support Committee. This committee is chaired by the Senior Manager for Professional Support and meets quarterly. A PSU service planning day was held in December 2020 to agree priorities of the PSU service over the next year. During the pandemic it was acknowledged that there would be a need going forward for well-being support for Doctors and Dentists. Signposting of well-being services was posted on the NIMDTA website and a well-being webinar was held in June 2020. NIMDTA's Mentoring Lead is currently studying for a Masters' degree in Applied Psychology and going forward will lead on the well-being agenda for NIMDTA.

Doctors and Dentists in training may be referred to PSU by an educator or can self-refer. For 2020-21, 154 new referrals for one to one support were received by PSU. This figure remains largely the same as the previous year (152). In the context of the pandemic response face to face support meetings were not able to take place, with such meetings taking place via Zoom or telephone. There is an active case load of 179 trainees receiving support. Performance and health remain the commonest reasons for referral. Nine trainees were seen for careers guidance. The largest group of Doctors requiring support were Foundation Doctors and the second largest group were Core Surgical trainees. Belfast Trust, the largest site for DDiT, was the largest referral base. A new triage system has been introduced to review cases by PSU case managers on a monthly basis. The cases which need further discussion are discussed at the Trainee Review Group which meets with the heads of training departments on a bi-monthly basis. An annual client feedback survey takes place. PSU also have the facility to refer trainees to Occupational Health (OH) in the five Trusts which is instrumental in obtaining OH support and guidance on work-place based adjustments.

NIMDTA's Mentoring Lead, has made significant progress with the NIMDTA Mentoring Scheme which is open to Foundation Doctors, trainees new to Northern Ireland and trainees who had attended for one to one support. At the start of the academic year in August 2020 there were 58 trainees requesting being matched with a mentor. NIMDTA's Mentoring Lead has delivered further training for Mentors and requested that they support the requests for Mentors, so that all trainees have now been matched with a mentor. To expand NIMDTA's mentoring scheme a new system has been procured (MentorNET) which will assist with the matching of Mentors and Mentees. The PSU system expert has made significant progress in developing this system for operational use.

NIMDTA's Coaching Lead has developed a Coaching Strategy which was considered by NIMDTA Senior Management Committee in June 2020. Coaching is currently offered to trainees attending for one-to-one support who have been identified as having performance issues. The Coaching Strategy which has been supported by SMC aims to expand the provision of the coaching service. NIMDTA's Coaching Lead has liaised with South Eastern Trust (SET) to facilitate trainees receiving coaching via the Trust through their coaching service. The Senior Professional Support Manager has also undertaken the HSC Leadership Centre, Advancing Coaching Course which will enhance the provision of this service. All of the NIMDTA Coaches undertake supervision with Mrs Paula O Kelly, HSC Leadership Centre.

In addition to one-to-one services, the Associate Dean and colleagues delivered seven sessions of generic skills on career decision making for all F2 doctors. These were delivered virtually via Zoom. Careers talks were also provided via Zoom for F1 doctors.

Trainees who have been unsuccessful in specialty exams on two occasions are recommended to have referral to the PSU. Trainees may be offered an educational

assessment as part of this support. During this period 23 trainees were provided with an Educational Assessment of whom 75% were advised that they had a specific dyslexic learning disorder. Specialist dyslexia coaching was provided to 18 trainees during this period.

PSU are involved in a number of activities which contribute to Faculty development. The PSU Joint Faculty Day with QUB had to be postponed in April 2020 and will be delivered as a virtual event in April 2021. PSU Trainee Support courses and Advanced Trainee Support courses and mentoring training continued to be provided to educators via zoom. Equality, Diversity and Inclusion training for Educators was also delivered via Zoom.

PSU continued to facilitate an internal Equality and Diversity working group to explore the needs of International Medical and Dental Doctors working or coming to work in Northern Ireland and to consider the requirements for NIMDTA in relation to Differential Attainment.

### Trainee Engagement

NIMDTA has continued to engage with trainees through welcome evenings, induction events, formal education sessions, deanery visits, ARCP panels, one-to-one meetings, focus groups, the publication of information on NIMDTA's website, email announcements, School Boards and Training Committees, Trainee Fora, Trainee Surveys and Trainee newsletters. The fifth NIMDTA Welcome Evening for specialty trainees new to Northern Ireland took place in August 2020. This event was facilitated by the Trainee Forum, Educators and Education Management teams in conjunction with NIMDTA Professional Support Unit, the BMA and the GMC. Separate virtual events were also held in August 2020 and February 2021 by a NIMDTA Trainee Ambassador, tailored specifically for International Medical and Dental Graduates new to this region.

The Trainee Ambassador Programme did not recruit in 2020-21 due to the pandemic and absence of a NIMDTA VALUED ADEPT Fellow. Two meetings were held in 2020-21 with current Trainee Ambassadors to promote and support areas such as Trainee Wellbeing, International Medical and Dental Graduates, Trainee Engagement and Career Development.

Trainee success was celebrated through the Annual Quality Report, the ENGAGE Showcase Evening, on NIMDTA's website as well as social media, and in trainee newsletters. During 2020-21, regular trainee newsletters were issued to all trainees.

## Educational Faculty and Faculty Development

NIMDTA has continued to support the Northern Ireland Recognised Trainers Programme (STATUS) during 2020-21. At the end of March 2021, 955 out of a total of 974 trainers were fully recognised (98%).

A full timetable of Achieving and Maintaining Recognition Courses has been delivered throughout the academic year. Following the impact of the COVID-19 pandemic, courses have been fully redesigned for online delivery to enable Trainers to access training remotely. New content for courses has been introduced such as Undermining and Unconscious Bias, Emotional Intelligence for Educators, Preparing Trainees for ARCP and Supporting the Excelling Trainee and Coaching for Careers. Six Recognised Trainer Forums have been successfully held online throughout the year with invited talks from NIMDTA Clinical Facilitators on the use of Technology in Learning and Unconscious Bias. Dr Darren Ward (ST2 Radiology Trainee), was also invited to provide an insight on engaging “Generation Y”.

The appraisal of Trainers has been supported by the use of a joint NIMDTA and QUB Annual Education Review form. A new HSC-wide online appraisal system has been introduced for non-training doctors in Northern Ireland which includes a component for doctors who have an educational role such as Trainers and Educators. A Forum involving NIMDTA staff and Medical Education Centre staff from the HSC Trusts continued to meet bi-annually to further improve links and transfer of data regarding recognition of Trainers.

Funding continues to be provided to HSC Trusts to support the Time to Train initiative. This initiative provides Trainers, through top-up funding, with one hour of education-related activities/trainee per week. This has been widely publicised to Trainers to enable appropriate job planning.

The Recognised Trainer newsletter continues to be published quarterly and provides information on current developments in medical education. Trainers continue to be kept informed of all updates through promotional emails, promotional posters in Trust Medical Education Centres and through guidance on a dedicated section of the NIMDTA website.

## Continuing Education and Career Development

Continuing professional development is provided for qualified dentists and dental care professionals throughout Northern Ireland. COVID-19 forced the cancellation of the April-June 2020 continuing education calendar and this was replaced with an online calendar.

The September 2020 to March 2021 continuing education calendar offered 33 online events and 341 members of the dental community availed of these educational opportunities.

The Practice Management certification course ran virtually during 2020-21, with 12 delegates completing the programme. Online practice team training was delivered in a number of areas; on Safeguarding children and adults at risk, Infection Prevention and Control and Radiography.

A two day training event was delivered for trainee dental nurses waiting to access a place on a qualification course. This was an area of concern highlighted in feedback from general dental practitioners.

A course programme developed by the Regional Dental Care Professional (DCP) Tutor specifically for dental nurses who support a foundation dentist has been identified as a positive innovation. NIMDTA are collaborating with an English Deanery to formalise this course and seek approval for accreditation.

NIMDTA actively highlighted mental health support for the profession throughout the pandemic. Information was regularly included within the NIMDTA Continuing Education (CE) newsletter and the NIMDTA website to include promotion of wellbeing tips. NIMDTA provided online sessions on self-care and coping with change and dealing with difficult situations.

The CE team provided support for the transition to online delivery of foundation, core and specialty training programmes. In addition the procurement and installation of the simulation suite was led by the CE team.

The GP Retention Scheme which is funded by the HSCB; continues to provide an opportunity for qualified GPs who for varying reasons, need to reduce their fixed practice commitment. They can also avail of mentoring and a protected Continuing Professional Development (CPD) programme. In 2020-21, the number of places available on the three year scheme was 25.

The Induction and Refresher scheme assists GPs who have been out of HSC General Practice for two years or more, or who have never worked in such a role within the region. CPD is provided, and following a satisfactory assessment and practice placement, scheme participants can apply to work anywhere in Northern Ireland. Increased participation in this scheme will lead to increased number of GPs in the workforce.

During the COVID-19 pandemic more than 50 GPs who had retired from the NI Primary Medical Performers List (NIPMPL) returned to the workforce as Emergency Response Practitioners (ERPs). These doctors were provided with a range of educational resources and an individual online induction. They have been offered ongoing educational support and mentoring if needed.

There have also been a number of events delivered for qualified GPs through the CPD Programmes.

### GP Appraisal

NIMDTA continues to co-ordinate and manage the process of GP Appraisal in Northern Ireland and works in partnership with DoH and HSCB under the guidance of a Central Board of Management. The governance arrangements are underpinned by a SLA and Communications Protocol with the HSCB which is updated annually. A number of new Appraisers have been appointed to deliver the increasing demand for GP Appraisals in Northern Ireland.

Due to the COVID-19 pandemic, GP appraisal in Northern Ireland was suspended from mid-March 2020 until 31 December 2020, this facilitated GP appraisers, all of whom are practicing GPs, to devote increased time to clinical practice during the crisis. GP appraisal restarted on 01 January 2021 for GPs due to revalidate being the primary initial focus for appraisal.

The pilot GP mentoring scheme that was launched in 2019-20 continued to offer mentoring support to GPs on the Northern Ireland Performers' List throughout 2020-21. Given the challenges created by the COVID-19 pandemic it was felt particularly important to continue to offer mentoring support to GPs during this time, albeit in a socially distanced manner.

### Single Lead Employer

The implementation of the Single Lead Employer (SLE) for Doctors and Dentists in Training is one of NIMDTA's key strategic objectives, and is aligned to the Department of Health's Workforce Strategy (Health and Social Care Workforce Strategy 2026: Delivering for our People).

The aim of the Single Lead Employer is to ensure that our DDiT as the future of our medical and dental workforce, have an excellent employment experience and benefit from having one employment contract for the duration of their training programmes.

The phased transfer of DDiT from HSC Trust employment to the NIMDTA SLE progressed further during 2020– 21. Table A below illustrates this progression, from initiation of the Project through to the three phases implemented during the period covered by this report.

**Table A**

<b>Employers of DDiT</b>	<b>Pre-Phase 1 August 2019</b>	<b>Post-Phase 2 April 2020</b>	<b>Post-Phase 3 August 2020</b>	<b>Post-Phase 4 February 2021</b>
NIMDTA SLE	0%	19%	38%	47%
Belfast HSC Trust	46%	36%	27%	24%
Northern HSC Trust	14%	12%	10%	8%
South Eastern HSC Trust	14%	12%	9%	7%
Southern HSC Trust	13%	11%	9%	7%
Western HSC Trust	13%	10%	8%	7%

At year end, 47% of doctors and dentists in training were employed by NIMDTA SLE. This includes trainees within the following Training Programmes:

<b>Training Programmes</b>
Foundation Year 1
Foundation Year 2
Clinical Radiology
Core Surgical Training
Emergency Medicine
Histopathology
Cardiothoracic Surgery
General Surgery
Neurosurgery
Ophthalmology
Otolaryngology
Paediatric Surgery
Plastic Surgery
Trauma and Orthopaedics
Urology
Vascular Surgery

The deployment of these phases was not without their challenges, the main challenge being resourcing within the NIMDTA SLE Trainee Employment team.



Two vacant posts in the original staffing structure (one Human Resources Assistant, and one Human Resources Officer) were filled in August and September 2020 respectively. Staff within the SLE Trainee Employment team have undergone intensive on the job training in addition to other training courses including intermediate and advanced MS Excel, a Trainee Information Systems (TIS) overview, Information Governance training, appraiser and appraisee training, and Recruitment and Selection training for SLE Human Resources Officers.

The DoH had accepted previously that the originally agreed staffing structure was not sufficient to support the full deployment of the SLE employment model. To resolve this issue and mitigate against the risk of any negative impact to future deployment a business case detailing a new HR staffing structure was proposed by NIMDTA. The DoH were fully supportive of this business case and additional funding was approved in October 2020 to ensure the Single Employer project could proceed without further risk. New human resources positions, (four Human Resources Co-Ordinators, and four Human Resources Assistants) have since been created within the SLE Trainee Employment team, and whilst recruitment has been progressed these new posts were not occupied by year end.

This period also saw the successful recruitment of Dr Camille Harron as Medical Director with effect from 1st April 2021. This is a key appointment in support of the strategic direction of SLE, and Dr Harron will have responsibility for overseeing investigations into concerns about DDiT under the Maintaining High Professional Standards (MHPS) Framework.

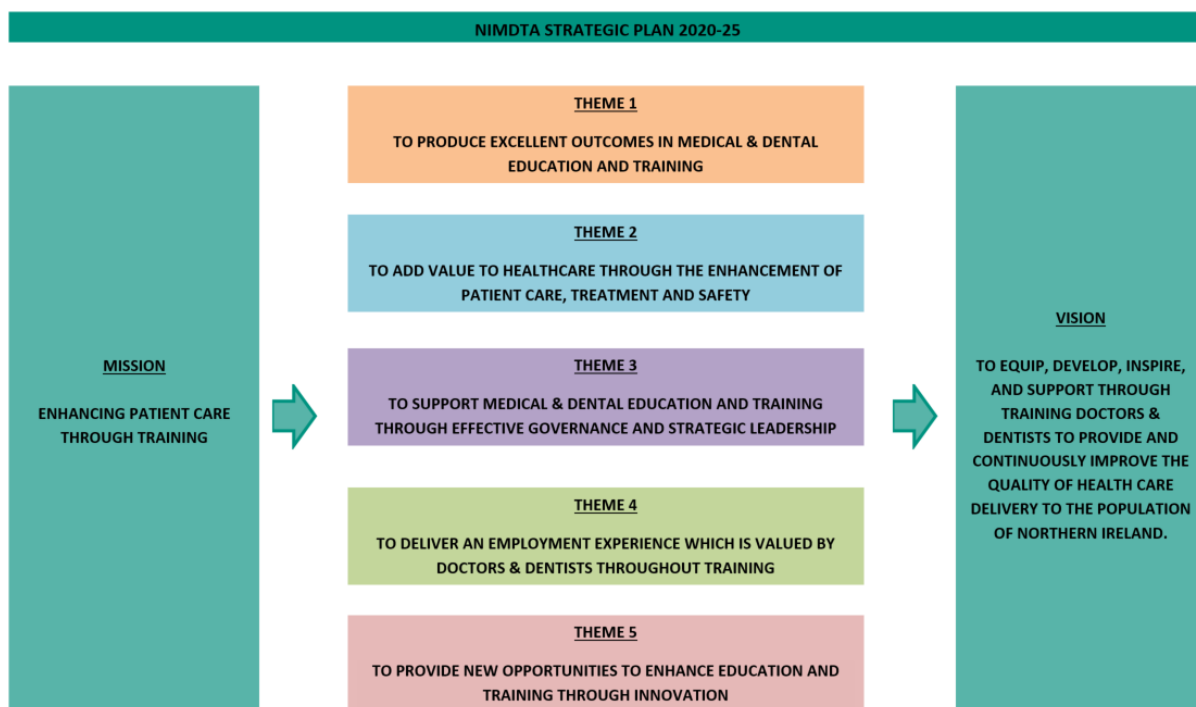
NIMDTA SLE continues to engage with all stakeholders. This includes Zoom meetings with DDiT in advance of the transfer of each training programme to NIMDTA SLE; ongoing meetings with the British Medical Association (BMA) under the framework of our Local Negotiating Committee (LNC); and regular meetings with colleagues from both the DoH and host organisations. This has resulted in a review and further clarification of the roles and responsibilities of each stakeholder group during this transitional period pending the full transfer of all training programmes and DDiT to NIMDTA SLE.

NIMDTA SLE have made significant achievements during the 2020-21, from recruitment and training of staff for the SLE Trainee Employment team, through to the onboarding of 696 DDiT and their subsequent training rotations, the development of a number of resources to improve communications and support DDiT in employment such as the NIMDTA SLE Welcome Guide for DDiT, a bespoke support booklet for DDiT who are new to training in Northern Ireland, whilst delivering a full employment service and providing advice and guidance to DDiT on the full range of employment matters.

## Performance Report

### 2. Performance Analysis

Our Strategic Plan is based around the following themes:



The NIMDTA Business Plan 2020-21 was used to effectively co-ordinate resources and activities across NIMDTA in order to deliver identified objectives and formed the focus for translating NIMDTA’s strategic themes into action.

Significant planning work was undertaken during 2019-20 in order to review and revise the Strategic Plan. This was due to the achievement of some of the key priorities within the 2017-22 Plan that necessitated structural review, in advance of completion of the previously identified time frame. For example the implementation of the Single Lead Employer for Doctors and Dentists in Training saw the realisation of a strategic aim (within the previous plan) that is now an operational activity.

The DoH released guidance at different points within 2020-21 that work should be focused on the provision of core services, and identified that a period of sectoral review of strategy should be undertaken in 2021-22, in line with the Programme for Government and any associated recovery plans. NIMDTA will participate fully in this work.

## Performance Against Key Performance Indicators

NIMDTA monitors performance through the use of a Corporate Scorecard which is considered by the Board at regular intervals.

The following table shows NIMDTA's performance against the key performance indicators which are reviewed on the scorecard:

<b>CORPORATE SCORECARD 2020-21</b>		
	<b>KPIs</b>	<b>Status</b>
<b>1</b>	90% of referrals to the Professional Support Team will be responded to within two weeks	<b>ACHIEVED</b> [98%]
<b>2</b>	90% of hospital based trainers are recognised trainers	<b>ACHIEVED</b> [98%]
<b>3</b>	Staff absence rate will be less than 5.5%	<b>ACHIEVED</b> [1.21%]
<b>4</b>	30 day (95%) prompt payment targets will be met	<b>ACHIEVED</b> [99%]
<b>5</b>	10 day (75%) prompt payment targets will be met	<b>ACHIEVED</b> [97%]
<b>6</b>	Learning and Development Agreements are circulated to local education providers by April	<b>ACHIEVED</b> [100%]
<b>7</b>	80% of postings will be disseminated to LEPs 8 weeks before the post start date	<b>ACHIEVED</b> [100%]
<b>8</b>	10% of ARCP outcomes will be subjected to external review	<b>N/A*</b> [%]
<b>9</b>	Annual appraisal is offered to 100% of GPs on the performers' list	<b>ACHIEVED</b> [100%]
<b>10</b>	90% core subjects are covered within Dental CE courses	<b>ACHIEVED</b> [100 %]
<b>11</b>	Breakeven as defined by DoH will be achieved	<b>ACHIEVED</b> [0.06%]

*\*As a result of the COVID-19 pandemic, the four Statutory Education Bodies produced derogations from the Gold Guide v8, including guidance around the composition of ARCP panels. This derogation noted that due to the expected difficulties in releasing panel members from clinical services during the pandemic, ARCPs could take place without the need for externality, both from a clinical and lay perspective.*

## Finance

During 2020-21, NIMDTA achieved a financial break even position, with a surplus against RRL of £36,866 (0.06%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 22.3 within the accounts.

There have been no events after the reporting period having a material impact on the accounts and there have also been no charitable donations in excess of £250.

## Public Sector Payment Policy – Measure of Compliance

DoH requires that NIMDTA pay their non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. NIMDTA's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2021		2020	
	Number	Value £	Number	Value £
Total bills paid	6,502	18,599,668	10,205	11,005,670
Total bills paid within 30 day target	6,436	18,387,493	10,048	10,746,965
<b>% of bills paid within 30 day target</b>	<b>99%</b>	<b>99%</b>	<b>98%</b>	<b>98%</b>
Total bills paid within 10 day target	6,297	17,386,122	9,546	9,843,242
<b>% of bills paid within 10 day target</b>	<b>97%</b>	<b>93%</b>	<b>94%</b>	<b>89%</b>

NIMDTA achieved an outturn of 99% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (75%) was 97% therefore NIMDTA incurred no late payment fees.

## Human Resources

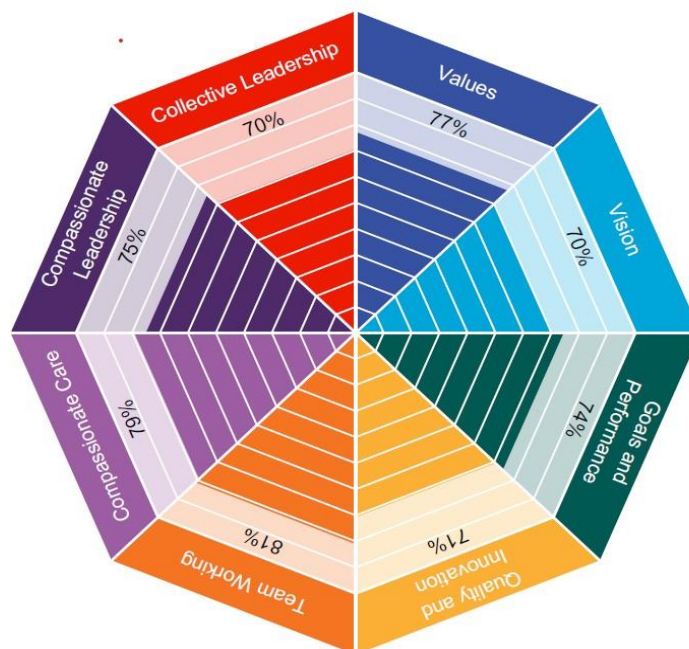
NIMDTA employs Medical and Dental Consultants, GP and Dental Educators and Agenda for Change (AFC) staff. Recruitment is a significant activity for NIMDTA and during this period there were 40 recruitment episodes. There were 17 AFC appointments, and also ten Training Programme Directors, three Deputy Heads of Specialty Schools, one Head of School, one GP

Associate Director, one GP Programme Director, one Deputy Director of Foundation Training, one Associate Dean and five senior Director posts were appointed.

NIMDTA participated in the HSC Cultural Assessment survey in September 2020. The survey reviewed the following domains: Collective Leadership, Values, Vision, Quality and Innovation, Goals and Performance, Team Working, Compassionate Care and Compassionate Leadership.

NIMDTA scored particularly highly in the domains of Team Working (81%) and Compassionate Care (79%) and 70% and over in all of the other domains as shown below:

### Culture Profile – an overview



The Senior Management Team reviewed the outcomes of the Cultural Assessment at an away day on 5 October 2020 and will strive to develop future work across these domains.

The Senior Management Team has been involved in adapting the delivery of postgraduate medical and dental education in Northern Ireland during the pandemic. This has required teams to change systems and processes in a rapid way to meet the changes in medical and dental education across the UK.

Under government guidelines NIMDTA employees have continued to work from home during this period. The importance of engagement and effective communication has been a priority for managers who now manage their teams working remotely. We deployed further licences

to complement the previously existing Zoom infrastructure in order to enable remote communications

In 2020-21 our Band 3 & 4 Forum worked to support the provision of postgraduate education and training using technology. We also facilitated a number of initiatives to support our staff at this time including a support session for managers on getting the best out of your virtual team. Further events run for staff included well-being and resilience in uncertain times, sleep clinics and managing fear through uncertainty.

The Senior Management Team reviewed the Learning and Development Policy during this period to ensure that it met the needs of all staff at each level in the organisation and that this was equitable across the organisation.

The Senior Professional Support Manager amended our appraisal documentation following consultation on the 2019-20 process. This documentation is now used for all NIMDTA staff, who were offered Appraiser and Appraisee training in light of these changes.

Interview skills training was provided to support staff undertaking interviews as new opportunities were created as NIMDTA expands to become the employer of all junior doctors in Northern Ireland.

There were successful meetings with the BMA through the Local Negotiating Committee which recognised the benefits for DDiT with through having a single employer.

NIMDTA continues to support the increasing number of doctors and dentists who require sponsorship to work in training programmes in Northern Ireland. A premium service via the UK Visa and Immigration Service was purchased to provide dedicated support to visa queries for this group of doctors and dentists. The NIMDTA website was updated to sign post useful services to those who were new to Northern Ireland. Pre-employment processes were streamlined with the development of SharePoint and further technology to undertake employment checks. This included further engagement with Occupational Health departments within the five Trusts.

We review our Equality Scheme under Section 75 Equality Duty NI Act 1998 every five years. This review was carried out through a desk-top based collection of in-house data, one to one interviews and focus groups engagement with Senior Management Team and NIMDTA Board.

NIMDTA produced an annual progress report to the Equality Commission in August 2020. This outlined progress on our Equality Action Plan and Disability Action Plan. Equality training

for educators was updated to focus on differential attainment and a differential attainment plan was produced to meet GMC requirements.

NIMDTA is committed to support staff that experience domestic violence and have introduced a new policy to lead this work. We also supported staff to work flexibly and undertook a review of flexible working, introducing a new process to support annual applications for flexible working and compressed hours.

Along with other HSC bodies NIMDTA encouraged recruitment agencies to promote equality of opportunity through monitoring to staff employed by the recruitment agency.

NIMDTA has a Disability Champion and staff who have a disability are invited to attend the Disability Network. All staff were offered an opportunity to participate in disability awareness days.

NIMDTA participates in the HSC Superannuation Scheme and the Universities Superannuation Scheme, both of which are multi-employer defined benefits schemes. NIMDTA makes employer contributions of 23.7% of gross pay under the Universities Superannuation Scheme and 22.5% of gross pay under the HSC Superannuation Scheme.

### Corporate Governance

A full overview of the governance framework in operation within NIMDTA is provided in the Governance Statement (page 50 onwards).

NIMDTA published its Annual Quality Report 2019-20 in September 2020. This report is available online at the following link:

<http://www.nimdtg.gov.uk/about/corporate-services/annual-reports/>

### Social & Community Issues

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 HSC 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 HSC 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. As part of NIMDTA's PPI strategy, lay representatives are involved in many different functions.

### HSC Values

NIMDTA has adopted the HSC values:



#### Working together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.



#### Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.



#### Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.



#### Openness & Honesty

We are open and honest with each other and act with integrity and candour.

It is within the context of these values that NIMDTA seeks to deliver its statutory responsibility to promote equality, as well as a uniform acceptance of human rights.

### Fraud, Anti-Corruption & Anti-Bribery

In line with good practice, NIMDTA takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and



Fraud Response Plan to outline our approach to the above areas of work, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every two years.

### Environmental Management

NIMDTA recognises that good management includes all environmental matters and we seek to ensure that environmental protection and the prevention of pollution are considered in respect of decisions, policies and practices to ensure that the impact of the work of NIMDTA on the environment is minimised. We are committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. In 2020-21, NIMDTA co-ordinated this area of work through its Environmental Management Policy.

### Factors affecting NIMDTA Performance

It is a continual challenge to deliver postgraduate medical and dental education of a high quality in the presence of increasing governance and regulatory requirements, repeated cuts to NIMDTA's budget, increasing shared services (outsourcing of finance, human resources and corporate functions increasing dependence on external agencies), as well as increasing vacancies in training posts, diverging healthcare systems and postgraduate medical and dental training approaches in the four UK countries.

Further information in relation to the challenges presented is set out in the Long Term Expenditure Challenges section of the Audit & Accountability Report.

### Long Term Expenditure Trends

The following trends will impact future budgetary considerations:

- Following the introduction of the Apprenticeship Levy in April 2017 NIMDTA continue to incur these costs without commensurate increase in allocation from DoH;

- DoH continue to instruct NIMDTA to absorb the first 1% of any agreed pay uplift for all grades of staff within their existing Allocation Financial Planning without commensurate increase in allocation from DoH;
- On 22 January 2019 the Permanent Secretary at DoH formally requested that the NIMDTA Board consider taking on the role of Single Lead Employer for Doctors and Dentists in Training with effect from 1 August 2019. Phases of implementation continue to be actioned and resourcing discussion with DoH continue. Reviews of the structure and the technology associated technology resourcing will take place into 2021-22;
- On 1 April 2019 the Director of Workforce Policy at DoH wrote to advise of the intention to co-locate NICPLD with NIMDTA from 1 August 2019. NIMDTA commenced a hosting arrangement for NICPLD from August 2019 under a Service Level Agreement with DoH. There is a need to review this SLA in 2021-22 in line with identified timeframes. DoH has indicated that this co-location arrangement is an interim step preceding a proposed formal merger between the two organisations which will require Ministerial approval and legislative change. Such amendment will be influenced by recovery plans and priorities arising from the COVID-19 context;
- The COVID-19 pandemic has had an immediate and far reaching impact on the work of NIMDTA. A full overview of this is provided within this Annual Report. It is anticipated that the challenges arising from COVID-19 will place a heavy strain on resourcing levels in 2021-22 and beyond; and
- On 31 January 2020 the United Kingdom withdrew from the European Union (EU). NIMDTA will continue to work in partnership with DoH and HSC colleagues in order to plan for issues associated with this withdrawal, to include applying any subsequent changes in legislation, regulation and standards.

### Cost of Audit

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2021 have been audited by the Northern Ireland Audit Office (NIAO). The notional cost of audit work performed in relation to the accounts for the year ended 31 March 2021 was £16,700.

## Future Performance and Plans

It has been noted within my introduction the context of transition and change within which we have operated throughout 2020-21. In line with DoH sectoral communication we will review the strategic and operational impacts of this on NIMDTA and produce planning documentation that reflects this change as well as planning priorities set out by the NI Assembly.

## Accounts Direction

The accounts for the year ended 31 March 2021 have been prepared in a form determined by DoH based on guidance from DoF's Financial Reporting Manual (FRM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Handwritten signature of Mark McCarey in black ink.

Mr Mark McCarey  
**Chief Executive**

Date: 30 June 2021

## **Accountability Report**

### **1. Corporate Governance Report**

The purpose of the following report is to provide oversight on how NIMDTA met accountability requirements in 2020-21. The nature of reports and details disclosed are in line with identified statutory requirements.

#### **a) Director's Report**

##### **Non-Executive Director's report**

###### 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 member and one dental member).

The Board delegates specific areas of work to its three sub-committees (Audit, Governance and Risk, & Remuneration) as well as to the Senior Management Committee. An overview of the work of the Board is provided in the Governance Statement.

The names, roles and external interests of the Board Members are listed in the Table overleaf.

Name	Role	External Interests
Mr Alistair Joynes	Non-Executive Chair	Alistair Joynes Associates, Management Consultancy Non-Executive Chair of Private Engineering Company LRA Arbitrator Independent Member of PSNI Misconduct Panel
Dr Janet Little OBE	Non-Executive Medical Member	Public Health Agency (employed as a Locum from April 2020 to August 2020)
Dr Derek Maguire OBE	Non-Executive Dental Member	DJ Maguire & Associates Ltd, Dental Practice (Partner with wife), HSCB (Dental Advisor)
Mr Garry McKenna	Non-Executive Lay Member	Department for Infrastructure (Northern Ireland) - Full time employee, present Head of Transport Legislation Courts & Tribunal Service - Lay Magistrate Rates & Valuation tribunal - Lay Member of the Tribunal Society of St Vincent de Paul - Conference President and Secretary to the North Belfast Area Council Volunteer on Holy Family Parish Committees
Mr Deane Morrice MBE	Non-Executive Lay Member	
Mr Lee Wilson	Non-Executive Lay Member	Non-Executive Board Member of Northern Ireland Social Care Council Non-Executive Board Member of Northern Ireland Guardian Ad Litem Agency

### Audit Committee

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 NIMDTA's activities.

An overview of the membership and work of the Audit Committee is provided in the Governance Statement.

### Governance and Risk Committee

The Governance and Risk 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.

An overview of the membership and work of the Governance & Risk Committee is provided in the Governance Statement.

### Remuneration Committee

The Remuneration Committee supports the Board by considering 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 contributions to the organisation.

An overview of the membership and work of the Remuneration Committee is provided in the Governance Statement.

### Senior Management Committee

The Senior Management Committee 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.

During 2020-21, the membership of the Senior Management Committee was as follows:

Name	Role
Professor Keith Gardiner	Chief Executive/Postgraduate Medical Dean [until 30 September 2020]
Mr Mark McCarey	Acting Chief Executive [from 1 October 2020]/Senior Governance, IT and Facilities Manager
Dr Ian Steele	Director of Education/Postgraduate Medical Dean [Acting into post from 1 October 2020, appointed permanently into post from 4 January 2021]/ Director of Hospital Specialty Training/Director of Professional Development
Ms Paula Black	Senior Business Manager
Ms Roisin Campbell	Senior Professional Support Manager
Dr Brid Hendron	Postgraduate Dental Dean
Ms Denise Hughes	Senior Education Manager
Dr Lorraine Parks	Director of NI Foundation School
Dr Michele Stone	Director of General Practice Postgraduate Education
Ms Joanne Turner	Senior Trainee Employment Manager

An overview of the work of the Senior Management Committee is provided in the Governance Statement.

### Reportable Data Breaches

There were eleven data related incidents recorded during 2020-21. These incidents were reviewed by NIMDTA and BSO Corporate Services. All were judged to be internal, with no external impact and therefore were not deemed to be reportable to the Information Commissioner’s Office.

### Register of Interests

Interests are recorded on NIMDTA’s Register of Interests, (copies can be made available on request). Interests of Board Members are recorded within this Accountability Report. There were no significant conflicts of interest for NIMDTA Board members or staff during the year.

### Other Assembly Accountability Disclosures

- On 31 January 2020 the United Kingdom withdrew from the European Union. NIMDTA will continue to work in partnership with DoH and HSC colleagues in order to plan for future milestones associated with this withdrawal, to include applying any subsequent changes in legislation, regulation and standards.
- On 11 January 2020, following the reinstatement of the Northern Ireland Assembly on 9 January 2020, an Executive was formed. NIMDTA will work in partnership with DoH officials to ensure that extensive budget planning work is undertaken in this time of significant financial challenge.
- In early 2020-21 the Department of Finance (DoF) announced a review of ALBs across the public sector and requested initial disclosures in relation to statutory brief and core activities. NIMDTA participated in this process. Subsequent advice was issued from DoH that it would not be progressing this work during the pandemic response period. NIMDTA will seek to engage in this work in line with DoH guidance.
- Our pandemic response has necessitated in the investment of a number of digital learning and simulation solutions to enable the provision of postgraduate education during the pandemic response and a socially distant context. These changes will likely continue in part as improvements to service and supplement the future return to more traditional delivery methods. The full impact on the provision of education through such medium is not yet clear. NIMDTA will work with DoH colleagues to plan and resource these activities.

### Statement of Disclosure to Auditors

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. I confirm that the Annual Report and Accounts as a whole are fair, balanced and understandable. I take personal responsibility for the judgements required to determine this.



## **b) 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 has directed the NIMDTA to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must provide a true and fair view of the state of affairs of NIMDTA and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

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

- observe the Accounts Direction issued by the Department of Health, including the 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 accounts;
- prepare the accounts on a going concern basis; and
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has Mark McCarey of NIMDTA as the Accounting Officer for NIMDTA. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding NIMDTA's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NIMDTA's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

## c) Governance Statement

### 1. Introduction/Scope of Responsibility

The Board of 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 responsible in accordance with the responsibilities assigned to me by DoH.

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

- NIMDTA, as an ALB of DoH, is subject to twice yearly Accountability Reviews with the Permanent Secretary (as required) and quarterly bi-lateral meetings with its Sponsor Branch (Workforce Policy Directorate). On the 22 December 2016, DoH issued the Medical and Dental Training Directions (Northern Ireland) 2016. The Directions state that NIMDTA is to exercise DoH's training function in relation to postgraduate training programmes for medical and dental clinicians. Further, a Management Statement and associated Financial Memorandum between DoH and NIMDTA sets out the strategic control framework within which NIMDTA is required to operate.
- NIMDTA is accountable to the GMC for ensuring that the standards set for training, educational structures and processes are achieved. NIMDTA is the designated body for the revalidation of doctors in training within Northern Ireland. The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that licensed doctors keep their professional knowledge and skills up to date and are practising to the standards defined by Good Medical Practice. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, is required to evaluate their fitness to practise and advise the GMC accordingly through revalidation recommendations. Revalidation is the process through which the GMC confirms that a doctor's licence to practise will continue.

In addition, NIMDTA meets with the HSCB and PHA 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 HSC Trusts to monitor compliance with the Learning and Development Agreement (LDA) for the provision of postgraduate medical and dental training and education.

NIMDTA has regular meetings with QUB regarding the governance of the Foundation Training Programme and academic training as well as meetings to discuss mutual interests in quality management, faculty development and professional support.

NIMDTA also reports to each UK Royal College/Faculty through NIMDTA's Training Programme Directors on the quality of training within each Specialty Training Programme.

NIMDTA has an SLA with the BSO for the provision of monthly reconciliation of control accounts and annual accounts preparation, legal services, internal audit, equality, procurement, information technology services, human resources, corporate services and shared services for accounts payable, accounts receivable and payroll. A report on performance against the SLA is provided to NIMDTA on a monthly basis and the SLA is subject to annual review. The BSO facilitated a review of all of the aspects of the SLA with client organisations through-out 2020-21 in order to review service provision and the articulation of this in the associated document frameworks.

## 2. Compliance with Corporate Governance Best Practice

The Board of NIMDTA applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of NIMDTA does this by undertaking continuous assessment of its compliance with corporate governance best practice and by exercising strategic control over the operation of the organisation through a system of corporate governance. This includes:

- A clearly articulated strategic plan supported by an annual business plan;
- Regular reports to the Board on performance against key performance indicators 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 & Risk Committee and Remuneration Committee;

- A comprehensive programme of internal audit review;
- A Whistleblowing 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 DoH;
- Evaluation of the Board's performance through annual appraisal;
- A Board Governance Self-Assessment Tool; and
- An Audit Committee Self-Assessment Checklist.

The Board conducted a self-assessment for the year ended 31 March 2021 and assessed itself to be compliant with the Corporate Governance Code. Further, the Audit Committee carried out a self-assessment against the National Audit Office checklist and achieved a compliant outcome.

### 3. Governance Framework

The NIMDTA Board exercises strategic control over the operation of NIMDTA ensuring compliance with any statutory or administrative requirements for the use of public funds, for fulfilling the aims and objectives set by the DoH and for promoting the efficient, economic and effective use of staff and other resources. Other important responsibilities of Board members are to:

- Ensure that high standards of corporate governance are observed at all times, including using NIMDTA's Audit Committee to address the key financial and other risks facing NIMDTA;
- Ensure that DoH is kept informed of any changes which are likely to impact on the strategic direction of NIMDTA or on the attainability of its targets, and determine the steps needed to deal with such changes;
- Ensure that the Board receives and reviews regular financial information concerning financial management; is informed in a timely manner about any concerns about financial activities; and to provide positive assurance to DoH that appropriate action has been taken on such concerns;

- Establish the overall strategic direction of NIMDTA within the policy and resources framework agreed with DoH;
- Ensure that NIMDTA's performance fully meets its aims and objectives as efficiently and effectively as possible;
- Ensure that any statutory or administrative requirements for the use of public funds are complied with, that the Board operates within the limits of its statutory authority and any delegated authority agreed with DoH, and in accordance with any other conditions relating to the use of public funds;
- Ensure that, in reaching decisions, the Board has taken into account any guidance issued by DoH and any other relevant organisations, such as the DoF, the Equality Commission or the Human Rights Commission;
- In the development of significant new policies, the Board consults with DoH and other relevant organisations as is considered appropriate; and
- Appoint the Chief Executive and, in consultation with DoH, set remuneration terms for that post.

### The Board

The Board, as constituted, is composed of the Chair and five non-executive members, which includes one medical member and one dental member.

Although no executive director sits on the Board, members of the Senior Management Committee are invited to attend Board meetings and report directly to the Board. The Board provides a forum for consultation on NIMDTA's performance against the objectives contained within its Business Plan and the provision of assurance on the management of risk. Formal meetings of the Board were held on seven occasions with two ad hoc meetings, and there was also one Board workshop. Due to the significant impact and disruption to medical and dental education and training created by the COVID-19 pandemic, the Board convened for 18 Board updates throughout 2020-21.

Four extensions to non-executive appointment were granted in 2020-21. Mr Alistair Joynes [extension effective from 1 October 2020 ending 19 June 2021], Dr Derek Maguire [extension effective from 18 June 2021 ending 17 October 2021], Mr Lee Wilson [extension effective from 13 June 2021, ending 12 October 2021], and Mr Deane Morrice [extension effective from 1 November 2020, ending 30 June 2021]. Two non-executive members were reappointed in 2020-21, Mr Garry McKenna [reappointed from 1 April 2021, ending 31 March 2025], and Dr Janet Little [reappointed from 1 April 2021, ending 31 March 2025].

Attendance of members at formal Board meetings was as follows:

Board Member	% Attendance
Mr Alistair Joynes (Chair)	100% [7 of 7]
Dr Janet Little OBE	86% [6 of 7]
Dr Derek Maguire OBE	86% [6 of 7]
Mr Garry McKenna	71% [5 of 7]
Mr Deane Morrice MBE	100% [7 of 7]
Mr Lee Wilson	71% [5 of 7]

As part of the initial pandemic response weekly briefings were held between the Board, the Chief Executive/Postgraduate Medical Dean, Senior Business Manager, and Senior Governance, IT & Facilities Manager. In time, the frequency of these meetings was set to every two weeks. There were 16 such meetings in 2020/21.

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 the Chair and all Board members during 2020-21.

## The Audit Committee

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 NIMDTA's activities. The Audit Committee, which is chaired by a member of the NIMDTA Board, met four times during 2020-21. The attendance rate was as follows:

Member	% Attendance
Mr Deane Morrice MBE (Chair)	100% [4 of 4]
Dr Janet Little OBE	100% [4 of 4]
Dr Derek Maguire OBE	75% [3 of 4]
Mr Garry McKenna	50% [2 of 4]
Mr Lee Wilson	100% [4 of 4]

Activities of the Audit Committee during the year included the following:

- Review and approval of the Internal Audit Strategy and Plan;
- Review of the External Audit Plan;
- Review of the Mid -Year Assurance Statement and Governance Statement;
- Review of the reports and management responses to the internal audit assignments;
- Review of the Annual Report and Accounts prior to submission to the Board;
- Review of the Report to those Charged with Governance from the external auditors;
- Review of the structures, processes and responsibilities for identifying and managing key risks;
- Review of policies and procedures for ensuring compliance with regulatory, legal and code of conduct requirements; and
- Completion of the Audit Committee Self-Assessment Checklist.

## The Governance and Risk Committee

The Governance and Risk Committee oversees NIMDTA's governance structures and processes, ensuring that processes are in place for the effective monitoring of identified risks. The Governance and Risk Committee, which is chaired by a member of the NIMDTA Board, met four times during 2020-21.

The attendance rate was as follows:

Member	% Attendance
Mr Lee Wilson (Chair)	100% [4 of 4]
Mr Alistair Joynes	50% [2 of 4]
Dr Janet Little OBE	100% [4 of 4]
Dr Derek Maguire OBE	75% [3 of 4]
Mr Garry McKenna	75% [3 of 4]
Mr Deane Morrice MBE	75% [3 of 4]

The activities of the Governance and Risk Committee during the year included the following:

- Review of the Corporate Risk registers in the context of business continuity measures in place as a result of the pandemic;
- Assessment and grading of risks;
- Review and approval of new and revised policies and procedures;
- Review of the Standing Orders of the Board and Sub-Committees and associated Schedules;
- Discussion and grading of complaints and incidents including data related incidents;
- Review of information requests;
- Review of NIMDTA's Business and Strategic Plans; and
- Consideration of the implications of issues identified in relation to Day 1 of the EU Exit.



## The Senior Management Committee

The Senior Management Committee is responsible for overseeing the operational management of NIMDTA's business and providing assurances to the Board, through the provision of accurate and timely information that the services delivered are effective, of high quality and comply with all statutory, licensing and regulatory requirements. The Senior Management Committee met 35 times during 2020-21.

### 4. Framework for Business Planning and Risk Management

Business planning and risk management are 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 Planning

The Senior Management Committee met in October 2020 and February 2021 to review the Business Plan 2021-22, which was reviewed and approved by the NIMDTA Board and placed in effect from 01 April 2021. This planning work was carried out in accordance with direction from the DoH Governance Unit that informed the planning stance across the HSC in the context of pandemic response. In line with this direction NIMDTA will work in 2021-22 to finalise a new Strategic Plan in line with the Programme for Government.

#### Risk Management

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. The system is based on an ongoing process designed to identify and prioritise risks to the achievement of NIMDTA's aims and objectives. Responsibility for operational risk management sits with the Senior Management Committee and risks to the organisation are discussed at Senior Management Committee meetings.

NIMDTA sets out its risk appetite through its annual review of the Risk Management Policy through the Governance and Risk Committee. Risk appetite can be defined as the "amount and type that an organisation is prepared to seek, accept or tolerate." NIMDTA has defined its overall risk appetite as cautious which recognises the environment in which we operate as an ALB of DoH that is funded with public money.

An essential element of the risk management process is NIMDTA's Corporate Risk Register. Any new risks identified at Senior Management Committee meetings are reported to the Governance and Risk Committee for review, assessment and where appropriate, escalated to the Corporate Risk Register. The Governance and Risk Committee is the nominated sub-committee of the Board which reviews risk management processes at NIMDTA. Risk registers are discussed at this 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, at least quarterly, to take account of new and escalated risks and determination of the risk appetite. The Board was also apprised of the status of the actions required to mitigate the risk.

Risks arising from the limited assurance outcome of the Management of Single Lead Employer Processes Audit have been appraised and will be further managed through the processes articulated above.

#### Assurance Framework

NIMDTA's Assurance Framework sets out the Chief Executive's 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 quarterly 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; and
- Engender, reinforce and replicate good practice in risk management.

The Assurance Framework is designed to identify, prioritise, evaluate and manage risks to the achievement of NIMDTA's aims and objectives and in accordance with NIMDTA's policies, procedures and processes.

## Leadership

Committed leadership in the area of risk management is essential to maintaining sound systems of internal control required to manage risks. Leadership for risk management is provided through the Senior Management Committee and the Governance and Risk Committee. The Chief Executive has overall responsibility for the implementation of the risk management strategy and for ensuring that NIMDTA has in place the necessary controls to manage identified risks and provide overall assurance to the Board. A system of internal governance, which complies with DoH guidance, has been in place for the year ended 31 March 2021, including the period up until the date of approval of the Annual Report and Accounts.

## Training

All new staff members are provided with an overview of key policies as part of the induction process, as well as access to these on the intranet. All staff members are actively encouraged to use NIMDTA's incident reporting process to report incidents, and training was provided on this in year. Members of the Board and Senior Management Committee have been trained in the principles and practices of corporate governance and risk management.

## 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 2020-21 there were four new complaints received and assessed as minor. NIMDTA also continued to manage two unresolved complaints that had originated in earlier periods; these were both assessed as moderate. All complaints were responded to within the required timeframe. Forty three issues were recorded on the Issues Log, which were reviewed and managed by the Senior Management Committee, with lessons learned shaping further review.

NIMDTA has a Whistleblowing Policy in place that is reviewed by both Business Support Committee and Governance and Risk Committee. During 2020-21 there were no Whistleblowing reports received. The Whistleblowing Policy is available for all staff to view on the NIMDTA Intranet under Corporate Policies.

## Learning

Sharing learning throughout the organisation from complaints, incidents, and significant events is key to maintaining the risk management culture within NIMDTA. Staff members are encouraged to disseminate learning acquired from the analysis of incidents, complaints and claims, internal and external audit reports, quality management processes, responses from the GMC to Dean's reports and inspections from regulatory bodies. Discussion of the Issues Log is a standing item at meetings of the Senior Management Committee. NIMDTA also uses information received from the GMC Annual National Training Surveys to improve its quality management processes.

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.

## 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 General Medical Council (GMC) and the Committee of Postgraduate Dental Deans and Directors (COPDEND).

This is done through a system of robust monitoring and inspection visits of LEPs. 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 members. This work feeds into business planning and risk management processes.

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 to DoH, HSCB, PHA, RQIA and the GMC. NIMDTA also meets regularly with the HSCB, PHA and DoH to discuss the outcomes of Deanery visits, including patient and trainee safety issues and the impact of unfilled training posts.

NIMDTA is responsible for the educational governance of all approved Foundation and Specialty Training Programmes, including General Practice, and is expected to demonstrate compliance with the standards and requirements that the GMC sets out. To achieve this NIMDTA works in close partnership with the five HSC Trusts and other LEPs. An educational contract known as the LDA sets out the obligations of both NIMDTA and LEPs. This LDA is monitored for compliance and is reviewed annually.

Revalidation is the process by which all licensed doctors must demonstrate that they are up to date in their knowledge, skills and are fit to practise. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, was required to make a number of revalidation recommendations to the GMC during 2020-21 and confirm that there were no unaddressed concerns about a trainee's fitness to practise. The recommendations were based on the trainee's updated registration forms and educational reports, usually over a five year period, and information drawn from the employer's clinical governance systems. These educational reports feed into the 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 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 Business Support Committee is responsible for monitoring and reviewing NIMDTA's fire safety and health and safety arrangements. Risk assessments are completed and reviewed at least annually.

With regard to estate management NIMDTA has produced a Property Asset Management Plan, which is shared with DoH.

### 5. Information Risk

The Chief Executive, as Accounting Officer and Personal Data Guardian, is responsible for overseeing all arrangements in relation to the processing and transfer of information and for protecting the confidentiality of service user information. The Senior Governance, IT and Facilities Manager is the Senior Information Risk Owner (SIRO) and 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. This includes responsibility for ensuring appropriate cyber security arrangements are in place, with operational aspects of this managed through a service level agreement with the BSO. Information risks are assessed on an ongoing basis and recorded in the Business Support Risk Register which is the subject of review by both the Governance & Risk Committee and the Business Support Committee, who may decide to escalate such risks to the Corporate Risk Register. The Senior Governance, IT and Facilities Manager is supported in his role by the Data & Information Systems Manager and departmental Team Leaders who are NIMDTA's nominated Information Asset Owners (IAOs). The Senior Governance, IT and Facilities Manager is responsible for providing assurances to DoH that actions relating to the management of information risks have been implemented.

NIMDTA has introduced a series of measures to manage information risks. These include specific training for IAOs in the management of information assets and training for all staff in records management, data protection and freedom of information. All staff are required to understand and apply data protection principles in the management of information. To support compliance with best practice, staff have been issued with NIMDTA's Information Governance Strategy and associated policies and also have access to these documents through NIMDTA's intranet as well as supporting e-learning modules. Compliance with information governance policies and procedures is monitored through regular reviews, audits and spot checks. NIMDTA's Information Asset Register is kept under review and information risks and control measures are recorded in the Business Support Risk Register. NIMDTA continues to review and develop all processes and procedures for the management, disclosure and transfer of information.

In the course of its work NIMDTA is required to share relevant information with identified stakeholders and partners. Such sharing is conducted through interfaces established and managed by appropriate data sharing agreements and practices.

There were eleven data related incidents reported during 2020-21. These incidents were reviewed by NIMDTA and BSO Corporate Services. All were judged to be internal, with no external impact, and therefore were not deemed to be reportable to the Information Commissioner's Office.

### Fraud

In line with good practice, NIMDTA takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every two years.

## 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 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 employs members of the public as non-clinical lay representatives to provide external scrutiny of 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 Board receives regular assurance from a range of sources which include internal audit, sub-committee reports, and reports from each member of the Senior Management Committee. The quality of the data presented by members of Senior Management Committee is regularly reviewed by the Board to ensure that the information is accurate, timely and fit for purpose. The Chair also appraises the quality of the information received, as well as the performance of the Committees in the annual appraisal of the Board members and Chief Executive.

The assurances that the Board and the Chief Executive require to endorse and approve the 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 Senior Management Committee and the Audit Committee, which in turn reports to the Board. The Board is also provided with regular financial and internal governance reports as well as shared service audits for external functions that NIMDTA is reliant on.

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 DoH 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. NIMDTA continues to participate in the National Fraud Initiative. To date no instances of fraud have been detected through this exercise.

### Controls Assurance Standards

In August 2017 the Permanent Secretary at DoH advised ALB Chief Executives that the Controls Assurance Standards (CAS) process, which has been in place since 2002, would cease with effect from 1 April 2018. Alternative, proportionate assurance arrangements were to be put in place from 1 April 2018. In March 2018 a further letter was issued by the Permanent Secretary confirming that Departmental Policy Leads had been engaging with their counterparts in the ALBs to ensure that suitable and proportionate assurance arrangements were in place for each of the standards from 1 April 2018.

NIMDTA has developed an Internal Control Framework that forms part of the Assurance Framework, and is reported to the Board on a quarterly basis.

### 8. Sources of Independent Assurance

NIMDTA obtains either independent assurance or an opinion on regularity from the following sources:

1. Internal Audit;
2. GMC;



3. RQIA;
4. External Audit; and
5. Sectoral Audits.

### 9.1 Internal Audit

NIMDTA utilised 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 2020-21 Internal Audit reviewed the following systems:

#### Finance Audits

One finance based audit was conducted in 2020-21:

##### **Financial Review 2020-2021**

Internal Audit carried out an audit of financial systems, which was considered by the Audit Committee on 24 February 2021. NIMDTA received a Satisfactory level of assurance in relation to income, non-pay expenditure, payments to staff, human resources processes; Supplier File amendments and control over COVID expenditure. The report contained no Priority 1 findings and three Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

#### Corporate Risk Based Audits

One corporate risk based audit was conducted in 2020-21:

##### **Management of Single Lead Employer Processes 2020-2021**

Internal Audit carried out an audit in relation to the Management of Single Lead Employer Processes. This will be considered by the Audit Committee at the first meeting in 2021-22. NIMDTA received a Limited level of assurance with one Priority 1 and seven Priority 2 findings. NIMDTA accepted all of the recommendations and developed an action plan to address the findings. The action relating to the Priority 1 finding has been completed, as well as in relation to two of the Priority 2 findings. This work will be further reviewed by Internal Audit in September 2021.

## Governance Audits

Two governance audits were conducted in 2020-21:

### **NIMDTA Governance through COVID 2020-2021**

Internal Audit carried out an audit in relation to Governance during COVID-19 which was considered by the Audit Committee on 27 February 2021. NIMDTA received a Satisfactory level of assurance that contained no Priority 1 and two Priority 2 findings. An action plan has been developed order to implement the identified recommendations.

### **Complaints Management 2020-2021**

Internal Audit carried out an audit in relation to the Management of Complaints which was considered by the Audit Committee on 15 October 2020. NIMDTA received a Satisfactory level of assurance with no Priority 1 findings. One Priority 2 finding and two Priority 3 findings were noted. An action plan has been developed in order to implement the identified recommendations.

## Year End Follow up on Outstanding Internal Audit Recommendations

During March 2021, Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had now passed. Internal Audit reported that 91% of recommendations had been fully implemented, with the remaining 9% partially implemented.

## Overall Opinion of Head of Internal Audit

The Head of Internal Audit is required to provide an annual opinion on risk management, control and governance arrangements. This opinion is based upon and limited to, the internal audit work performed during the year, as approved by the Audit Committee.

The purpose of the annual opinion is to contribute to the assurances available to the Accounting Officer and the Board which underpin NIMDTA's own assessment of the effectiveness of the system of internal governance, which, in turn, assists with the completion of this Governance Statement. The opinion expressed does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation.

Overall for the year ended 31 March 2021, the Head of Internal Audit provided a 'Satisfactory' assurance on the adequacy and effectiveness of the NIMDTA's framework of governance, risk management and control. The basis for forming this opinion was an

assessment of the range of individual opinions arising from the financial, corporate and risk-based audit assignments performed and reported on during 2020-21. Further information in relation to each of these audits is detailed above.

### Shared Service Audits

BSO Internal Audit conducted a programme of Shared Services audits as part of the BSO Internal Audit Plan during 2020-21. As NIMDTA is a customer of BSO Shared Services the following reports were presented to NIMDTA’s Audit Committee.

Shared Service Audit	Assurance
Payroll Shared Service Centre	Satisfactory: Elementary Payroll Processes  Limited: End-to-End HSC Timesheet Processing, SAP/HMRC RTI Reconciliation, Management of Overpayments and Holiday Pay
Recruitment Shared Service Centre	Satisfactory
Business Services Team	Satisfactory
Accounts Payable	Satisfactory

### 9.2 General Medical Council

NIMDTA, as the Northern Ireland Deanery, is required to demonstrate compliance with GMC standards and must satisfy itself that LEPs, primarily the Health and Social Care Trusts, deliver postgraduate medical education and training to the standards required. NIMDTA carries out its quality management functions through the conduct of Deanery Visits, the review of reports and action plans and the evaluation of trainee surveys and assessment outcomes.

NIMDTA is required to report to the GMC online through a live reporting method. This reporting from the Deanery is used by the GMC with other sources of information to monitor the quality of postgraduate medical education and training and ensure that the GMC standards for training are being met in Northern Ireland.

Any risks or areas of concern identified by the Deanery relating to the quality of training or patient safety were further reviewed against the results of the GMC’s Annual National

Trainee Survey which provides feedback on trainees' perception of the quality of their training.

The GMC, as part of its quality assurance processes, conducts scheduled visits to Postgraduate Deaneries and designated LEPs. It also carries out Enhanced monitoring visits to LEPs if there are any significant areas of concern. There is currently one concern subject to this process within Northern Ireland. Further information can be found on page 14 for further information. Details of the issues being monitored in this fashion are also published on the Enhanced Monitoring section of the GMC website:

<https://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/enhanced-monitoring>

### 9.3 Regulation and Quality Improvement Authority (RQIA)

There were no RQIA reviews that applied in 2020-21.

### 9.4 External Audit

The Financial Statements of NIMDTA are audited by the Northern Ireland Audit Office who provides independent assurance to the Northern Ireland Assembly. Any control weaknesses identified in the course of conducting the audit are communicated to the Audit Committee in the Report to those Charged with Governance. A representative from the Northern Ireland Audit office attends the meetings of the Audit Committee.

In the Report to Those Charged with Governance (RTTCWG) for the year ended 31 March 2021, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity of NIMDTA's accounts.

### 9.5 Sectoral Audits

In 2020-21 Internal Audit of the BSO commenced fieldwork across the HSC in relation to the implementation of Recommendation 70 (i.e. Effective measures should be taken to ensure that minutes of board and committee meetings are preserved) of the Inquiry into Hyponatraemia-related Deaths. NIMDTA will continue to fully participate with this work in 2021-22.

## 10. 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, and 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, the Audit Committee and the Governance and Risk Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

## 11. Internal Governance Divergences

### 11.1 **Control issues that persist**

The following control issues persist from 2019-20:

#### Single Lead Employer

On 22 January 2019 the Permanent Secretary at DoH formally requested that the NIMDTA Board consider taking on the role of Single Lead Employer for Doctors and Dentists in Training with effect from 1 August 2019. Further phases of implementation of this initiative will depend on NIMDTA being provided with the funding to support the full maturation of this service. All of the Employer's Responsibility Agreements (ERAs) have now been returned by the Trusts.

NIMDTA will continue to review both the staffing level required to deliver this service, and the feasibility of the full implementation date as indicated of 31 December 2021.

#### Northern Ireland Centre for Pharmacy Learning & Development

On 1 April 2019 the Director of Workforce Policy at DoH wrote to advise of the intention to co-locate NICPLD with NIMDTA from 1 August 2019. NIMDTA commenced a hosting arrangement for NICPLD from August 2019 under a Service Level Agreement with DoH. DoH has indicated that this co-location arrangement is an interim step preceding a proposed formal merger between the two organisations which will require Ministerial approval and legislative change.

NIMDTA will continue discussions with both DoH and NICPLD in relation to the co-location arrangements and the necessary preparation for any future merger.

### COVID-19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. Following which DoH and its ALBs immediately enacted emergency response plans across the NI Health sector. There is a UK-wide coordinated approach guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice. The pandemic has had extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care service were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response. This has required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate Personal Protective Equipment. Financial measures have been put in place by the NI Executive to enable NI to tackle the response to COVID-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against COVID-19.

Contingency arrangements have been in operation including the establishment of an Emergency Operations Centre within DoH to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this has had an effect on the ability to conduct routine health business with a need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. There have been substantial resourcing impacts across DoH and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands which included calling on volunteers, retired medical staff and medical students to rally together to strive to enable an optimum response to the pandemic.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and

the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of COVID-19 in NI has and continues to be a key priority with testing centres being set up across the country including mobile testing. DoH's Expert Advisory Group has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of COVID-19 on 18 May 2020. Volunteers have been recruited and redeployed across the health sector and the team is being scaled up to strive to ensure that every conceivable effort is made to continue to limit transmission as lockdown measures across the region are eased. DoH has prepared a COVID-19 Test, Trace and Protect Strategy which sets out the public health approach to minimising COVID-19 transmission in the community in Northern Ireland. The Chief Medical Officer has established a Strategic Oversight Board for the NI COVID-19 strategy which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support - working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and DoH and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

Alongside the ongoing and changing needs of response to COVID-19 there is an urgent need to seek to rebuild wider healthcare services and confidence in the community. Officials have over recent weeks carried out an urgent project to assess the impact of COVID-19 on HSC services delivery. On 9 June 2020 a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing COVID-19 conditions. A new Management Board for Rebuilding HSC Services has also been created. This will broadly consist of senior DoH officials, Trust Chief Executives and other HSC leaders. COVID-19 has had a profound impact on the delivery of health and social care services and across the HSC plans are incrementally being enacted to begin recovery whilst planning for a potential second wave. The DoH is continuing to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times.

The NIMDTA Board has increased its pattern of meeting during this time, in order to avail of situation reports, as well as to provide advice and support to the management team. This pattern of meetings will be kept under review as the response to the pandemic moves through the different phases of the response plan.

### Non-Executive Directors' periods of appointment

The periods of appointment of four of NIMDTA's Non-Executive Directors are due to end within 2021-22. NIMDTA will seek to work with colleagues in the DoH Public Appointments Unit in order to plan for the challenges presented by these timescales.

### **11.2 New control issues identified during the year**

The following control issues have arisen during 2020-21:

#### Budget Position and Authority

NIMDTA has received its initial budget allocation for 2020-21 from DoH. Within 2021-22 we will produce planning documentation that reflects the impact of the current HSC context of change and recovery, NIMDTA transition, as well as future plans of the NI Assembly. We will work closely with DoH colleagues during this period, and in the event that such change stimulates a financial effect within 2021-22 we will seek to raise this at the earliest opportunity.

#### Cyber security incident at Queen's University Belfast

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. As the HSC has multiple contractual interactions with QUB, some concerning personal information, the HSC technology teams, with the backing of the HSC SIRO's, took a number of actions to reduce potential disruption to HSC services, and continue to liaise with QUB on the impact of the cyber incident. The impact on the HSC is being fully investigated, and there may be a financial risk in relation to possible future liability, for potential claims for loss of personal data. As the breach occurred in a third party's systems the potential for liability is unclear and any financial impact is unquantifiable at present. NIMDTA has performed an assessment of the inventory of shared data and concluded that the potential of NIMDTA being liable to a penalty or claim arising from this incident is very minimal.

#### COVID-19 related changes to DoH Sponsorship Arrangements

At different points in 2020-21 the Governance Unit at DoH issued directives outlining changes to sponsorship arrangements. These focused on the prioritisation of core activities, insight into the planning environment from 2021-22 onwards, and changes to accountability meetings and reporting. NIMDTA will seek to continue to work within these directives in 2021-22 and support the wider recovery across the HSC.



## 12. Conclusion

NIMDTA 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 NIMDTA and in conjunction with the assurances given to me by the Head of Internal Audit I am content that NIMDTA has operated a sound system of internal governance during the period 2020-21.

Handwritten signature of Mr Mark McCarey in black ink.

Mr Mark McCarey  
**Chief Executive**

Date: 30 June 2021

## Accountability Report

### 2. Remuneration and Staff Report

#### 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 Directors' remuneration. The Remuneration Report summarises the remuneration policy of NIMDTA and particularly its application in connection with senior managers. The report also describes how NIMDTA applies the principles of good corporate governance in relation to senior managers' remuneration in accordance with HSS (SM) 3/2001 issued by DoH.

#### 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 was as follows:

Name	Role
Mr Alistair Joynes	Non-Executive Member, Chair
Dr Janet Little OBE	Non-Executive Medical Member
Dr Derek Maguire OBE	Non-Executive Dental Member
Mr Garry McKenna	Non-Executive Lay Member
Mr Deane Morrice MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member

#### Remuneration Policy

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 DoH.

Performance of senior managers is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the Board and a judgment is made as to their banding in line with the departmental contract against the achievement of regional, organisational and personal objectives.

## Contracts

HSC appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation and Circular HSS (SM) 3/2001. All contracts of Senior Executives in NIMDTA are permanent. Non-executive contracts are made on a fixed term basis of up to a period of four years, with the option of a single further extension for a period of up to four years.

The dates of appointment for NIMDTA's Executive and Non-Executive Directors are set out below:

### Executive Directors

Professor K Gardiner was appointed as Chief Executive and Postgraduate Dean on 1 November 2012 until 30 September 2020;

Mr M McCarey was appointed as Interim Chief Executive on 1 October 2020 and to the post of Chief Executive (with effect from 1 April 2021);

Dr B Hendron was appointed as Postgraduate Dental Dean on 1 February 2016;

Dr M Stone was appointed as Director of General Practice Education on 6 January 2020;

Dr I Steele was appointed as Director Education/Postgraduate Medical Dean, Acting in post on 1 October 2020 until permanently appointed on 4 January 2021; and

Dr L Parks was appointed as Director of NI foundation School on 1 August 2018.

A list of appointments of Non-Executive Directors and any associated extensions, put in place by the Public Appointments Unit, DOH are listed below:

### Non-Executive Directors

Mr A Joynes was appointed (as Chair) on 20 June 2011 (received an extension to current appointment that commenced on 1 October 2020 and ends on 19 June 2021);

Mr D Morrice was appointed on 25 July 2011 (received an extension to current appointment that commenced on 31 November 2020 and ends on 30 June 2021);

Mr L Wilson was appointed on 13 February 2012 (received an extension to current appointment that commenced on 13 June 2021 and ends on 12 October 2021);

Dr D Maguire was appointed on 18 March 2013 (received an extension to current appointment that commenced on 18 June 2021 and ends on 17 October 2021);

Dr J Little was appointed on 1 April 2017 (received an extension to current appointment that commenced on 1 April 2021 and ends on 31 March 2025); and

Mr G McKenna was appointed on 1 April 2017 (received an extension to current appointment that commenced on 1 April 2021 and ends on 31 March 2025).

### Notice period

Three months' 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 2020-21. Further, there were no payments made to Directors in respect of compensation for loss of office during 2019-20.

### Retirement Age

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

### Salary

'Salary' includes gross salary; overtime; reserved rights to London weighting or London allowances; recruitment and retention allowances; private office allowances and any other allowance to the extent that it is subject to UK taxation and any gratia payments.

### Benefits in Kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument.

### Bonuses

Bonuses are based on performance levels attained and are made as part of the appraisal process. Bonuses relate to the performance in the year in which they become payable to the individual. No bonus payments were made in 2020-21 or in 2019-20.

### 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 DoH. 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 DoH.

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 2020-21 accounts. Further, there were no provisions for the cost of early retirement included in the 2019-20 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 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2020-21 accounts.

Employee contributions are determined by the level of pensionable earnings. The employee contribution rates for the 2020-21 year are as follows for members of the HSC Superannuation Scheme:

Annual pensionable earnings (full-time equivalent basis)	Contribution rate before tax relief from 1 April 2021
Up to £15,431.99	5.0%
£15,432.00 to £21,477.99	5.6%
£21,478.00 to £26,823.99	7.1%
£26,824.00 to £47,845.99	9.3%
£47,846.00 to £70,630.99	12.5%
£70,631.00 to £111,376.99	13.5%
£111,377.00 and above	14.5%

#### University Superannuation Scheme

NIMDTA also participates in the University Superannuation Scheme. This is a multi-employer defined benefit scheme with employer contributions of 23.7% of gross pay. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). The most up to date actuarial was carried out at 31 March 2018. NIMDTA 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 NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement.

#### Salary and Pension Entitlements (Audited)

The salary, pension entitlement and the value of any taxable benefits in kind paid to both Executive and Non-Executive Directors is set out overleaf. This information is subject to audit.

There is a requirement for the Remuneration Report to include a Single Total Figure of Remuneration. The figure includes salary, bonus/performance pay, benefits in kind as well as pension benefits. The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation

or any increases or decreases due to a transfer of pension rights. This is also included overleaf.

## 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:

	2020-21					2019-20				
	Salary £000s	Bonus Performance Pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s	Salary £000s	Bonus Performance Pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s
<b>Non-Executive Members</b>										
Mr A Joynes (Chairman)	15-20	-	-	-	15-20	15-20	-	-	-	15-20
Mr D Morrice (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr L Wilson (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr D Maguire (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr J Little (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr G McKenna (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5



	2020-21					2019-20				
	Salary £000s	Bonus Performance Pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit <sup>1</sup> £000s	Total £000s	Salary £000s	Bonus Performance Pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s
<b>Executive Members</b>										
Prof K Gardiner <sup>2</sup> (Chief Executive & Postgraduate Dean)	135-140 (FYE 160-165)	-	100	-	135-140 (FYE 160-165)	150-155	-	100	(11)	140-145
Dr C Loughrey <sup>3</sup> (Director Of General Practice Education)	-	-	-	-	-	95-100 (FYE 120-125)	-	-	15	110-115 (FYE 135-140)
Dr I Steele <sup>4</sup> (Director of Education/Postgraduate Medical Dean)	155-160	-	100	85	240-245	110-115	-	100	24	135-140
Ms B Hendron (Postgraduate Dental Dean)	80-85 (FYE 105- 110)	-	-	23	100-105 (FYE 125-130)	70-75 (FYE 100-105)	-	-	29	100-105 (FYE 130-135)
Dr L Parks (Director of Foundation school)	110-115	-	-	22	130-135	105-110	-	-	80	185-190
Ms P Black (Senior Business Manager)	50-55	-	-	18	65-70	45-50	-	-	17	65-70
Ms D Hughes <sup>5</sup> (Senior Education Manager)	45-50	-	-	21	70-75	45-50	-	-	-	45-50
Mrs J Turner <sup>6</sup> (Senior HR Manager [Trainee Employment]) <sup>7</sup>	45-50	-	-	17	60-65	10-15 (FYE 40-45)	-	-	17	30-35 (FYE 55-60)
Dr M Stone <sup>7</sup> (Director of Postgraduate GP Education)	125-130	-	-	36	160-165	35-40 (FYE 95-100)	-	-	-	35-40 (FYE 95-100)
Mr M McCarey <sup>8</sup> (Senior Governance, IT & Facilities Manager and Interim Chief Executive)	55-60 (FYE 70-75)	-	-	-	55-60 (FYE 70-75)	45-50	-	-	-	45-50
Ms R Campbell <sup>9</sup> (Senior Professional Support Manager)	60-65	-	-	-	60-65	55-60	-	100	-	55-60

<sup>1</sup> The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation and any increase or decrease due to a transfer of pension rights.

<sup>2</sup> Prof K Gardiner retired December 2020: as such there is no pension figures as member is over the normal pension age

<sup>3</sup> Dr C Loughrey resigned in January 2020

<sup>4</sup> Dr I Steele (formerly Director of Hospital Specialty Training/ Director of Professional Development) was appointed as Director Education/Postgraduate Medical Dean, Acting in post on 1 October 2020 until permanently appointed on 4 January 2021

<sup>5</sup> Ms D Hughes - there was an error in the calculation and recording of Ms Hughes pension contributions which is being investigated by HSC pensions

<sup>6</sup> Mrs J Turner was appointed December 2019

<sup>7</sup> Dr M Stone was appointed in January 2020: as such there are no pension figures for 2019-20 as Dr Stone joined in the last quarter

<sup>8</sup> Mr M McCarey is not a member of the HSC Pension Scheme. Mr McCarey is paid on the Senior Executive Payscale at Level 4 [Current point £70-75k].

<sup>9</sup> Ms R Campbell is not a member of the HSC Pension Scheme but is the a member of the University Superannuation Scheme

## Fair Pay Statement (Audited)

The Hutton Fair Pay Review recommended that, from 2011-12, all public service organisations publish their top to median pay multiples each year. The DoH issued Circular HSC (F) 23/2012 and subsequently issued Circular HSC (F) 23/2013, setting out a requirement to disclose the relationship between the remuneration of the most highly paid director in the organisation and the median remuneration of the organisation's workforce. The table below outlines this relationship.

<b>Fair Pay</b>	<b>2020-21</b>	<b>2019-20</b>
Band of Highest Paid Director's Total Remuneration (£000s)*	155-160	150-155
Median Total Remuneration (£)	87,250	86,929
Ratio	1.8	1.8

\* Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions

The banded remuneration of the highest-paid director in NIMDTA in the financial year 2020- 21 was £155,000-£160,000 (2019-20; £150,000-£155,000). This was 1.8 times (2019-20; 1.8) the median remuneration of the workforce, which was £87,250 (2019-20; £86,929).

In 2020-21, 0 (2019-20, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £19,587 to £157,192 (2019-20; £18,755 to £152,205). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

## Pensions of Senior Management (Audited)

	Accrued pension at pension age as at 31/3/21 and related lump sum £000s	Real increase in pension and related lump sum at pension age £000s	CETV at 31/03/21 £000s	CETV at 31/03/20 £000s	Real increase in CETV £000s	Employer Contribution to Partnership Pension Account £000s
<b>Executive Members</b>						
Dr I Steele Director of Education/Postgraduate Medical Dean	55-60 Plus lump sum of 120-125	2.5-5 Plus lump sum of 7.5-10	1,119	989	88	-
Ms B Hendron Postgraduate Dental Dean	5-10 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	199	168	23	
Dr L Parks NI Foundation School Director	40-45 Plus lump sum of 90-95	0-2.5 Plus lump sum of (0-2.5)	802	747	23	
Ms P Black Senior Business Manager	15-20 Plus lump sum of 40-45	0-2.5 Plus lump sum of 0-2.5	347	317	17	
Ms D Hughes Senior Education Manager	15-20 Plus lump sum of 30-35	0-2.5 Plus lump sum of 0-2.5	249	222	17	
Mrs J Turner Senior HR Manager [Trainee Employment]	10-15 Plus lump sum of 15-20	0-2.5 Plus lump sum of 0-2.5	173	152	15	
Dr M Stone Director of Postgraduate GP Education	60-65 Plus lump sum of 170-175	2.5-5 Plus lump sum of 0-2.5	1,444	1,346	41	
Ms R Campbell <sup>1</sup> Senior Professional Support Manager	-	-	-	-	-	13

<sup>1</sup> Ms R Campbell is not a member of HSC Pensions but is a member of the University Superannuation Scheme.

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

#### Cash Equivalent Transfer Value (Audited)

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 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.

## Staff Report

At 31 March 2021 there were 177 employees (56 male and 121 female) on NIMDTA's payroll, including six Non-Executive Directors.

The breakdown was as follows:

<b>Non –Executive Directors</b>	<b>Male</b>	<b>Female</b>
Board Members	5	1
<b>Total</b>	<b>5</b>	<b>1</b>
<b>Medical and Dental</b>		
Chief Executive	1	-
Consultant (Director)	1	3
GP Educator GP00-GP06	34	58
<b>Total</b>	<b>36</b>	<b>61</b>
<b>Administrative and Clerical</b>		
AFC Band 3	5	11
AFC Band 4	6	29
QUB Band 4	0	1
AFC Band 5	1	5
AFC Band 6	2	8
AFC Band 7	0	1
AFC Band 8A	0	3
AFC Band 8B	1	1
<b>Total</b>	<b>15</b>	<b>58</b>
<b>Medical Programmed Activities Re-charges</b>		
Consultant	54	46
<b>Total</b>	<b>54</b>	<b>46</b>
<b>*Agency Staff</b>		
AFC Band 2		
AFC Band 3	1	3
AFC Band 4		
<b>Total</b>	<b>1</b>	<b>3</b>

*\*Agency staff replaced NIMDTA staff who were on sick leave, maternity leave and career breaks. The data contained in this table excludes outward secondments.*

## Staff Turnover

In 2020-21 NIMDTA's staff turnover rate was 6.10%. This turnover relates to 80% of staff moving on to a new role, 10% of staff retiring from post and 10% of staff who have come to the end of a Fixed Term Contract.

In 2019-20 NIMDTA's staff turnover rate was 12.92%. This turnover relates to 70% of staff moving on to a new role, 20% of staff retiring from post and 10% of staff who have come to the end of a Fixed Term Contract.

### Staff Engagement

In 2020-21 we facilitated a number of initiatives to support staff working from home. This included well-being and resilience in uncertain times, sleep clinics, managing fear through uncertainty and Zoom training. We also facilitated a support session for managers on getting the best out of your virtual team.

### Sickness Absence

During 2020-21, there were 1,698.3 hours lost due to sickness within NIMDTA. This represents a loss rate of 1.21% (7,116.6 hours lost due to sickness in 2019-20 representing 4.39% loss rate).

### Section 75 Equality Duty NI Act 1998

NIMDTA provided an annual progress report on its Equality Action Plan and Disability Action Plan to the Equality Commission to meet its statutory duty under Section 75 of the NI Act 1998. NIMDTA has a Disability Champion and NIMDTA staff were invited to attend the Disability Network Tapestry facilitated by BSO. Resources were provided to staff on diversity. NIMDTA also held awareness days as part of coordinated activity across the HSC. NIMDTA also provides Equality and Diversity training to recruitment and training panels.

### Public Sector appointees and Staff Resources not on Payroll

Under DoH circular reference: HSC (F) 21-2014 Departmental ALBs are required to disclose in their Annual Reports the details of 'off-payroll' engagements at a total cost of over £58,200 per annum that were in place during 2020-21.

NIMDTA had no off-payroll engagements during 2020-21. Further, there were no off-payroll engagements during 2019-20.

## Consultancy Expenditure

NIMDTA had no consultancy expenditure during 2020-21. Further, there were no consultancy expenditure during 2019-20.

## Staff Costs (Audited)

	2021			2020
Staff costs comprise	Permanently employed staff £000s	*Others £000s	Total £000s	Total £000s
Wages and salaries	4,630	29,164	33,794	7,363
Social security costs	325	3,281	3,606	723
Other pension costs	739	4,056	4,795	1,170
<b>Sub-Total</b>	<b>5,694</b>	<b>36,501</b>	<b>42,195</b>	<b>9,256</b>
Capitalised staff costs	-	-	-	-
<b>Total staff costs reported in Statement of Comprehensive Expenditure</b>	<b>5,694</b>	<b>36,501</b>	<b>42,195</b>	<b>9,256</b>
Less recoveries in respect of outward secondments			36,621	4,862
<b>Total net costs</b>	<b>5,694</b>	<b>36,501</b>	<b>5,574</b>	<b>4,394</b>

*\*Included within the 2021 Others figure are Single Lead Employer Trainee Salaries which are recharged to Trusts, related funding is included in Trust RRL's.*

Included within trust RRLs were £4.7m of salary costs in relation to Programmed Activity recharges and recognition of trainers.

NIMDTA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the NIMDTA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The NIMDTA 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 with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2020-21 accounts

are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2020-21 accounts. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020-21 accounts.

Average Number of Persons employed (Audited)

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

	Permanently employed staff No.	2020-21 Others* No.	Total No.	2020 Total No.
Administrative and Clerical	67	2	69	69
Medical & Dental	18	-	18	19
Medical & Dental (inc within Trust RRLs)	4	35	39	38
Medical And Dental (SLE)	-	644	644	63
<b>Total average number of persons employed</b>	<b>89</b>	<b>681</b>	<b>770</b>	<b>188</b>
Less average staff number relating to capitalised staff costs			-	-
Less average staff number in respect of outward secondments		644	644	63
<b>Total net average number of persons employed</b>	<b>89</b>	<b>37</b>	<b>126</b>	<b>125</b>

*The staff numbers disclosed as Others in 2020-21 relate to agency and Single Lead Employer staff.*

2020-21 staff numbers exclude 6 Non Executive members (2019-20 include 6 Non Executive members).

Early Retirement and Other Compensation Scheme – Exit Packages (Audited)

During 2020-21, NIMDTA had no staff leave through early retirements, exit packages or any other form of compensation schemes. During 2019-20, NIMDTA had no staff leave through early retirements, exit packages or any other form of compensation schemes.



Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3 in the Accounts. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

#### Staff Benefits

There were no staff benefits paid during 2020-21 or 2019-20.

## Accountability Report

### 3. Accountability and Audit Report

#### a) Funding Report

#### Losses and Special Payments [Audited]

Losses statement	2020-21		2019-20
	Number of Cases	£000	£000
Total number of losses	-	-	1
Total value of losses	-	-	3

There was a fruitless payment of £3,156 in 2019-20. There were no cash losses, claims abandoned, or administrative write-offs made during 2020-21 or 2019-20.

#### Losses and Special Payments over £250,000

NIMDTA had no losses or special payments over £250,000.

#### Fees and Charges (Audited)

There were no other fees and charges made during 2020-21. Further, there were no other fees and charges made during 2019-20.

#### Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37, the NIMDTA also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability. Apart from the disclosure made in Note 19 of the Financial Statements, NIMDTA had no remote contingent liabilities in 2020-21. NIMDTA had no remote contingent liabilities in 2019-20.

### Compliance with Regularity of Expenditure Guidance (Audited)

NIMDTA developed a budget that supported the work of its Business Plan 2019-20. A budget update report was provided to DoH on a monthly basis, with any variances explained.

NIMDTA has an Authorisation Framework in place, which sets out the delegated authority for budgetary spend. This Framework is kept under regular review.

NIMDTA has put in place contracts, service level agreements, and learning and development agreements that identify the terms for significant and regular areas of spend. These agreements are kept under regular review, with variances and/or resultant issues being reported to the NIMDTA Board.

NIMDTA is not aware of any irregularities or variances in spend in relation to expenditure guidance.

### Long Term Expenditure Report

A full overview of the Long Term Expenditure Trends within NIMDTA is provided in the Performance Report on pages 42 to 43.

### Gifts (Audited)

There were no other special payments or gifts made during 2020-21 or 2019-20.



Mr Mark McCarey  
**Chief Executive**

Date: 30 June 2021

## **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

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

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

I certify that I have audited the financial statements of the Northern Medical and Dental Training Agency for the year ended 31 March 2021 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them.

The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards as adopted by the European Union and interpreted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the Northern Ireland Medical and Dental Training Agency's affairs as at 31 March 2021 and of the Northern Ireland Medical and Dental Training Agency's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

#### **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.

#### **Basis of opinions**

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Northern Ireland Medical and Dental Training Agency in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2019, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

## **Conclusions relating to going concern**

In auditing the financial statements, I have concluded that the Northern Ireland Medical and Dental Training Agency's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Northern Ireland Medical and Dental Training Agency's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for the Northern Ireland Medical and Dental Training Agency is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Board and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

## **Other Information**

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate and report. The Board and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

## **Opinion on other matters**

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and

- the information given in the Performance Report and Accountability 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**

In the light of the knowledge and understanding of the Northern Ireland Medical and Dental Training Agency and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. 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 parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; 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 the Department of Finance's guidance.

### **Responsibilities of the Board and Accounting Officer for the financial statements**

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Northern Ireland Medical and Dental Training Agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Northern Ireland Medical and Dental Training Agency will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Northern Ireland Medical and Dental Training Agency through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on the Northern Ireland Medical and Dental Training Agency's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Northern Ireland Medical and Dental Training Agency's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:

- performing analytical procedures to identify unusual or unexpected relationships or movements;
- testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
- assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
- investigating significant or unusual transactions made outside of the normal course of business; and

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of 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.

## Report

I have no observations to make on these financial statements.



*KJ Donnelly*  
**Comptroller and Auditor General**  
Northern Ireland Audit Office  
1 Bradford Court  
Belfast  
BT8 6RB

9 July 2021



**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**ANNUAL ACCOUNTS FOR THE  
YEAR ENDED 31 MARCH 2021**

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# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

### **FOREWORD**

The accounts for the year ended 31 March 2021 have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**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 100-133) 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 Northern Ireland Medical and Dental Training Agency and with the accounting standards and policies for HSC bodies approved by the DoH.

The Annual Report and Accounts were discussed and approved at the Audit Committee and Board meeting which were held on Tuesday 29<sup>th</sup> June 2021.



Chief Executive

Date: 30<sup>th</sup> June 2021

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 100 to 133) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Vice Chair

Date: 30<sup>th</sup> June 2021



Chief Executive

Date: 30<sup>th</sup> June 2021

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2021

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2021 £	2020 £
<b>Income</b>			
Revenue from contracts with customers	4.1	110,018	151,457
Other Operating Income	4.2	36,675,481	5,016,045
<b>Total operating income</b>		<b>36,785,499</b>	<b>5,167,502</b>
<b>Expenditure</b>			
Staff costs	3	(42,194,603)	(9,255,971)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(83,700)	(53,852)
Provision expense	3	-	-
Other expenditure	3	(14,848,092)	(14,595,508)
<b>Total operating expenditure</b>		<b>(57,126,395)</b>	<b>(23,905,331)</b>
<b>Net Expenditure</b>		<b>(20,340,896)</b>	<b>(18,737,829)</b>
Finance income	4.2	-	-
Finance expense	3	-	-
<b>Net expenditure for the year</b>		<b>(20,340,896)</b>	<b>(18,737,829)</b>
<b>Revenue Resource Limits (RRLs) issued to;</b>			
Belfast HSC Trust		(22,659,294)	(22,220,150)
South Eastern HSC Trust		(6,960,739)	(6,683,275)
Southern HSC Trust		(6,574,415)	(6,237,484)
Northern HSC Trust		(6,666,638)	(6,241,493)
Western HSC Trust		(7,274,642)	(6,917,816)
Public Health Agency		(496,143)	(485,940)
<b>Total RRL issued</b>		<b>(50,631,871)</b>	<b>(48,786,158)</b>
<b>Total commissioner resources utilised</b>		<b>(70,972,767)</b>	<b>(67,523,986)</b>
Revenue Resource Limit (RRL) received from DoH	22.1	71,009,633	67,600,566
<b>Surplus/(Deficit) against RRL</b>		<b>36,866</b>	<b>76,579</b>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>			
	NOTE	2021 £	2020 £
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/9/5.2/9	(65)	118
Net gain/(loss) on revaluation of intangibles	6.1/9/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
<b>Items that may be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of investments		-	-
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2021</b>		<b>(20,340,961)</b>	<b>(18,737,711)</b>

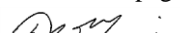
The notes on pages 105-133 form part of these accounts

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**  
**STATEMENT of FINANCIAL POSITION as at 31 March 2021**

This statement presents the financial position of NIMDTA. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2021		2020	
		£	£	£	£
<b>Non Current Assets</b>					
Property, plant and equipment	5.1/5.2	911,304		385,258	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Non current trade and other receivables	13	-		-	
Other non current assets	13	-		-	
<b>Total Non Current Assets</b>			911,304		385,258
<b>Current Assets</b>					
Assets classified as held for sale	10	-		-	
Inventories	11	1,220		1,220	
Trade and other receivables	13	5,918,186		275,980	
Other current assets	13	385,099		194,948	
Current Intangible assets	13	-		-	
Current Financial assets	7	-		-	
Cash and cash equivalents	12	1,830,779		919,598	
<b>Total Current Assets</b>			8,135,284		1,391,746
<b>Total Assets</b>			<b>9,046,588</b>		<b>1,777,004</b>
<b>Current Liabilities</b>					
Trade and other payables	14	(5,924,079)		(2,760,757)	
Other liabilities	14	-		-	
Current Intangible liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
<b>Total Current Liabilities</b>			(5,924,079)		(2,760,757)
<b>Total assets less current liabilities</b>			<b>3,122,509</b>		<b>(983,753)</b>
<b>Non Current Liabilities</b>					
Provisions	15	-		-	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
<b>Total Non Current Liabilities</b>			-		-
<b>Total assets less total liabilities</b>			<b>3,122,509</b>		<b>(983,753)</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		7,961		8,026	
SoCNE Reserve		3,114,548		(991,779)	
<b>Total equity</b>			<b>3,122,509</b>		<b>(983,753)</b>

The financial statements on pages 100 to 104 were approved by the Board on 29<sup>th</sup> June 2021 and were signed on its behalf by;

Signed  (Vice Chair) Date 30<sup>th</sup> June 2021

Signed  (Chief Executive) Date 30<sup>th</sup> June 2021

The notes on pages 105-133 form part of these accounts.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## STATEMENT of CAH FLOWS for the year ended 31 March 2021

The Statement of Cash Flows shows the changes in cash and cash equivalents of NIMDTA during the reporting period. The statement shows how NIMDTA generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by NIMDTA. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to NIMDTA's future public service delivery.

	NOTE	2021 £	2020 £
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating expenditure		(20,340,896)	(18,737,829)
Adjustments for non cash costs	3	100,400	69,352
(Increase)/decrease in trade and other receivables		(5,832,357)	(333,256)
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories		-	-
Increase/(decrease) in trade payables		3,163,322	874,306
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant & equipment		(250,055)	(9,562)
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
<b>Net cash inflow/(outflow) from operating activities</b>		<b>(23,159,586)</b>	<b>(18,136,989)</b>
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	(370,518)	(270,961)
(Purchase of intangible assets)	6	-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
<b>Net cash outflow from investing activities</b>		<b>(370,518)</b>	<b>(270,961)</b>
<b>Cash flows from financing activities</b>			
Grant in aid		24,441,285	19,282,272
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
<b>Net financing</b>		<b>24,441,285</b>	<b>19,282,272</b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>	12	911,181	874,322
<b>Cash &amp; cash equivalents at the beginning of the period</b>	12	919,598	45,276
<b>Cash &amp; cash equivalents at the end of the period</b>		<b>1,830,779</b>	<b>919,598</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2021

This statement shows the movement in the year on the different reserves held by NIMDTA, analysed into 'Statement of Comprehensive Net Expenditure Reserve' (i.e. those reserves that reflect a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of NIMDTA, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
<b>Balance at 31 March 2019</b>		<b>(1,551,722)</b>	<b>7,908</b>	<b>(1,543,814)</b>
<b>Changes in Taxpayers Equity 2019-20</b>				
Grant from DoH		19,282,272	-	19,282,272
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(18,737,829)	118	(18,737,711)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	15,500	-	15,500
<b>Balance at 31 March 2020</b>		<b>(991,779)</b>	<b>8,026</b>	<b>(983,753)</b>
<b>Changes in Taxpayers Equity 2020-21</b>				
Grant from DoH		24,441,285	-	24,441,285
Other movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(20,340,896)	(65)	(20,340,961)
Transfer of asset ownership		(10,762)		(10,762)
Non cash charges - auditors remuneration	3	16,700	-	16,700
<b>Balance at 31 March 2021</b>		<b>3,114,548</b>	<b>7,961</b>	<b>3,122,509</b>



# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

#### 1. Authority

These accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance'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 contained in the FReM apply international Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting which is judged to be most appropriate to the particular circumstances of the DoH body for the purpose of giving a true and fair view has been selected. The particular policies adopted by the DoH body are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1 Accounting convention

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

#### 1.2 Currency

These accounts are presented in UK Pounds sterling, rounded to the nearest pound.

#### 1.3 Property, Plant and Equipment

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

#### Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

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 2020 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

RICS, IFRS, IVS & HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS. The last asset revaluation was carried out on 31 January 2020. LPS have confirmed that, provided the relevant Indexation Categories supplied for the Effective Period 1 April 2020 to 31 March 2021 have been appropriately applied to the corresponding relevant asset classifications, as at 31 March 2021, then the restated 31 January 2020 land and building valuation figures remain appropriate at 31 March 2021.

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of subjectivity in terms of informing opinions of value. For the avoidance of doubt, this does not mean that figures cannot be relied upon, rather, the declaration of material uncertainty ensures transparency and provides further insight as to the market context under which valuation opinion has been prepared. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore, the need for further future valuations will remain under consideration, subject to resources.”

NIMDTA’s land and buildings relate to fittings of the leased building.

Land and buildings used for NIMDTA’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 – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

### **STATEMENT OF ACCOUNTING POLICIES**

#### **Modern Equivalent Asset**

DoF 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)**

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

#### **Short Life Assets**

Short life 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.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

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 is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to 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 terms of the lease. The estimated useful life of an asset is the period over which NIMDTA 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
Freehold Buildings	25 – 60 years
Leasehold Property	Remaining period of lease
IT Assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

#### 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.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

#### 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 NIMDTA'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 includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible assets under construction. 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 non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; *and*
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

#### Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the NIMDTA'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 NIMDTA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

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

Intangible assets acquired separately are initially recognised at fair value.

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

#### 1.8 Non-current assets held for sale

NIMDTA has no non-current assets held for sale.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

#### 1.9 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.

#### 1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of NIMDTA and is recognised on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

#### 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.

#### 1.11 Investments

NIMDTA does not have any investments.

#### 1.12 Research and Development expenditure and the impact of the implementation of ESA 2010

Research and development expenditure is expensed in the year it is incurred in accordance with IAS 38.

Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, additional disclosures are included in the notes to the accounts

#### 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.

#### 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.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

#### 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.

##### NIMDTA 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 NIMDTA'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 may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

##### NIMDTA as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of NIMDTA's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on NIMDTA's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

#### 1.16 Private Finance Initiative (PFI) transactions

NIMDTA had no PFI transactions during the year.

#### 1.17 Financial instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

NIMDTA has financial instruments in the form of trade receivables and payables and cash and cash equivalents

- Financial assets

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

Financial assets are recognised on the Statement of Financial Position when NIMDTA 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. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon NIMDTA's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when NIMDTA 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 in creating risk than would apply to a non-public sector body of a similar size, therefore NIMDTA is not exposed to the degree of financial risk faced by business entities.

There are 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 its activities. Therefore NIMDTA is exposed to limited credit, liquidity or market risk.

- Currency risk

NIMDTA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. There is therefore low exposure to currency rate fluctuations.

- Interest rate risk



# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

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

- Credit risk

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

- Liquidity risk

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

#### 1.18 Provisions

NIMDTA had no provisions at either 31 March 2021 or 31 March 2020.

#### 1.19 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, NIMDTA discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the DoH body 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 DoH body, 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 DoH body. A contingent asset is disclosed where an inflow of economic benefits is probable.

#### 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 average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2021. It is not anticipated that the level of untaken leave will vary significantly from year to year. However during the 2020/21 financial year the unused annual leave balances and therefore the cost of unused leave accounted for increased materially due to Covid-19 pressures resulting in staff being unable to take planned leave. To ensure staff didn't

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

lose annual leave during the 2020/21 year, key workers were granted permission to carry over additional unused leave above the usual 5 days, to be taken within the next 2 financial years. NIMDTA's employees have key worker status and thus were able to avail of this. [Untaken flexi leave is estimated to be immaterial to the NIMDTA and has not been included].

#### **Retirement benefit costs**

##### *HSC Superannuation Scheme*

Past and present employees are covered by the provisions of the 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 DoH. NIMDTA 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 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 with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2020-21 accounts are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2020-21 accounts. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020-21 accounts.

##### *The University Superannuation Scheme*

This is a defined benefit scheme with employer contributions of 23.7% of gross pay. The most up to date actuarial valuation was carried out at 31 March 2020. Further information on this can be obtained from the Universities Superannuation Scheme Limited. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

#### **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 other than donated assets.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### STATEMENT OF ACCOUNTING POLICIES

#### 1.22 Value Added Tax

NIMDTA are not VAT registered and therefore input and output VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

#### 1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since NIMDTA has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

#### 1.24 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

#### 1.25 Losses and Special Payments

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

#### 1.26 Charitable Trust Account Consolidation

NIMDTA held no charitable trust accounts at 31 March 2021 or 31 March 2020.

#### 1.27 Accounting Standards that have been issued but have not yet been adopted

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

The International Accounting Standards Board have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

IFRS10 Consolidated Financial Statements, IFRS 11 Joint Arrangements, IFRS 12 Disclosure of interests in Other Entities:

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 were effective with EU adoption from 1 January 2014. Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster

# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury.

A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. NIMDTA apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2022.

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

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

The core business and strategic objective of the Northern Ireland 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.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 3 EXPENDITURE

	2021	2020
	£	£
Staff costs <sup>1</sup> :		
Wages and Salaries	33,793,928	7,362,917
Social security costs	3,606,033	722,619
Other pension costs	4,794,642	1,170,435
IT Programme	-	-
Recharges from other HPSS organisations	-	-
Cost of Sales	-	-
Supplies and services - General	-	-
Establishment	818,621	922,772
Transport	-	-
Premises	114,812	261,746
Bad debts	-	-
Rentals under operating leases	245,857	212,241
PFI and other service concession arrangements service charges	-	-
Miscellaneous	14,273	12,958
FTC expenditure	-	-
BSO Services - Regional Interpreter Services	-	-
Junior Doctors Salaries	10,524,351	9,709,420
Junior Doctors Trainer Grants	1,920,041	1,486,667
Junior Doctors Study Leave	328,807	908,002
Training	517,644	766,078
Recruitment	346,986	300,124
<b>Non cash items</b>		
Depreciation	83,700	53,852
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	-	-
Loss on disposal of intangibles	-	-
Increase / Decrease in provisions (provision provided for in year less any release)	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Other administration	-	-
Auditors remuneration	16,700	15,500
<b>Total</b>	<b>57,126,395</b>	<b>23,905,331</b>

<sup>1</sup> Further detailed analysis of staff costs is located in the Staff Report on pages 74-89 within the Accountability Report..

During the year the NIMDTA purchased £1,250 of non audit services from its external auditor (NIAO) in relation to National Fraud Initiative. (2020: £nil).

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 4 INCOME

#### 4.1 Revenue from contracts with customers

	2021	2020
	£	£
Course Fees	110,018	151,457
<b>Total</b>	<b>110,018</b>	<b>151,457</b>

#### 4.2 Other Operating Income

	2021	2020
	£	£
Other income from non-patient services	54,933	153,741
Seconded staff	36,620,548	4,862,304
Charitable and other contributions to expenditure	-	-
Donations / Government grant / Lottery funding for non current assets	-	-
Profit on disposal of land	-	-
FTC interest receivable	-	-
Interest receivable	-	-
<b>Total</b>	<b>36,675,481</b>	<b>5,016,045</b>

#### 4.3 Deferred income

	2021	2020
	£	£
Research & development income released	-	-
Income released from conditional grants	-	-
<b>Total</b>	<b>-</b>	<b>-</b>

#### TOTAL INCOME

<b>36,785,499</b>	<b>5,167,502</b>
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# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 5.1 Property, plant & equipment - year ended 31 March 2021

	<b>Buildings (excluding dwellings) £</b>	<b>Assets under Construction £</b>	<b>Information Technology (IT) £</b>	<b>Furniture and Fittings £</b>	<b>Total £</b>
<b>Cost or Valuation</b>					
At 1 April 2020	491,419	-	486,290	60,717	1,038,426
Indexation	-	-	(104)	2,052	1,948
Additions	-	536,627	83,946	-	620,573
Transfers *	-	-	(6,977)	-	(6,977)
Disposals	-	-	(13,284)	(6,486)	(19,770)
At 31 March 2021	<b>491,419</b>	<b>536,627</b>	<b>549,871</b>	<b>56,283</b>	<b>1,634,200</b>
<b>Depreciation</b>					
At 1 April 2020	392,625	-	199,829	60,714	653,168
Indexation	-	-	(39)	2,052	2,013
Transfers	-	-	3,785	-	3,785
Disposals	-	-	(13,284)	(6,486)	(19,770)
Provided during the year	19,759	-	63,941	-	83,700
At 31 March 2021	<b>412,384</b>	<b>-</b>	<b>254,232</b>	<b>56,280</b>	<b>722,896</b>

\*Transfers relate to the emergency deployment of laptops across HSC organisations in response to COVID-19 working from home arrangements

	<b>Buildings (excluding dwellings) £</b>	<b>Assets under Construction £</b>	<b>Information Technology (IT) £</b>	<b>Furniture and Fittings £</b>	<b>Total £</b>
<b>Carrying Amount</b>					
At 31 March 2021	<b>79,035</b>	<b>536,627</b>	<b>295,639</b>	<b>3</b>	<b>911,304</b>
At 31 March 2020	<b>98,794</b>	<b>-</b>	<b>286,461</b>	<b>3</b>	<b>385,258</b>
<b>Asset financing</b>					
Owned	79,035	536,627	295,639	3	911,304
<b>Carrying Amount</b>					
At 31 March 2021	<b>79,035</b>	<b>536,627</b>	<b>295,639</b>	<b>3</b>	<b>911,304</b>

Any fall in value through negative indexation or revaluation is shown as 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 £Nil (2020: £Nil).

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

	<b>2021 £</b>	<b>2020 £</b>
Donations	-	-
Government grant	-	-
Lottery funding	-	-



# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 5.2 Property, plant & equipment - year ended 31 March 2021

	<b>Buildings (excluding dwellings) £</b>	<b>Assets under Construction £</b>	<b>Information Technology (IT) £</b>	<b>Furniture and Fittings £</b>	<b>Total £</b>
<b>Cost or Valuation</b>					
At 1 April 2019	376,118	-	304,404	60,604	741,126
Indexation	16,507	-	157	113	16,777
Additions	98,794	-	181,729	-	280,523
Transfers	-	-	-	-	-
Disposals	-	-	-	-	-
At 31 March 2020	<b>491,419</b>	<b>-</b>	<b>486,290</b>	<b>60,717</b>	<b>1,038,426</b>

#### Depreciation

At 1 April 2019	376,118	-	145,938	60,601	582,657
Indexation	16,507	-	39	113	16,659
Transfers	-	-	-	-	-
Disposals	-	-	-	-	-
Provided during the year	-	-	53,852	-	53,852
At 31 March 2020	<b>392,625</b>	<b>-</b>	<b>199,829</b>	<b>60,714</b>	<b>653,168</b>

#### Carrying Amount

	<b>Buildings (excluding dwellings) £</b>	<b>Assets under Construction £</b>	<b>Information Technology (IT) £</b>	<b>Furniture and Fittings £</b>	<b>Total £</b>
At 31 March 2020	<b>98,794</b>	<b>-</b>	<b>286,461</b>	<b>3</b>	<b>385,258</b>
At 1 April 2019	-	-	158,466	3	158,469

#### Asset financing

Owned	98,794	-	286,461	3	385,258
<b>Carrying Amount</b>	<b>98,794</b>	<b>-</b>	<b>286,461</b>	<b>3</b>	<b>385,258</b>

#### Asset financing

Owned	-	-	158,466	3	158,469
<b>Carrying Amount</b>	<b>-</b>	<b>-</b>	<b>158,466</b>	<b>3</b>	<b>158,469</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 6.1 Intangible Assets - year ended 31 March 2021

	<b>Software Licences £</b>	<b>Total £</b>
<b>Cost or Valuation</b>		
At 1 April 2020	119,065	119,065
Indexation	-	-
Additions	-	-
Transfers	-	-
Revaluation	-	-
Disposals	-	-
At 31 March 2021	<b>119,065</b>	<b>119,065</b>

#### Amortisation

At 1 April 2020	119,065	119,065
Indexation	-	-
Transfers	-	-
Revaluation	-	-
Disposals	-	-
Provided during the year	-	-
At 31 March 2021	<b>119,065</b>	<b>119,065</b>

#### Carrying Amount

	<b>Software Licences £</b>	<b>Total £</b>
At 31 March 2021	-	-
At 31 March 2020	-	-

#### Asset financing

Owned	-	-
<b>Carrying Amount</b>		
At 31 March 2021	-	-

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

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

	<b>2021 £</b>	<b>2020 £</b>
Donations	-	-
Government grant	-	-
Lottery funding	-	-

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**NOTE 6.2 Intangible Assets - year ended 31 March 2020**

	<b>Software Licences £</b>	<b>Total £</b>
<b>Cost or Valuation</b>		
At 1 April 2019	119,065	119,065
Indexation	-	-
Additions	-	-
Transfers	-	-
Disposals	-	-
At 31 March 2020	<b>119,065</b>	<b>119,065</b>

<b>Amortisation</b>		
At 1 April 2019	119,065	119,065
Indexation	-	-
Transfers	-	-
Revaluation	-	-
Disposals	-	-
Provided during the year	-	-
At 31 March 2020	<b>119,065</b>	<b>119,065</b>

	<b>Software Licenses £</b>	<b>Total £</b>
<b>Carrying Amount</b>		
At 31 March 2020	-	-
At 1 April 2019	-	-

<b>Asset financing</b>		
Owned	-	-
<b>Carrying Amount</b>		
At 31 March 2020	-	-

<b>Asset financing</b>		
Owned	-	-
<b>Carrying Amount</b>		
At 1 April 2019	-	-

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of NIMDTA are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body.

The majority of financial instruments relate to contracts to buy non-financial items in line with NIMDTA's expected purchase and usage requirements and NIMDTA is therefore exposed to little credit, liquidity or market risk.

### NOTE 8 INVESTMENTS AND LOANS

NIMDTA had no investments or loans at either 31 March 2021 or 31 March 2020.

### NOTE 9 IMPAIRMENTS

NIMDTA had no impairments at either 31 March 2021 or 31 March 2020

### NOTE 10 NON CURRENT ASSETS HELD FOR SALE AND DISCONTINUED OPERATIONS

NIMDTA did not hold any assets classified as held for sale at either 31 March 2021 or 31 March 2020.

### NOTE 11 INVENTORIES

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
Office supplies	1,220	1,220
<b>Total</b>	<b>1,220</b>	<b>1,220</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 12 CASH AND CASH EQUIVALENTS

	2021	2020
	£	£
Balance at 1st April	919,598	45,276
Net change in cash and cash equivalents	911,181	874,322
<b>Balance at 31st March</b>	<b>1,830,779</b>	<b>919,598</b>

	2021	2020
	£	£
<b>The following balances at 31 March were held at</b>		
Commercial banks and cash in hand	1,830,779	919,598
<b>Balance at 31st March</b>	<b>1,830,779</b>	<b>919,598</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2021	2020
	£	£
<b>Amounts falling due within one year</b>		
Trade receivables	5,862,509	246,573
Deposits and advances	0	-
VAT receivable	0	-
Other receivables – not relating to fixed assets	55,677	29,407
Other receivables – relating to property, plant and equipment	0	-
Other receivables – relating to intangibles	0	-
<b>Trade and other receivables</b>	<b>5,918,186</b>	<b>275,980</b>
Prepayments	385,099	194,948
Accrued income		-
Current part of PFI and other service concession arrangements prepayment	0	-
<b>Other current assets</b>	<b>385,099</b>	<b>194,948</b>
Carbon reduction commitment		-
<b>Intangible current assets</b>	<b>-</b>	<b>-</b>
<b>Amounts falling due after more than one year</b>		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
<b>Trade and other receivables</b>	<b>-</b>	<b>-</b>
Prepayments and accrued income	-	-
<b>Other current assets falling due after more than one year</b>	<b>-</b>	<b>-</b>
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>5,918,186</b>	<b>275,980</b>
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>385,099</b>	<b>194,948</b>
<b>TOTAL INTANGIBLE CURRENT ASSETS</b>	<b>-</b>	<b>-</b>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>6,303,285</b>	<b>470,928</b>

The balances are net of a provision for bad debts of £Nil (2019/20: £Nil).

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2021	2020
	£	£
<b>Amounts falling due within one year</b>		
Other taxation and social security	3,125,266	783,387
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	313,855	63,800
Trade capital payables – intangibles	-	-
Trade revenue payables	202,909	273,150
Payroll payables	162,271	27,865
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	-	-
Other payables	-	-
Accruals	2,112,978	1,592,533
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	6,800	20,022
<b>Trade and other payables</b>	<b>5,924,079</b>	<b>2,760,757</b>
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
<b>Other current liabilities</b>	<b>-</b>	<b>-</b>
Carbon reduction commitment	-	-
<b>Intangible current liabilities</b>	<b>-</b>	<b>-</b>
<b>Total payables falling due within one year</b>	<b>5,924,079</b>	<b>2,760,757</b>
<b>Amounts falling due after more than one year</b>		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance leases	-	-
Imputed finance lease element of PFI and other service concession arrangements	-	-
Long term loans	-	-
<b>Total non current other payables</b>	<b>-</b>	<b>-</b>
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<b>5,924,079</b>	<b>2,760,757</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

NIMDTA had no provisions for liabilities and charges at either 31 March 2021 or 31 March 2020.

### NOTE 16 CAPITAL AND OTHER COMMITMENTS

NIMDTA had no capital commitments at either 31 March 2021 or 31 March 2020.

### NOTE 17 COMMITMENTS UNDER LEASES

#### 17.1 Operating Leases

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

	2021	2020
	£	£
<b>Obligations under operating leases comprise</b>		
<b>Land</b>		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	-	-
<b>Buildings</b>		
Not later than one year	215,288	215,288
Later than one year but not later than five years	394,695	825,271
Later than five years	-	-
	<hr/>	<hr/>
	<b>609,983</b>	<b>1,040,559</b>
<b>Other</b>		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	-	-

#### 17.2 Finance Leases

NIMDTA had no finance leases at either 31 March 2021 or 31 March 2020.



## **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

#### **NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT**

##### **18.1 PFI and other service concession arrangement schemes deemed to be off-balance sheet (SoFP)**

NIMDTA had no commitments under PFI and other concession arrangement contracts at 31 March 2021 or 31 March 2020

##### **18.2 ‘Service’ element of PFI and other service concession arrangement schemes deemed to be on-balance sheet (SoFP)**

NIMDTA had no ‘Service’ element deemed to be on balance sheet (SoFP) PFI and other service concession arrangements schemes at 31 March 2021 or 31 March 2020.

#### **NOTE 19 CONTINGENT LIABILITIES**

NIMDTA had no quantifiable contingent Liabilities at 31 March 2021 or 31 March 2020. A cyber security took place at QUB in February 2021. As the HSC has multiple contractual interactions with QUB, some concerning personal information, the HSC technology teams, with the backing of the HSC SIRO’s, took a number of actions to reduce potential disruption to HSC services, and continue to liaise with QUB on the impact of the cyber incident. The impact on the HSC is being fully investigated, and there may be a financial risk in relation to possible future liability, for the potential claims for loss of personal data. As the breach occurred in a third party’s system the potential for liability is unclear and any financial impact is unquantifiable at present.

##### **19.1 Financial Guarantees, Indemnities and Letters of Comfort**

NIMDTA did not have any financial guarantees, indemnities and letters of comfort at 31 March 2021 or 31 March 2020.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 20 RELATED PARTY TRANSACTIONS

The Agency is a Special Agency sponsored by the Department of Health (DoH) and as such the DoH is a related party. During the year the Agency has undertaken various transactions with the DoH and with other entities for which the Department of Health is regarded as the parent Department. These are:

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

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 2020/21. Set out below are details of the amount paid to these organisations during 2020/21. 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.

Interests in the below organisations were declared by the following:-

- Derek Maguire – Non Executive – is a Director/Owner of DJ Maguire & Associates.
- During 2020-20 Janet Little was employed by the Public Health Agency (PHA) from April to August 2020.
- Dr Lorraine Parks is also employed with the Southern HSC Trust.
- Brid Hendron is employed by the HSCB.
- Lee Wilson – Non Executive Board member is also a Non Executive in NIGALA and NISCC
- Alistair Joynes – Chairman – is a Director of Mallaghan Holdings and owns Alistair Joynes Associates
- Dr Michele Stone is a GP Partner at Meadowbridge Surgery

	<b>Payments to Related Party</b> £	<b>Income from Related Party</b> £	<b>Amounts owed to Related Party</b> £	<b>Amounts due from Related Party</b> £
Public Health Agency*	-	167,001	496,143	-
Health and Social Care Board**	-	1,803,077	-	-
Southern HSC Trust***	6,574,415	4,521,408	-	143,859
Meadowbridge Surgery	13,405	-	-	-

\* Includes £496,143 RRL and £167,001 CRL

\*\*Includes £1,766,990 RRL

\*\*\*Includes £6,574,415 RRL

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

### NOTE 21 THIRD PARTY ASSETS

NIMDTA held no assets at either 31 March 2021 or 31 March 2020 belonging to third parties.

### NOTE 22 FINANCIAL PERFORMANCE TARGETS

#### 22.1 Revenue Resource Limit

**NIMDTA is given a Revenue Resource Limit which it is not permitted to overspend.**

The Revenue Resource Limit for NIMDTA is calculated as follows:

	<b>2021</b>	<b>2020</b>
	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
DoH (excludes non cash)	68,975,242	65,526,813
HSCB	1,766,990	1,866,206
PHA	-	-
Non cash RRL (from DoH)	100,400	69,352
<b>Total agreed RRL</b>	<b>70,842,632</b>	<b>67,462,371</b>
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Adjustment for Research and Development under ESA10	167,001	138,195
<b>Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure</b>	<b>71,009,633</b>	<b>67,600,566</b>

#### 22.2 Capital Resource Limit

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

	<b>2021</b>	<b>2020</b>
	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
Gross capital expenditure by NIMDTA (Receipts from sales of fixed assets)	620,573	280,523
Net capital expenditure	-	-
	<hr/> 620,573	<hr/> 280,523
Capital Resource Limit	622,466	290,546
Adjustment for Research and Development under ESA10	-	-
	<hr/> -	<hr/> -
Overspend/(Underspend) against CRL	<b>(1,893)</b>	<b>(10,023)</b>

## NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

#### 22.3 Financial Performance Targets

NIMDTA is required to ensure that it breaks even on an annual basis by containing its surplus to within 0.25% of RRL.

	<b>2020-21</b>	<b>2019-20</b>
	<b>£</b>	<b>£</b>
Net Expenditure	(70,972,767)	(67,523,987)
RRL	71,009,633	67,600,566
Surplus/(Deficit) against RRL	36,866	76,579
Break Even cumulative position (opening)	2,118,461	2,041,882
Break Even Cumulative position (closing)	<b>2,155,327</b>	<b>2,118,461</b>

#### Materiality Test:

	<b>2020-21</b>	<b>2019-20</b>
	<b>%</b>	<b>%</b>
Break Even in year position as % of RRL	0.06%	0.11%
Break Even cumulative position as % of RRL	3.04%	3.13%

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021**

**NOTE 23 EVENTS AFTER THE REPORTING PERIOD**

There are no material post balance sheet events.

**DATE OF AUTHORISATION FOR ISSUE**

The Accounting Officer authorised these financial statements for issue on 09 July 2021.