



NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

Annual Report and Accounts

FOR THE YEAR ENDED 31 MARCH 2022

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On

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Foreword from the Chair



I was privileged to be appointed Chair of the Northern Ireland Medical and Dental Training Agency (NIMDTA) with effect from 1 October 2021. I would like to reflect on my short time in the role and my experience of the organisation, its people and the valuable work which it does, but first I want to express my sincere thanks to my former, present and new Board colleagues, the Senior Management Team and the staff of NIMDTA.

Alistair Joynes served as Chair of the organisation with dedication for a number of years, ably supported by the Board, three of whose terms – Lee Wilson, Mr Deane Morrice and Dr Derek Maguire, also came to an end. I would like to thank them for their commitment and the efforts they put in place to leave the organisation in such a healthy state. I am delighted that we have a degree of continuity within our current Board cohort with two members, Dr Janet Little and Garry McKenna still serving; their experience and knowledge are invaluable. We have three new Board members: Geraldine Campbell, Brendan Garland and Hall Graham. Together we have been learning about the work that NIMDTA does so that we can properly fulfil our governance and oversight roles. The members of the Senior Management Team and in particular the relatively newly appointed Chief Executive, Mark McCarey have been very helpful in outlining their roles, responsibilities and the factors affecting the organisation. I would like to put on record, gratitude from the Board for the thorough induction process and time taken to support and help us.

As with every organisation and business, NIMDTA has experienced difficult times during the pandemic and working practices have had to adjust accordingly. It is a reflection of the commitment of the staff to the education process that this has gone on relatively seamlessly with operations largely unaffected and trainees continuing to be fully supported. All NIMDTA staff deserve credit for this.

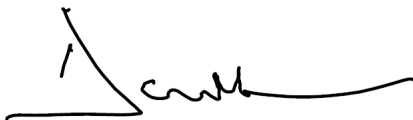
There have been a number of key initiatives successfully delivered over the last year:

- Work to transfer the governance of the Single Lead Employer (SLE) work stream from Department of Health (DoH) to NIMDTA;
- Further investment in the staffing of our Dental Simodont suite;
- Facilitating local specialty recruitment exercises in relation to key areas;
- Building resilience and calibrating our Foundation programme in order to be prepared for future need;

- Developing Professional Support Services to meet escalated need in a pandemic context;
- Developing digital educational tools and events;
- Rebuilding our risk profile in an emerging context;
- Planning to extend our General Practice (GP) intake;
- Preparing for a formative period of strategic planning in 2022-23; and
- Managing our budget and resources in a time of prolonged operational change to meet the needs of postgraduate education, training and employment.

The Board has been impressed by the breadth and extent of the work undertaken and hopefully we will soon move to a point where a degree of normality returns. To this end the Board intends to focus more on strategic delivery as we prepare NIMDTA's Strategic Plan 2023-28. We will be working with staff to develop our thinking away from purely operational issues which was the necessary context of the pandemic and its effects. We are collectively excited about work already planned for the first and second quarters of 2022-23.

I would like to reiterate my thanks to all staff within NIMDTA and look forward to their continued support over the coming year.



Derek Wilson
Chair

Date: 30 June 2022

Chief Executive's Introduction



Our work throughout 2021-22 has focused on delivering our brief in a rapidly changing environment. In order to do this we have worked proactively with colleagues across the Health and Social Care (HSC) and beyond to support patients at this most challenging of times. I am very proud of the leadership and innovative work that we have delivered over the last year, and most especially the ethos of flexibility, commitment and dedication that our staff, has demonstrated through the discharge of their duties.

I would like to acknowledge the work of all the members of our Senior Management Committee throughout this year. We work across a diverse and complex set of stakeholder interfaces. In a time of prolonged disruption and change this requires constant vigilance on resourcing and prioritisation. The Senior Management Committee have been generous with their time and support as we have sought to face presenting challenge in a collegial manner.

Alistair Joynes retired from his role as Chair of NIMDTA in June 2021, following ten years in this role. When reflecting on Alistair's tenure I am struck by how much NIMDTA has changed and grown during this time. As we prepare to set a new strategic plan for 2023 onwards, it is very clear to me the road we have travelled to this point and the reasons why this aspect of work is characterised by excitement in seeking to meet our brief in new and innovative ways. Developments such as the recent expansion into the Single Lead Employer for Doctors & Dentists in Training, the development of our Professional Support and Quality Management functions, the addition of added value drivers to existing educational processes, as well as the positive assessment of NIMDTA through external accountability review mechanisms. The effect of Alistair's leadership over these years place us in a very positive position to plan for the next formative stage of medical and dental postgraduate education in Northern Ireland. Whilst Alistair provided such leadership in formal meetings, it will be the aspects of support and advice outside of this setting that I will miss the most. I would like to wish Alistair and his wife Nancy, every happiness as they commence this new chapter in their lives.

Mr Dean Morrice MBE, Dr Derek Maguire OBE and Mr Lee Wilson also retired from their roles on the Board this year. Deane excelled in his role as Audit Committee Chair, being able to distil complex matters and discussion down to the salient points for action. Lee generously contributed in his role as the Governance & Risk Committee Chair, bringing his experience of such matters in the wider HSC and setting a helpful tone of driving to improve and embed. Derek was our Dental member of the Board and provided excellent advice, challenge and support to the work of NIMDTA, he also took responsibility to drive sectorial improvements as evidenced by his role as the Board Champion for raising and managing concerns.

We have welcomed four new members onto our Board, including a new Chair, Mr Derek Wilson. This new cohort have started into their roles with energy and momentum, engaging robustly with our induction processes and demonstrating eagerness to learn about the full breadth of our work. I am excited to be joined by these new appointments, particularly at this time where we are formulating an ambitious strategy for the future. The timing of this injection of new skills and perspectives will be very beneficial.

We have welcomed many new colleagues to the organisation this year. It is a difficult time to start a new role provided the context within which we find ourselves working. I am thankful to existing staff for the proactive way that they reach out to support new colleagues welcoming them to their new role and seeking to empower them for success.

The focus of 2022-23 will be interesting as we will have an eye on continuing to deliver our brief to the highest standard within our resourcing. We will have another eye on the future and how we want to develop NIMDTA towards the end of the next strategic cycle, and how we can fully support the wider HSC, but most importantly deliver the highest quality service to patients.

On review of elements of our accounts you may note a significant increase to aspects of the funds spent in year. This is due to the embedding of the Single Lead Employer initiative, and is fully explained further in the notes of the accounts.

I have already noted the challenges that presented throughout 2021-22. We have sought to deal with these in a proactive manner through collaborative work across all of our 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 implementation of Single Lead Employer processes, the further development of digital learning solutions, and investment in simulation opportunities.



Mark McCarey,
Chief Executive

Date: 30 June 2022

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 2021-22. The following key targets have been met:

- a financial break even position, with a surplus against RRL of £67,272 (0.06%) against a target of 0.25%;
- an outturn of 100% 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%;
- an overall satisfactory level of assurance of internal control has been identified by the Head of Internal Audit;
- an absence rate of staff of 1.16% against a target of 1.21%;
- 96% of referrals to the Professional Support Team were responded to within two weeks against a target of 90%; and
- 96% 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 (ALB) sponsored by the DoH to train postgraduate medical and dental professionals for Northern Ireland (NI). 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 the 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 these 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 is also responsible to the General Dental Council (GDC) for the Standards for Specialty Education.

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 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.

On request from DoH, NIMDTA provides operational accommodation to the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD). The arrangement is a forerunner of the DoH's strategic desire to provide further multi-professional postgraduate education. We continue to work with DoH and NICPLD colleagues to deliver this strategy.

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 ensuring that the postgraduate training of doctors and dentists is consistent with the delivery of safe care and that all training provided meets the standards set by the GMC and GDC.

In line with all United Kingdom (UK) Deaneries (or equivalent), NIMDTA is required to demonstrate compliance with GMC and GDC standards and to ensure that its quality processes support the development and improvement of postgraduate medical and dental 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 regulators set out. To achieve this NIMDTA works in close partnership with the 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 LEPs meet the standards and requirements set by the GMC and GDC. This is done through a system of

robust monitoring and inspection visits of LEPs (HSC Trusts, GP and Dental Training Practices). The reports arising from these visits are considered by the Quality Management Group (QMG) which meets twice monthly and reports to the Board through the Postgraduate Medical Dean and Senior Management Committee (SMC) members. This work stream feeds into business planning and risk management processes.

The Postgraduate Medical Dean continued to meet regularly with Medical Directors throughout 2021-22 to share information and discuss progress in resolving educational concerns. In addition, engagement meetings between NIMDTA and LEPs took place to review and monitor progress in resolving Open Items on LEP Quality Reports, National Training Survey (NTS) Results and other educational concerns.

During 2021-22, the Associate Deans for Visits and Curriculum Review carried out a total of 26 Educational Monitoring Activities (Deanery Visits and Specialty Reviews) to Urology (1), Cardiology (1), Trauma & Orthopaedics (4), Hospital Dentistry (2), Emergency Medicine (4), Clinical and Medical Oncology (1), Anaesthetics (5), Cardiothoracic Surgery (1), Ears, Nose, Throat (ENT) (1), Gastroenterology (1), General Surgery (1), Nephrology (1), Dermatology (1), Rheumatology (1) and Vascular Surgery (1).

There were 45 visits made to general medical practices. This included 13 accreditation visits to new practices and 32 reaccreditation visits to established training practices.

The process for carrying out Deanery Visits and Specialty Reviews (Educational Monitoring Activities) is currently being reviewed to streamline the steps and role required of NIMDTA and LEPs. This review is taking place in conjunction with the Placement Quality work stream to identify good practice and encourage a collaborative approach, enabling NIMDTA and the LEPs to work together to further improve postgraduate education and training.

NIMDTA remains alert to all risks that could impact on the delivery of patient care and has in place an Escalation Policy for the reporting of significant areas of clinical or educational concern to DoH, the Strategic Planning and Performance Group (SPPG) (aspects of this work were previously considered by the Health & Social Care Board), the Public Health Agency (PHA), Regulation and Quality Improvement Authority (RQIA), the GMC and GDC. NIMDTA also meets regularly with the SPPG, 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, the Cardiothoracic Surgery unit in Belfast Health and Social Care Trust (BHST) 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'.

In November 2021, an Enhanced Monitoring Deanery Visit with representation on the visit team from the GMC, the Royal College of Surgeons Specialty Advisor Committee, NIMDTA

Hospital Specialty and Foundation Programme Training Departments which included Lay Representation took place. The visit team concluded that there has been progress reported by the trainees who had worked in this unit prior to the start of the Enhanced Monitoring process. However, the visit team identified that further work is required to address the culture so that it is supportive of education and training for all grades of trainees working in this unit. The Final Report has been shared with the GMC and the Trust had prepared an Action Plan to identified issues across the domains of: Areas for Improvement; Areas of Concern; and Areas of Significant Concern. To review progress in delivering the Action Plan, NIMDTA will carry out a follow up visit in June 2022 with GMC representation on the visit team. A multi-agency Risk Summit took place on 28th January 2022 with representation from the GMC and NIMDTA included.

In 2021-22 Educational Supervisor recruitment to Dental Foundation Training Programmes afforded a one year extension to the practice approval certificate for returning practices where no issues had been identified in the preceding year. This removed the requirement for an additional assessment team visit. This was a COVID-19 mitigation and practice assessments were only carried out for new training practices.

This year four General Dental practices had practice assessments carried out by NIMDTA. Of the four assessed, one practice continued and was allocated a Foundation Dentist, two of the practices withdrew prior to allocations and one did not have a Foundation Dentist placed. In total there were 27 training practices within 2021-22, due to two practices having two Foundation Dentists.

The Annual Engagement Meeting between NIMDTA and the GMC Quality Assurance (QA) Team for Monitoring & Improvement took place on Friday 17th September 2021. The meeting focused on NIMDTA's Quality Management Activities, overview of the Quality Reporting System and the new Quality Assurance process.



The 2021 GMC National Training Survey ran from 20 April 2021 until 25 May 2021. The response rate from NI trainees was 86.52% (3rd highest in the UK) and the response rate from trainers was 42.69% (5th highest in the UK). Results were published against the following 19 indicators: Adequate Experience, Clinical Supervision, Clinical Supervision Out of Hours, Educational Supervision, Feedback, Handover, Induction, Local Teaching, Overall Satisfaction, Regional Teaching, Study Leave, Supportive Environment, Workload, Reporting Systems, Teamwork, Curriculum Coverage, Educational Governance, Rota Design and Facilities.

The survey highlighted:

- All NIMDTA Training Programmes **ranked 1st** across the 4 nations in 15 of the 19 indicators;
- NIMDTA's Foundation Training Programmes **ranked 1st** across the 4 nations in 9 of the 17 indicators specific to foundation training;
- NIMDTA's Core Training Programmes **ranked 1st** across the 4 nations in 14 of the 19 indicators; and
- NIMDTA's Specialty Training Programmes **ranked 1st** across the 4 nations in 13 of the 19 indicators.

Joint NIMDTA and LEP Annual Reviews took place throughout 2021-22 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 and GDC are met.

Annual School Reviews took place throughout November 2021 via Zoom, and 42 Training Programme Directors (TPD) from subspecialties in Medicine, Surgery and Psychiatry completed Annual Quality Report templates.

Quality Assurance

A key change in the GMC Quality Assurance (QA) process is the introduction of an Annual Self-Assessment Questionnaire (SAQ) and Declaration which is renewed every four years. The SAQ template requires extensive responses and evidence which demonstrate how NIMDTA's policies and processes enable the organisation to establish if the standards and requirements described in Promoting Excellence are being met by both the Deanery and LEPs.

A subgroup of the Quality Management Group was established, with membership of the group including the Postgraduate Medical Dean/Director of Education, Director of Professional Development, Senior Education Manager, Quality & Revalidation Manager and Quality Management Executive Officer. The Group met on a monthly basis to:

- review available evidence and data held within NIMDTA information and recording systems;
- review, edit and update all relevant policies;

- establish appropriate alignment for policies and processes for each Theme and associated headings;
- identify and resolve any evidence gaps; and
- identify areas of Notable Practice/Excellence and areas of Challenge

The first Declaration and SAQ was submitted to the GMC on 30th November 2021. The Declaration will be published on the GMC website with a re-declaration required in November 2025. The next SAQ will be submitted in November 2022.

NIMDTA received very positive feedback from the GMC following submission of the Declaration and SAQ and no areas of concern were identified. As part of the GMC QA process, a number of quality activities were identified to complete during 2022, including:

1. Document review – Foundation Year 1 (FY1) Placement Quality Work-stream: Exploring the Placement Quality Work-stream to enhance the FY1 training programme, including induction, supervision, workload, and the balance between service delivery and training.
2. Document review – NIMDTA’s response to the pandemic: The GMC will consider NIMDTA’s response to the COVID-19 pandemic, including documents/evidence relating to the Enabling Postgraduate Training Group, principles for redeployment, NIMDTA & LEP Workshop to maximise and protect training opportunities, flexible communications, a summary of online educational events, and the results of the scoping and mapping exercise regarding available simulation equipment in NI.
3. Observation – NIMDTA/Queens University Belfast (QUB) Clinical Education Day: Focusing on NIMDTA’s input and the mechanisms in place to support educators to liaise with each other.

As part of a GDC UK wide review of all Dental Specialty Training programmes the NIMDTA Dental Team have completed the GDC Quality Assurance of Specialist Training self-assessment document. This was the first time that NIMDTA has been required to undertake this process along with other UK training regions. NIMDTA is required to provide evidence on how Dental Specialty Training programmes meet the GDC Standards for Specialty Education. NIMDTA was required to self-assess dental specialty training programmes against the standards for Specialty Education and conclude whether these standards had been met. The completed document was submitted to the GDC with supporting evidence in March 2022. The final report will be made available on the GDC website.

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 NI. 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 NI.

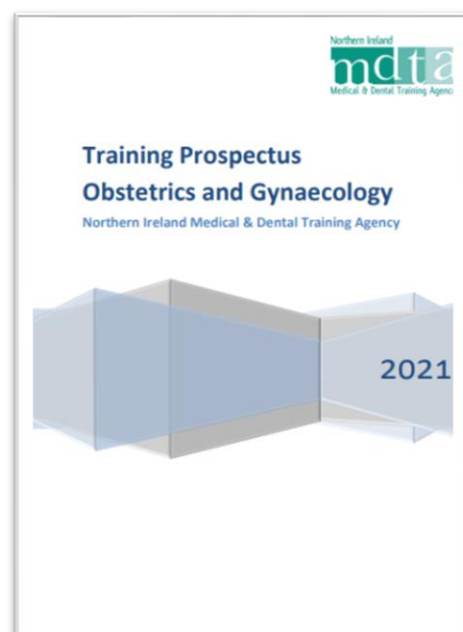
Placement Quality work was paused in March 2020 due to the pandemic. ADEPT Clinical Leadership Fellows for Placement Quality were redeployed to clinical practice and the Associate Dean supported the safe introduction of final year medical students into clinical practice in early May 2020 (the Interim Foundation Year 1). An ADEPT fellow returned on a less than full time basis (2 days per week) between August 2020 and February 2021. There was no ADEPT fellow from February 2021 to July 2021 however a new fellow was appointed on a full time basis from August 2021 to July 2022.

The focus of the Placement Quality Team in 2021-22 was to complete the work-streams that commenced in 2020-21; to undertake a Placement Quality review of years 1 and 2 of Internal Medicine Training (IMT); to collaborate with the VALUED team on a Placement Quality review of the experience of trainees new to Northern Ireland (N2N) and to work in partnership with the Visit team to pilot a new approach to Deanery Visits.

An outcome from the Placement Quality Review of Obstetrics and Gynaecology (O&G) training carried out in 2018 was the development of a Regional Prospectus for all Obstetrics and Gynaecology training sites in Northern Ireland. This was revised and updated on the NIMDTA website in July 2021.

The Placement Quality Team has carried out additional follow up to the 2018 review to ascertain the progress which has been made on the 12 key recommendations from the 2018 F1 Placement Quality Review, since the last Placement Quality review in 2020. A re-survey of all F1 training posts was conducted in December 2021; analysis and feedback on progress against the key recommendations for improvement will be published in the Spring of 2022.

The introduction of a new hybrid Deanery/Placement Quality Review process for Deanery Visits commenced in Fall 2021. This was piloted in Deanery visits to Emergency Medicine



(EM). A survey of all EM Trainees the five Trust sites was conducted between March and April 2021. Following analysis of feedback from this survey the Associate Deans for Deanery Visits and Placement Quality carried out Deanery visits to the Southern and Western Trust in June 2021, to gather further information and feedback from trainees and trainers. Two further visits took place with the South Eastern and Southern Trusts between September 2021 and October 2021. The Associate Deans discussed with the Trust Medical Directorate Teams specific issues and shared evidence of good practice, identified and collated from the visits, in the form of a summary report and action plan; this allowed for agreed local actions to be taken forward by each of the Trusts. Feedback from the initial pilot of this hybrid approach to visits is being used to further develop and improve the visit process.

In July 2021, the Placement Quality Review Team conducted a survey of Internal Medicine Trainees within the first two years of the programme. Following analysis of the survey results, meetings were held at each Trust site between September and December 2021 to share trainee feedback and Trust specific issues. This included sharing evidence of good practice identified by the survey, discussion of areas where further development should be focused and agreement of the local actions to be taken by each Trust to address areas where the need for improvement had been identified.

The Placement Quality Review Team has also been working with NIMDTA's Valued programme during 2021-22. This has involved a Placement Quality survey issued in October 2021 to all International Medical Graduates currently in training in NI, who considered themselves as being 'New to Northern Ireland' when they commenced training. The aim of this work stream is to better understand the practical difficulties trainees N2N may have when starting their training in Northern Ireland, to identify processes that work well and to highlight areas and processes which need improvement based around the key areas of highlighted by IMT trainee focus groups conducted by the Placement Quality ADEPT fellow in August 2021.

The work of the Placement Quality initiative was highlighted at a number of educational events during 2021. 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 NIMDTA for an example of good quality improvement practice entitled "A solution to improving the quality of medical training placements" relating to the Placement Quality Foundation work-stream. Further posters, highlighting the work of the Placement Quality work-stream were presented at the National Education Scotland (NES) Conference in May 2021 and the Royal College of Obstetrics and Gynaecology World Congress in June 2021.

Poster abstracts outlining the Placement Quality review of the IMT training programme and the results from the 'New to NI' Placement Quality/Valued work-stream have been submitted to both NACT and NES in March 2022. Local updates for trainers through the Lead Educators' Forum and the Trainee Ambassadors Group continue.

The work of the Placement Quality work stream has been further highlighted by a paper ['Working together – A new approach to reviewing the quality of postgraduate medical training posts in Northern Ireland'](#) outlining the background and processes of the Placement Quality work-stream, which was published in the Ulster Medical Journal in May 2021.

Revalidation

The NIMDTA Revalidation Operational Group continued to meet regularly throughout 2021-22 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 two year period, and information drawn from the LEP clinical governance systems.

During 2021-22, positive recommendations were made for 492 doctors in training (120 for GP trainees and 372 for Hospital Specialty Trainees) bringing the total of positive recommendations for doctors in training in Northern Ireland since revalidation began to 2,749. There were 294 recommendations for deferral submitted to the GMC on the basis of insufficient evidence available to enable a positive recommendation and as a consequence of the back-log of trainees due to changes to GMC processes during the COVID-19 pandemic. There were no doctors in training who required notification to the GMC of non-engagement with the revalidation process.

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

The Enabling Postgraduate Training Group (initially convened as the Trust Redeployment Group in March 2020) continued to meet regularly throughout 2021-22. The Group continues to facilitate regular engagement and networking between NIMDTA and the Trusts,

and encourages a culture of working together to share good practice in planning, developing and delivering education and training at local and regional level for trainees and trainers.

Regular meetings continued to take place throughout 2021-22 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.

The Regional Human Resources (HR) Cell Group which was established at the beginning of the pandemic continued to meet throughout 2021-22. NIMDTA was represented on this group by the Senior Education Manager, and other representation included delegates from Trusts, the HSC Business Services Organisation (BSO), PHA, Northern Ireland Ambulance Service (NIAS) and Northern Ireland Fire and Rescue Service (NIFRS). Information shared through this forum continues to be incorporated into NIMDTA Trainee Updates.

The NIMDTA Learning Management System (LMS) continues to be embedded into delivery of education and training sessions across all teams.

NIMDTA is represented on a Project Board to implement a Regional LMS 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, Trusts and where appropriate other Host Organisations.

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 medical and Dental 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. As a result of the ongoing COVID-19 pandemic the recruitment process has been altered to include virtual interviews.

In August 2021, the Medical Foundation Programme achieved a fill rate of 98% with an additional two F1's allocated from national oversubscription.

Within Dentistry, all 29 available foundation training posts were successfully recruited to and commenced in September 2021. In addition there were two 2019-20 Foundation Dentists with three month extensions to training.

Twenty one dentists were appointed to Dental Core Training commencing in September 2021. Three Trainees subsequently resigned from post before the start of the training year and therefore 18 dentists commenced training in September. One Dental Core Trainee subsequently resigned from post during the training year.

In 2015-16 the Minister for Health announced an increase of 20 posts in 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 co-operation with HSC Trusts and GP practices. In 2021-22, 110 trainees were appointed to the GP Specialty Training programme in Round 1 of the National Recruitment Process.

In March 2022 the Minister for Health announced further increase to 121 GP training places for 2022-23.

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.

Educational events, such as the Generic Skills programmes have continued to be delivered in a virtual format following a period of re-design which also required introduction of new technology for its support. Formal education sessions and examination preparation courses in specialty programmes have 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 2021-22, four NIMDTA trainees continued to progress in the prestigious Wellcome-sponsored Irish Clinical Academic Training (ICAT) programme.

During 2021-22, there were nine appointments to the Clinical Academic Training Programme (CATP) at Foundation level and six appointments at Specialty level (including Dental) and three new GPARTS appointments.



The GP trainees based in general practice have a weekly educational programme delivered either in small groups facilitated by an Educational Supervisor, or locally and regionally by a Programme Director. Whilst GP trainees are in secondary care posts, there is a similar monthly programme based in primary care. These continue to be delivered virtually for the most part. More face to face educational sessions are anticipated in 2022-23.

There were 437 courses delivered to GP Trainees in 2021-2022, including 35 regional courses, 397 locality days and QI mentoring sessions. A new programme for international medical graduates was delivered to support their transition to Northern Ireland and the National Health Service (NHS).

In 2021-22 there were three GP trainees appointed to the GPARTs academic programme. There are now ten GPART trainees in total in the training scheme. GP trainees are encouraged to pursue special interests and develop skills by utilising their study leave budget.

The annual NIMDTA, QUB and Ulster Medical Society (UMS) Research Day for Trainees took place in November 2021 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 sixth cohort of ADEPT Clinical Leadership Fellows commenced in August 2021 with participants presenting their projects at the virtual Annual Educational Excellence Event in June 2022. Recruitment to the seventh cohort, due to commence in August 2022 took place in March 2022.

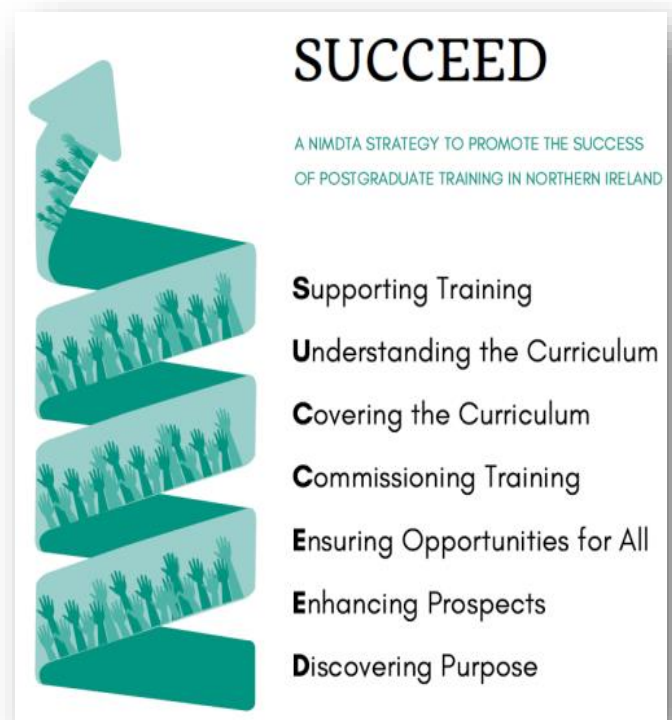


The Northern, Southern and Western HSC Trusts hosted trainees as part of The Royal College of Physicians' Chief Registrar Scheme from August 2021. This is a healthcare leadership and management development opportunity and appointees contribute to quality improvement, education, local service re-design and workforce transformation activity.

NIMDTA's Clinical Leadership and Improvement Programme (ENGAGE) for final year trainees in GP and Hospital Specialty training continued to be delivered during 2021-22. The programme was delivered in collaboration with the HSC Leadership Centre (HSLC) with 34 trainees completing the programme as part of the 2020-21 cohort, 28 of whom participated in the final Showcase event in June 2021. The 2021-22 programme commenced in August 2021 and has been delivered online with 43 trainees enrolled.

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 2021 NIMDTA Educational Excellence Day did not take place due to the pandemic. The SUCCEED Postgraduate Education Fellowship commenced in August 2019 as a pilot. In 2021 NIMDTA expanded this to include a trainee from the School of Surgery. The objectives of the Succeed Fellowship are to implement educational strategies 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 a one year period and during this period one day per week will be allocated to undertake the duties of the Succeed Fellowship. During the training year commencing August 2021 there were 25 Higher Specialty trainees appointed into SUCCEED Fellowships.

Progression of Trainees

NIMDTA rigorously assesses the performance of trainees through annual review and appraisal (ARCP). For the 2021-22 academic year, a total of 1,636 trainees were assessed using the ARCP processes; 1,144 were specialty trainees and 492 were Foundation trainees. In Foundation Training, 247 Foundation Year 2 (FY2) trainees completed their training, five received an unsatisfactory outcome for varying reasons, 245 FY1 trainees achieved satisfactory progress to enter FY2 and five received an unsatisfactory outcome for varying reasons.

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 2021-22.

In Hospital Specialty Training 757 trainees achieved an Outcome 1 (Satisfactory progress), 199 trainees successfully completed their programme and received an Outcome 6, 40 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), 6 trainees received an Outcome 4 (Released from Training Programme – with or without specified competences) and 38 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 57 trainees received an Outcome 10.1 and 10 trainees received an Outcome 10.2. There were no requests for ARCP appeals in Hospital Specialty Training.

In General Practice, there are 383 trainees (358 Whole Time Equivalent (WTE)) in the GP training programme, 117 in Specialty Training Year 1 (ST1), 129 in Specialty Training Year 2 (ST2), and 137 Specialty Training Year 3 (ST3). Currently 98 trainees work less than full-time

and approximately 49% of all trainees are classed as out of sync within the standard training year cycle.

In 2021-22, 74 GP trainees completed their training. ARCP figures showed that 212 trainees achieved satisfactory progress and 23 had unsatisfactory outcomes. It is anticipated that 63 trainees will gain their Certificate of Completion of Training (CCT) by August 2022. Eight trainees had an Outcome 10, which relates to disruption to training due to the pandemic.

In Dentistry, 26 out of 28 Foundation Dentists achieved satisfactory completion in August 2021. The remaining two Foundation Dentists successfully completed in November 2021.

In Dental Core Training, 21 trainees had a successful ARCP outcome, while one trainee resigned mid-year. One trainee returned to training following a period of leave.

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. One specialty trainee was awarded a certificate of Specialty training this year, four dental specialty trainees achieved satisfactory outcome at ARCP. A standard COVID-19 outcome was received by one specialty trainee and the remaining specialty trainee did not receive an ARCP reflecting statutory leave.

Professional Support

The Professional Support Unit (PSU) aims to provide a rapid and responsive confidential support service for Doctors and Dentists in training within Northern Ireland to include one-to-one support, Careers Counselling, Educational Assessments and Mentoring and Coaching. During this period PSU went through a number of leadership changes, Dr Camille Harron Associate Dean left PSU on 1 April 2021 to take up the newly created role as NIMDTA's Medical Director. The Senior Professional Support Manager led PSU from 1 April 2021 to 1 August 2021 until Dr Mary Murnaghan was promoted to the position of Associate Dean for Professional Support and Well-Being. Dr Julie Anderson was appointed as Professional Support Lead for Mentoring on 1 February 2022. NIMDTA is indebted to the significant contribution made by Dr Harron in establishing the PSU service for trainees and to Ms Campbell for the excellent leadership provided during this time of transition.

The pandemic has had a significant impact on all those involved in delivering health care and has impacted greatly on Doctors and Dentists training within Northern Ireland. The number of new referrals received has increased by 28% to 215 in 2021-22 from 154 in 2020-21. This increase is likely to continue to increase as the effects of the pandemic cascade. Through training provided by PSU, NIMDTA educators are encouraging trainees to access PSU for

support. Trainees may also self-refer. PSU is keen to develop a well-being service to support trainee welfare and wellness throughout training so all trainees feel supported and connected to the service. The enhancements to the NIMDTA website have been essential to this future development. The KPI for the PSU service is to have 90% of referrals responded to within two weeks. In Quarter 1 this was achieved by 98%, in Quarters 2 and 3 by 100% and in Quarter 4 by 96%. This is a very significant achievement considering the increased number of referrals and changes in staffing within the unit.

There were 215 new PSU referrals received in 2021-22. In analysing the referrals by source, 30% were Self Referrals, 45% were referred by a Lead Educator, 17% by an Educational Supervisor and 8% by a Senior Educator. Of the issues presenting, 38% related to Health, 21% related to Performance and 14% related to trainee environment. The largest specialties accessing PSU were Foundation (21%), GP (17%), IMT (11%) and Core Surgical Training (7%). The largest number of referrals by base was Belfast Trust 41%, with 11-12% equally being referred by the Northern, Southern, South Eastern and Western Trusts.

During 2021-22 there were 264 support meetings with trainees. The majority of these meetings took place virtually with a small number of meetings taking place face-to-face. Prior to the pandemic the majority of trainee meetings would have been taken place face to face.

From the One-to-One support meetings: 99 trainees were referred to Counselling, 58 for further pastoral support, 46 Occupational Health appointments were made, 23 trainees were referred for an Educational Assessment, 17 trainees were referred for Coaching, 21 trainees were referred for Mentoring, 11 trainees were referred for Dyslexia Coaching and 7 trainees received Careers support.

The four PSU Case Managers track the progress of their cases at a monthly triage meeting. Trainees who require ongoing support are referred to the Trainee Review Group (TRG). TRG is represented by the Head of each of the Training Departments. TRG meets bi-monthly to review the trainees requiring on-going support and new trainees who have been triaged. During 2021-22, 192 trainees were being actively managed by the TRG.

PSU relies on the intervention and recommendations from the HSC Occupational Health service. There are five Occupational Health providers across the five Trusts and PSU have regular meetings with representatives from these providers to improve the information flow between Occupational Health and PSU and to agree service enhancements.

The increasing complexity in managing PSU cases and the growing number of PSU referrals has necessitated a review of the PSU data management system. This work has been undertaken by the Professional Support Manager. PSU is exploring options for the data management of cases going forward to see if an IT solution can be procured to support the PSU system.

Mentoring is a developmental process which may involve a transfer of skill or knowledge from a more experienced to a less experienced person through learning dialogue and role modelling, and may also be a learning partnership between peers. The Associate Dean for Professional Support and Well-Being has made significant progress in expanding NIMDTA Mentoring Schemes. Previously, mentoring was only available to Foundation Doctors, trainees new to Northern Ireland and trainees who had attended for one-to-one support. Mentoring schemes are now available in ENT, Medicine, Dentistry, O&G, Psychiatry, Paediatrics, Broad Based Training (BBT) and EM. The Mentor-Net system is now fully functioning to support the mentoring schemes and 142 Mentors are registered within the system.



The Associate Dean for Professional Support and Well-Being and the Professional Support Lead for Mentoring are providing Mentoring Training to new mentors and mentees and also skills training for Mentors.

There is a Mentoring Lead within each of the Mentoring schemes and feedback is being obtained from the Mentoring Leads on challenges and feedback on progress within their scheme. This will assist with the future development of the schemes.

Coaching is a process which involves engaging clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. PSU launched the NIMDTA Coaching Scheme through the Mentor-Net system on 1 January 2022. PSU has four active Coaches available to support trainees and there are six active coachees. Supervision training for the Coaches is provided by the HSCLC. It is hoped to expand the availability of Coaching support for trainees during 2022-23. The Professional Support Lead for Coaching provided a workshop on Coaching Skills for Educators at the PSU Faculty Day on 22 April 2022.

The PSU, Joint Faculty Development Study Day with QUB which was entitled “Supporting Diversity and explored issues such as the Impact of Culture on Teaching and Learning, Resilience and Leadership, Cultural Safety, Supporting Neuro-Diversity and Facilitating and Maximising your Overall Wellness”, was held on 22 April 2021. The event was held virtually and received very positive feedback.

PSU also provided Trainee Support workshops, Mentoring Workshops and Equality, Diversity and Inclusion training for Educators throughout 2021-22.

The Associate Dean for Professional Support and Well-Being and the Senior Professional Support Manager attend the bi-monthly National Professional Support and Well-Being meetings. Issues being explored nationally include providing assessment and support for Neuro-diverse trainees, reviewing systems and support for sudden death of trainees and well-being support for trainees post pandemic.

PSU also attend the National Careers Group meetings and the Associate Dean for Professional Support and Well-Being and the Senior Professional Support Manager provided workshops at the National Careers Conference in June 2021.

The Associate Dean for Professional Support and Well-Being co-chairs the CoPMED subcommittee which is developing resources for the support of trainers, trainees and deanery staff following the death of a doctor or dentist in training.

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 2021. This event was facilitated by the Trainee Forum, Educators and Education Management team in conjunction with PSU, the British Medical Association (BMA) and the GMC. Separate virtual events were also held in August 2021 and February 2022 by a NIMDTA Trainee Ambassador, aimed specifically at supporting International Medical and Dental Graduates new to this region.

NIMDTA recruited 30 new Trainee Ambassadors in 2021-22. A welcome event for newly appointed Ambassadors took place in March 2022. This role provides an opportunity for trainees to develop leadership skills, strengthen the relationship between NIMDTA and NI trainees and provides a mechanism for positive change in 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 2021-22, regular trainee updates were issued to trainees.

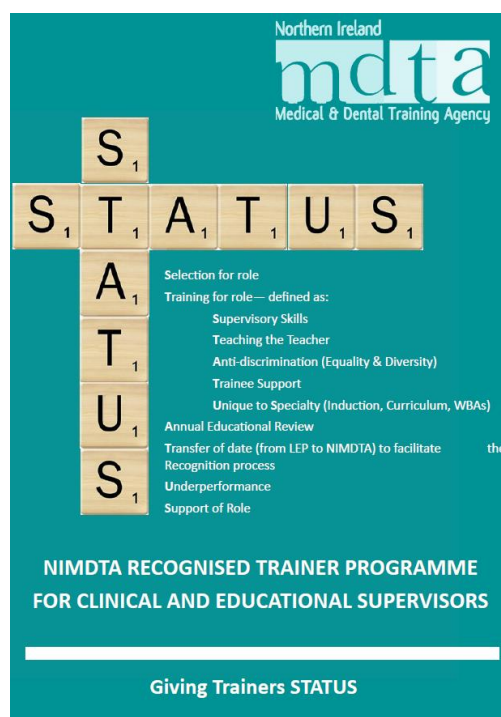
Educational Faculty and Faculty Development

NIMDTA continued to be active in developing its Faculty of Educators during 2021-22 with a range of workshops (ARCP, Leadership Skills and Chairing Skills), and the flagship Clinical Education Day (in collaboration with QUB) in September 2021. At the Clinical Education Day, there were invited contributions from Oxford University, University of Liverpool, University of North Carolina, Ulster University, QUB, the GMC Director of Education and Standards, and Senior Educators from NIMDTA.

NIMDTA has continued to support the NI Recognised Trainers Programme (STATUS) during 2021-22. At the end of March 2022, 989 out of a total of 1028 trainers were fully recognised (96%) and 91 out of a total of 109 (83%) had met the requirements due from August 2021 to December 2021 to maintain recognition status. Five Hundred and thirty six trainers out of a total of 870 (62%) have already completed maintaining recognition requirements between January and December 2022.

A full timetable of Achieving and Maintaining Recognition Courses has been delivered throughout the 2021-22 academic year. Following the impact of the COVID-19 pandemic, courses have been fully re-designed for online delivery to enable Trainers to access training remotely. Online courses continued to be delivered on a weekly or bi-weekly basis including Advanced PowerPoint Presentation Skills, Conflict Resolution, Preventing Undermining and Unconscious Bias, Emotional Intelligence for Educators, and Preparing Trainees for ARCP. New courses have been developed including “An Introduction to Implementing Change, Psychological Safety in Training”, “Supporting Trainees New to Northern Ireland as well as Cultural Awareness” and “Active By-standing”. Six Recognised Trainer Forums have been successfully held virtually throughout the year keeping Trainers up-to-date with local and national developments with various topics covered including Writing Supervisor Reports, Running a Successful Induction, Trainer Well-being and Time Management in Training.

The appraisal of Trainers has been supported by the use of a joint NIMDTA and QUB Annual Education Review form which has been updated to prompt reflection on a Trainer’s educational role and to discuss maintaining recognition requirements. 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.



Northern Ireland
mdta
Medical & Dental Training Agency

S₁ T₁ A₁ T₁ U₁ S₁

Selection for role
Training for role— defined as:
Supervisory Skills
Teaching the Teacher
Anti-discrimination (Equality & Diversity)
Trainee Support
Unique to Specialty (Induction, Curriculum, WBAs)
Annual Educational Review
Transfer of date (from LEP to NIMDTA) to facilitate the Recognition process
Underperformance
Support of Role

**NIMDTA RECOGNISED TRAINER PROGRAMME
FOR CLINICAL AND EDUCATIONAL SUPERVISORS**

Giving Trainers STATUS

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 for a 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

During 2021-22, NIMDTA supported 20 educators and trainers working towards university level qualifications in clinical education (8 GP; 8 Dental; and 4 Hospital Foundation/Hospital Specialty).

Continuing professional development is provided for dentists and dental care professionals throughout NI. The Continuing Education (CE) calendar delivered four face-to-face events in the educational calendar covering the months of April through to June 2021. The face-to-face events were included along with 18 online courses and their inclusion reflected the easing of COVID-19 restrictions.

The September 2021 to March 2022 CE calendar offered 12 online events and 14 face-to-face events in which 560 members of the dental community availed of these educational opportunities.

A new four day hands-on Oral Surgery course ran face-to-face during 2021-22, with ten delegates completing the programme. This practical training covered three key areas of clinical practice; basics of minor oral surgery, dento-alveolar surgery, and management of soft tissues. In parallel, a two part face-to-face oral surgery and suture removal course was delivered to dental nurses.

In 2020 NIMDTA was successful in receiving funding from DoH for ten haptic simulation units to be housed in NIMDTA. The CE team have been able to commence a programme of hands-on courses starting in September 2021 with a training event for dentists in training and expanding these to all dental practitioners. This is the only training unit of its kind in Northern Ireland. The units enable NIMDTA to deliver simulation training to dental trainees alongside Dental practitioners who choose to attend CE simulation courses.



A new course programme specifically for dental nurses was delivered online with various speakers in dental specialities. This was developed by the Dental Continuing Education Coordinator. These bi-monthly courses are designed for dental nurses to feedback and learn from one another whilst developing and creating a supportive peer review network.

NIMDTA has continued to actively highlight mental health support for the profession throughout the pandemic. Information was regularly included within the NIMDTA 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.

In General Medical Practice, a GP is accredited as a trainer following successful completion of a five day Learning & Teaching Course and submission of a portfolio. In 2021-22, 18 new trainers and 12 new practices were accredited for training.

The GP department provided four trainer education days designed to support new trainers in their first few years of training. The annual regional trainer event was held in October 2021, with Prof Richard Withnall, Chief Examiner from the Royal College of General Practice (RCGP) as guest speaker. There were also three trainer locality days and three lunchtime webinars provided throughout the year.

The GP Retention Scheme which is funded by the SPPG; 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 2021-22, there were 25 places available on the three year scheme.

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 NI. Increased participation in this scheme will lead to an increased number of GPs in the workforce. EU Exit and visa requirements mean that this scheme is now more difficult to access. The SPPG are taking steps to mitigate the effects of this new aspect of challenge.

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. NIMDTA and SPGG have developed a pathway for those ERPs who may wish to return to the Performer's list.

NIMDTA continues to co-ordinate and manage the process of GP Appraisal in NI and works in partnership with DoH and SPPG under the guidance of a Central Board of Management. The governance arrangements are underpinned by a Service Level Agreement (SLA) and Communications Protocol with the SPPG which is updated annually. A number of new Appraisers have been appointed to deliver the increasing number of GP Appraisals in NI. Due to the COVID-19 pandemic, GP appraisals in NI were suspended from mid-March 2020 until 31 December 2020. GP appraisal restarted on 1 January 2021 with GPs due to revalidate being the primary focus for appraisal. The total number of Appraisals carried out in 2021-22 was 1,633.

The pilot GP mentoring scheme that was launched in 2019-20 continued to offer mentoring support to GPs on the NI Performers' List throughout 2021-22. 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. During 2021-22, 19 GP mentees were provided with 26 Mentoring sessions.

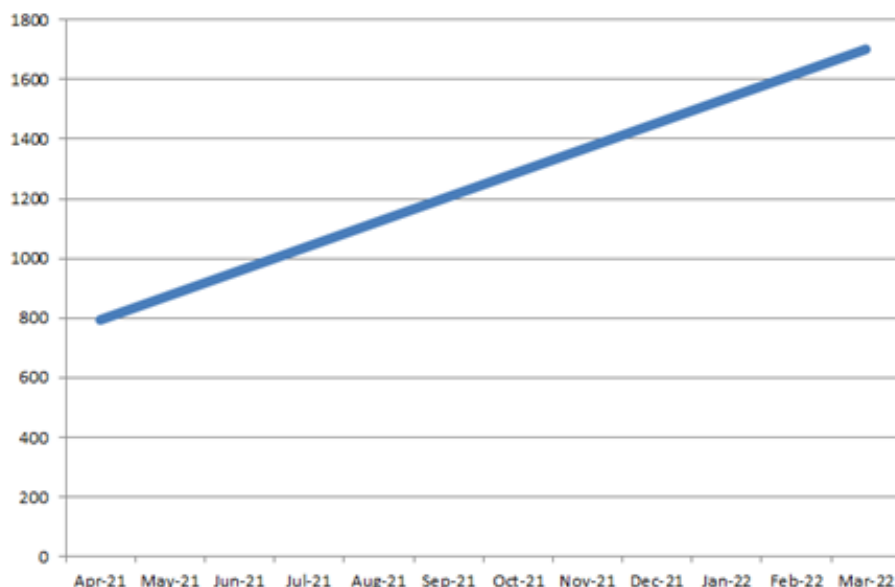
SLE for Doctors and Dentists in Training

The implementation of the SLE for Doctors and Dentists in Training continues to be one of NIMDTA's key strategic objectives, in accordance with the Department of Health's Workforce Strategy (*Health and Social Care Workforce Strategy 2026: Delivering for our People*).

NIMDTA SLE completed the phased transfer of DDiT from all Hospital Training programmes, moving them from HSC Trust employment to the employment of NIMDTA by the December 2021 deadline set by the DoH.

The SLE Staff in Post (SIP) report of April 2021 recorded the employment of 795 Doctors and Dentists in Training however by March 2022 this figure had increased to 1,701 trainees, as illustrated in Table A (overleaf) charting the progress made during the period of the report.

Table A



This figure represents 93.36% of the junior doctor workforce in Northern Ireland.

Over the course of this year, SLE’s employment of DDiT increased by 113.96%.

It must be noted that 6.64% of DDiT were unable to transfer to SLE during this period. Transfers for this group of trainees have been delayed for a number of reasons, but primarily have been for statutory purposes, for example some trainees were on maternity leave or sick leave at the date their training programmes transferred. In such cases these trainees will remain in HSC Trust employment pending their return to work, at which point they will then transfer to SLE; other trainees have not transferred because of existing contractual arrangements with their HSC employers, however, they too will transfer when their temporary contracts of employment will expire.

All of these exceptions are kept under review and it is expected that all outstanding transfers will be progressed during 2022-23.

With regard to staffing for the SLE Trainee Employment team; 2021-22 commenced with seven vacancies in the team structure, and recruitment to vacant posts continues to be a challenge.

During June and July of 2021, a number of key appointments were made with the successful recruitment of four Band 5 HR Co-Ordinators. Two of these appointments involved internal promotions, and therefore other vacancies were created within the SLE Trainee Employment team which required backfill.

In addition, the team structure includes five Band 3 HR Assistants, but only one of these positions was filled substantively during the period of this report.

The summer months are the busiest period in the SLE calendar and there was a reliance on agency staff throughout this time to ensure a successful medical rotation and onboarding of new DDiT to SLE employment.

Dr Camille Harron took up the role of Medical Director for SLE from 1 April 2021. She contributes to the SLE Implementation groups, Local Negotiating Committee (LNC) meetings and ongoing governance for the project. Dr Harron also chairs the HR Committee. The Medical Director commenced the role of Responsible Officer for NIMDTA from 1 July 2021 overseeing revalidation processes for trainees and chairing the Revalidation Operational Group. The Medical Director is responsible for liaison between Trust Medical Directors, the Education Management Team and the GMC Employment Liaison Officer with regard to management of any Fitness to Practise issues for trainees. As part of this role, the Medical Director has undertaken training with regard to resolution of performance concerns.

During a transition period, Dr Harron continued her role as Careers Lead for NIMDTA delivering careers education to Foundation doctors and QUB students, representing the Deanery on the Medical and Dental Careers Group and contributing to the organisation and delivery of the National Careers Conference in June 2021. Dr Harron completed her Masters in Career Counselling and Development in July 2021. Dr Harron and the Associate Dean for Trainer Recognition represented NIMDTA at the National Developing Excellence in Medical Education Conference (DEMEC) Conference in Manchester 2021 through delivery of a workshop entitled Education in Adversity: Keep Connected and Carry On and by chairing live research presentations. Dr Harron also works as a Consultant Nephrologist at NHSCT.

An IT Project Manager, Mr Conor Watters, was appointed to NIMDTA with effect from 4 May 2021. Whilst Mr Watters reports via the Corporate IT Structure within NIMDTA, the first eighteen months of his role have been funded by the DoH in support of SLE to include responsibility for the identification and delivery of IT solutions to support the work of the SLE Trainee Employment team. Progress towards IT solutions has been tempered by external improvements to strategy, for example, all IT projects within the HSC must be supported and commissioned by Digital Health and Care NI (DHCNI).

The IT Project Manager has consulted with DHCNI, and having submitted a proposal for an IT solution to support SLE, particularly with regard to the development of digital onboarding and integration with the current HR, Payroll, Travel and Subsistence System (HRPTS), DHCNI confirmed it would find it difficult to commission a project specifically for SLE due to a significant amount of overlap in functionality with the regional Equip project which has been commissioned to replace the HSC's current HR and Payroll system, HRPTS.

The regional Equip Project has a 2024 delivery timeframe (subject to change) and therefore any interim system solutions have not been supported. To improve high volume processing the SLE Trainee Employment team has been working with the current system provider to develop fast entry bulk uploads. This remains a work in progress.

Maintaining High Professional Standards in the Modern Health and Personal Social Services (MHPS) describes the procedures for handling concerns about medical and dental employees, providing a clear description of the process to be followed when concerns are identified, and the separation of roles and responsibilities. The Interim Chief Legal Adviser from BSO's Directorate of Legal Services (DLS) delivered a session for Board Members and Non-Executive Directors on their responsibilities under the MHPS Framework on 14 March 2022. Arising from this, appropriate guidance (e.g. a standard operating procedure/checklist) will be drafted to support Board responsibilities going forward. Other training for MHPS Case Investigators and Case Managers has been arranged via the Regional MHPS HR Forum, to be delivered by NHS Resolutions Practitioner Performance Advice Service (formerly NCAS).

With the successful transfer of DDiT from all hospital-based training programmes to the employment of NIMDTA in accordance with the DoH's December 2021 deadline it was announced at the January 2022 meeting of the SLE Steering Group that the governance of the SLE Project would be handed over from the DoH to NIMDTA from 31 March 2021. As a result of this handover, SLE will fall under the normal governance and accountability arrangements that NIMDTA has with DoH Sponsor Branch.

In addition, it was confirmed that as part of the business case, DoH is required by the Department of Finance (DoF) to conduct a benefits-realisation evaluation, and an evaluation of the project itself. This DoH review of SLE will be completed one year after the project is closed allowing for the completion of a period of transition and the embedding of SLE, including the continued attempts to recruit to all SLE Trainee Employment team positions and staff training.

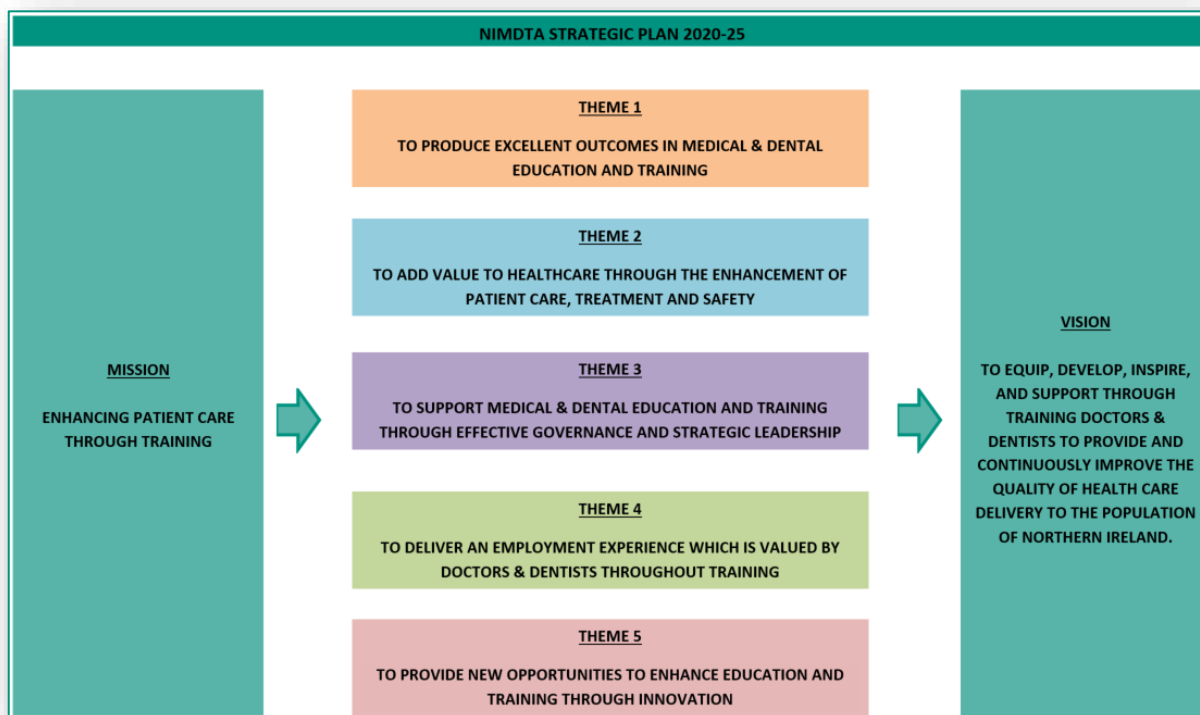
It was noted at the SLE Steering Group in January 2022 that the achievements made by NIMDTA SLE during 2021-22 have been significant, with an acknowledgment that the implementation of SLE for Doctors and Dentists in Training has been the first fully completed project of the DoH's Workforce Strategy.

Engagement with key stakeholders continues in order to ensure the provision of an excellent employment experience for DDiT, as the future of our Medical and Dental Workforce.

Performance Report

2. Performance Analysis

Our Strategic Plan is based around the following themes:



The NIMDTA Business Plan 2021-22 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 2021-22 in order to commence the process of reviewing and revising 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 2021-22 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 2022-23, 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:

CORPORATE SCORECARD 2021-22		
KPIs		Status
1	90% of referrals to the Professional Support Team will be responded to within two weeks	ACHIEVED [96%]
2	90% of hospital based trainers are recognised trainers	ACHIEVED [96%]
3	Staff absence rate will be less than 1.21%	ACHIEVED {1.16%}
4	30 day (95%) prompt payment targets will be met	ACHIEVED [99.62%]
5	10 day (75%) prompt payment targets will be met	ACHIEVED [97.28%]
6	Learning and Development Agreements are circulated to local education providers by April	ACHIEVED [100%]
7	80% of postings will be disseminated to LEPs 8 weeks before the post start date	ACHIEVED [100%]
8	10% of ARCP outcomes will be subjected to external review	N/A* [%]
9	Annual appraisal is offered to 100% of GPs on the performers' list	ACHIEVED [100%]
10	90% core subjects are covered within Dental CE courses	ACHIEVED [100%]
11	Breakeven as defined by DoH will be achieved	ACHIEVED [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 2021-22, NIMDTA achieved a financial break even position, with a surplus against RRL of £67,272 (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:

	2022		2021	
	Number	Value £	Number	Value £
Total bills paid	9,519	37,475,738	6,502	18,599,668
Total bills paid within 30 day target	9,483	37,407,533	6,436	18,387,493
% of bills paid within 30 day target	100%	100%	99%	99%
Total bills paid within 10 day target	9,260	36,343,657	6,297	17,386,122
% of bills paid within 10 day target	97%	97%	97%	93%

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.

The Late Payment of Commercial Debits Regulations 2002

	2022 Value £
Amount of Compensation paid for payment(s) being late	-
Amount of interest paid for payment(s) being late	-
Total	-

Human Resources

NIMDTA employs Medical and Dental Consultants, GP and Dental Educators, Agenda for Change (AFC) staff and Board Members, Lay Representatives as well as DDiT.

Recruitment is a significant activity for NIMDTA and during this period there were 57 recruitment episodes. On 1 November 2021 NIMDTA moved AFC recruitment to the BSO Regional Shared Service Centre (RSSC) but it retains an internal HR quality assurance process for this recruitment. This transition was effectively managed with the support of the Head of RSSC.

During 2021-22, NIMDTA appointed one Senior Manager, two Directors and one Deputy Director. There were also 29 AFC appointments, 18 Training Programme Directors, one Head of School, three Deputy Heads of Specialty Schools, two GP Programme Directors, four GP Appraisers, two GP Lead Appraisers and five Foundation Programme Directors.

Development, Engagement and Well-being

The Development, Engagement and Well-Being Committee chaired by the Senior Professional Support Manager meets bi-annually to plan Development, Engagement and Well-Being activities for NIMDTA staff. As an organisation that is continually expanding, it is important to upskill staff for future management roles and to re-train staff for potential progression opportunities. NIMDTA launched a new First line Manager programme which was facilitated by the HSCLC. Eighteen staff attended this programme which received excellent feedback. Sixteen staff attended the Administrative Development programme for newly appointed staff that was also facilitated by the HSC Leadership Centre.

NIMDTA also provided Interview skills and appraisal training for staff and the Business Manager delivered Excel training tailored to the business needs of NIMDTA.

Staff engagement is a priority to ensure effective communication as NIMDTA continues to work in a hybrid way with one day in the office and four days remotely. There were four virtual Staff Engagement events during 2021-22. On 30 June 2021, the staff engagement event recognised the contribution made by NIMDTA Team Managers during 2020-21. At the event on 30 September 2021 the Associate Dean for Professional Support and Well-Being provided a session for staff on Positive Psychology. On 22 December 2021 a review of the successes by NIMDTA over the previous year and new appointments was provided. On 25 March 2022 an update on the NIMDTA Strategic context of change was provided by the Chief Executive. Also at this event, a special recognition was made to Caroline Diver, PA to the GP Director who retired on 31 March 2022 after providing 30 years' service to NIMDTA, within the GP Department.

Engagement with Team Managers has been facilitated through two sub-committees: the Team Managers meeting which is chaired by the Quality Manager and the Training Managers meeting, chaired by the Senior Education Manager. The Business Support Committee chaired by the Senior Business Manager is responsible for business controls within the organisation. A newly established HR Committee chaired by the Medical Director is responsible for HR controls in the organisation.

New staff inductions were led by the Chief Executive and Senior Professional Support Manager being held on Zoom. The Communications and Training Manager produced a new staff handbook which was provided to staff from 1 April 2021. There has also been a re-launch of the well-being hour for staff and re-introduction of flexi-time system from 1 April 2021 and a departmental step challenge initiative. NIMDTA staff also had access to BSO Well Being online events.

Employee Assistance Programme

NIMDTA staff have access to an Employee Assistance Programme through Inspire. This workforce health intervention provides independent confidential counselling Service, mediation and conflict coaching, therapeutic support and wellbeing/absence management support and coaching.

Sponsor Organisation

NIMDTA is a sponsor organisation in partnership with UK Border Agency (UKBA) and supports junior doctors and dentists via a visa to undertake postgraduate medical and dental education. During 2021-22 NIMDTA supported 169 doctors and dentists. The largest programmes welcoming international medical graduates were GP, IMT, Foundation, Core Surgery and O&G. The trainees came from countries all over the world but the largest number came from Nigeria, Malaysia, Pakistan, India and Sudan.

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 21.4 % of gross pay under the Universities Superannuation Scheme and 22.5% of gross pay under the HSC Superannuation Scheme.

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

Corporate Governance

A full overview of the governance framework in operation within NIMDTA is provided in the Governance Statement (page 51 onwards).

NIMDTA published its Annual Quality Report 2020-21 in September 2021. This report is available online at the following link:

<http://www.nimdta.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 2021-22, 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 resources 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 will continue. Review of the structure and the technology associated technology resourcing will continue in 2022-23 and associated funding sought from DoH;
- 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 2022-23 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;

- NIMDTA continue to review the impact and challenges in post COVID-19 service delivery, further analysis of the financial impact will continue in 2022-23; 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 2022 was £22,000.

Future Performance and Plans

It has been noted within my introduction the context of transition and change within which we have operated throughout 2021-22. 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 2022 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 Mr Mark McCarey in black ink.

Mr Mark McCarey
Chief Executive

Date: 30 June 2022

Accountability Report

1. Corporate Governance Report

The purpose of the following report is to provide oversight on how NIMDTA met accountability requirements in 2021-22. 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.



Back Row (left to right): Mr Hall Graham, Ms Geraldine Campbell and Mr Garry McKenna
Front Row (left to right): Mr Brendan Garland, Mr Derek Wilson (Chair) and Dr Janet Little OBE

The names, roles and external interests of Board Members are listed in the table overleaf:

Name	Role	External Interests
Ms Geraldine Campbell	Non-Executive Lay Member [from 01 September 2021]	Non-Lay Member, The Pharmaceutical Society of Ireland Preliminary Proceedings Committee member, The Nursing and Midwifery Board of Ireland
Mr Brendan Garland	Non-Executive Finance Member [from 01 September 2021]	Trackars LTD (Non-equity Contract until 27 October 2021) Non-Lay Member, Pharmaceutical Society of Ireland
Mr Hall Graham	Non-Executive Dental Member [from 01 October 2021]	
Mr Alistair Joynes	Non-Executive Chair [until 19 June 2021]	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)
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
Dr Derek Maguire OBE	Non-Executive Dental Member [until 17 October 2021]	DJ Maguire & Associates Ltd, Dental Practice (Partner with wife), HSCB (Dental Advisor)
Mr Deane Morrice MBE	Non-Executive Lay Member [until 30 June 2021]	
Mr Derek Wilson	Non-Executive Chair [from 01 October 2021]	Non-Executive Director, Northern Ireland Housing Executive Commissioner for the Parades Commission Governor with South Eastern Regional College Board Member with the Co-Ownership Housing Association Statutory Committee Member for the Pharmaceutical Society of Northern Ireland
Mr Lee Wilson	Non-Executive Lay Member [until 12 June 2021]	Non-Executive Member, NI Social Care Council Non-Executive Member, NI 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 2021-22, the membership of the Senior Management Committee was as follows:

Name	Role
Mr Mark McCarey	Chief Executive [from 1 April 2021]/Senior Governance, IT and Facilities Manager
Dr Ian Steele	Director of Education/Postgraduate Medical Dean
Dr Anita Smyth	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 three data related incidents recorded during 2021-22. These incidents were reviewed by NIMDTA and BSO Corporate Services Data Protection Officer (DPO). All were judged to be internal, with no external impact and therefore were not deemed to be reportable to the Information Commissioner's Office.

On 3 December 2021, a data breach occurred within the Payroll Service Centre of the BSO. NIMDTA have been advised that aspects of our data held by this service had been disclosed within this breach. The BSO Data Protection Officer notified the Information Commissioner. We will work with colleagues at the BSO as they investigate this matter, and ensure that any advice provided by the Commissioner is implemented by the BSO.

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 2022-23 in order to plan for future milestones associated with this withdrawal, to include applying any subsequent changes in legislation, or divergence in regulations and standards.
- On 5 May 2022, elections were held for the Northern Ireland Assembly. A new Executive has not yet been put in place. 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 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. DoH have provided feedback to the review and at this point there is no expected impact on NIMDTA.
- 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 this medium is not yet clear. NIMDTA will continue to 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 DoH, 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 are 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 appointed Mark McCarey 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 Medical Director, 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 SPPG 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 LDA for the provision of postgraduate medical and dental training and education.

NIMDTA has regular meetings with QUB and the University of Ulster (UU) 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, HR, 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 2021-22 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 2022 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, one finance 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 were also four Board workshops.

Four non-executive appointments were made in 2021-22. Mr Derek Wilson was appointed as Chair [effective from 1 October 2021 ending 30 September 2025], Ms Geraldine Campbell was appointed as Non-Executive Lay Member [effective from 1 September 2021 ending 31 August 2025], Mr Brendan Garland was appointed as Non-Executive Finance Member [effective from 1 September 2021 ending 31 August 2025], and Mr Hall Graham as Non-Executive Dental Member [effective from 1 October 2021 ending 30 September 2025]. 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) [until 19 June 2021]	100% [1 of 1]
Mr Derek Wilson (Chair) [from 01 October 2021]	100% [3 of 3]
Ms Geraldine Campbell [from 1 September 2021]	100% [4 of 4]
Mr Brendan Garland [from 1 September 2021]	100% [4 of 4]
Mr Hall Graham [from 1 October 2021]	100% [3 of 3]
Dr Janet Little OBE	100% [7 of 7]
Mr Derek Maguire OBE [until 17 October 2021]	100% [4 of 4]
Mr Garry McKenna	100% [7 of 7]
Mr Deane Morrice MBE [until 30 June 2021]	50% [1 of 2]
Mr Lee Wilson [until 12 October 2021]	100% [4 of 4]

The Chief Medical Officer (CMO) 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 2021-22, appropriate in line with tenure held.

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 2021-22. The attendance rate was as follows:

Board Member	% Attendance
Mr Deane Morrice MBE (Chair) [until 30 June 2021]	100% [2 of 2]
Mr Brendan Garland (Chair)[from 1 September 2021]	100% [2 of 2]
Ms Geraldine Campbell [from 1 September 2021]	100% [2 of 2]
Mr Hall Graham [from 1 October 2021]	100% [2 of 2]
Dr Janet Little OBE	100% [4 of 4]
Mr Derek Maguire OBE [until 17 October 2021]	100% [3 of 3]
Mr Garry McKenna	100% [4 of 4]
Mr Lee Wilson [until 12 October 2021]	50% [1 of 2]

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 2021-22.

The attendance rate was as follows:

Board Member	% Attendance
Mr Lee Wilson (Chair) [until 12 October 2021]	50% [1 of 2]
Ms Geraldine Campbell (Chair) [from 1 September 2021]	100% [3 of 3]
Mr Alistair Joynes [until 19 June 2021]	100% [1 of 1]
Mr Brendan Garland [from 1 September 2021]	100% [3 of 3]
Mr Hall Graham [from 1 October 2021]	100% [2 of 2]
Dr Janet Little OBE	100% [4 of 4]
Mr Derek Maguire OBE [until 17 October 2021]	50% [1 of 2]
Mr Garry McKenna	100% [4 of 4]
Mr Deane Morrice MBE [until 30 June 2021]	100% [1 of 1]
Mr Derek Wilson [from 01 October 2021]	100% [2 of 2]

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 23 times during 2021-22.

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 reviewed and updated the Business Plan in 2021-22, with this being subsequently approved by the NIMDTA Board and placed in effect from 1 April 2022. 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 2022-23 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. A key work stream for the Governance and Risk Committee has been seeking to assess and rebuild NIMDTA's risk profile as our work emerges from a period of disruption and systemic change into a new strategic context. This work is being carried out by the Senior Management Team and being reviewed by the Governance and Risk Committee.

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 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.

The Assurance Framework reporting mechanism is currently being reviewed as it is impacted by the processes articulated above in relation to the changing contextual drivers for the reporting and encapsulating of risk.

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 2022, 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 2021-22 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 2021-22 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 are 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. Such learning will be discussed by the Senior Management Committee and the Board as applicable. 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 GMC and the GDC

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 Postgraduate Medical Dean 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, SPPG, PHA, RQIA, GMC and the GDC. NIMDTA also meets regularly with the SPPG, 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 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 ARCP panels, usually over a two year period, and information drawn from the LEP clinical governance systems.

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 SLA 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 three data related incidents reported during 2021-22. 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.

On 3 December 2021, a data breach occurred within the Payroll Service Centre of the BSO. NIMDTA have been advised that aspects of our data held by this service had been disclosed within this breach. The BSO Data Protection Officer notified the Information Commissioner. We will work with colleagues at the BSO as they investigate this matter, and ensure that any advice provided by the Commissioner is implemented by the BSO.

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 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.

Internal Operational Control

NIMDTA has developed an Internal Control Framework that forms part of the Assurance Framework that is reported to the Board. Assessment and monitoring of control weaknesses is carried out in line with NIMDTA's risk management procedures.

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.

8.1 Internal Audit

NIMDTA utilises 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 2021-22 Internal Audit reviewed the following systems:

Finance Audits

One finance based audit was conducted in 2020-21:

Financial Review 2021-2022

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 system of governance, risk management and control. The report contained no

Priority 1 findings and two Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

Corporate Risk Based Audits

Three corporate risk based audit were conducted in 2021-22:

Management of Single Lead Employer Processes 2021-2022

Internal Audit carried out an audit in relation to the Management of Single Lead Employer Processes. This was 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. Aspects of this audit work were focused on a progress review of the audit carried out in 2020-21. As such the recommendations listed above were first notified in the previous audit, and reviewed by the most recent field work where significant progress was noted. NIMDTA accepted all of the recommendations and developed an action plan to address the findings. In order to address recommendations actions will be taken with regard to obtaining signed staff in post reports from employing organisations, as well as a review of aspects of the Employer's Responsibility Agreement. This work will be further reviewed by Internal Audit in 2022-23.

Quality Management 2021-2022

Internal Audit carried out an audit in relation to Quality Management which was considered by the Audit Committee on 14 October 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.

IT Security (NIMDTA's Controls) and Business Continuity 2021-2022

Internal Audit carried out an audit in relation to IT Security (NIMDTA's Controls) and Business Continuity which was considered by the Audit Committee on 24 February 2021. NIMDTA received a Limited level of assurance that contained no Priority 1 findings, seven Priority 2 findings and three Priority 3 findings. In order to address recommendations actions will be taken to seek assurance that limited sessional employees have completed core training as part of their substantive role, and work will be done with BSO ITS to decommission a legacy server.

Governance Audits

One governance audits was conducted in 2021-22:

Retention of Board/Committee Minutes and Papers 2021-2022

Internal Audit carried out an audit in relation to the Retention of Board/Committee Minutes and Papers which was considered by the Audit Committee on 14 October 2021. NIMDTA received a Satisfactory level of assurance with no Priority 1 or Priority 2 findings.

Year End Follow up on Outstanding Internal Audit Recommendations

During March 2022, Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had now passed. Internal Audit reported that 86% of recommendations had been fully implemented, with the remaining 14% 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 2022, 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 2021-22. 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 2021-22. As NIMDTA is a customer of BSO Shared Services the following reports were presented to NIMDTA's Audit Committee.

Shared Service Audit	Assurance
Business Services Team	Satisfactory – Elementary PSC processes Limited – End-to-end Manual Timesheet processing, SAP/HMRC RTI Reconciliation, Overpayments & Holiday Pay
Recruitment Service Centre (RSC)	Satisfactory – RSSC Processing Activities Limited – HSC Recruitment Processes
Accounts Payable Shared Services	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 12 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 2021-22.

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. Representatives from the Northern Ireland Audit office and External Audit attend the meetings of the Audit Committee.

In the Report to Those Charged with Governance (RTTCWG) for the year ended 31 March 2022, 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.

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 2020-21:

Single Lead Employer Resourcing

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.

The full governance responsibility for SLE transferred from DoH to NIMDTA on 1 April 2022. NIMDTA will continue to assess the resourcing of this work-stream through the post project evaluation phase of this work.

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 clarified the timeframes for the transfer of this aspect of as scheduled to take place in 2025.

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 NIMDTA Board has continued to support the Senior Management Committee as plans are put in place to emerge from business continuity processes into a formal return to the workplace and a new strategic environment.

11.2 Control issues that have resolved

The following control issues were resolved in 2021-22:

Non-Executive Directors' periods of appointment

The periods of appointment of four of NIMDTA's Non-Executive Directors ended within 2021-22. NIMDTA worked with colleagues in the DoH Public Appointments Unit in order to make successful appointments to each of these posts.

Cyber security incident at Queen's University Belfast

A cyber security incident 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 proactively liaised with QUB on the impact of the cyber incident. The HSC interfaces between the HSC and QUB have been rebuilt and reinstated. QUB reported the matter to the Information Commissioner and NIMDTA has not been contacted in order to action any data losses. There was no direct financial impact on NIMDTA as a result of this incident, and following the reinstatement of services it is not considered that there will be further impact or liability.

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 processes have been reinstated with effect from 1 April 2022.

11.2 New control issues identified during the year

The following control issues have arisen during 2021-22:

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also included a Vote on Account which authorised departments' and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2022-23 financial year. The cash and resource balance to complete for the remainder of 2022-23 will be authorised by the 2022-23 Main Estimates and the associated Budget Bill based on an agreed 2022-23 Budget. In the event that this is delayed, then the powers available to the Permanent Secretary of the Department of Finance under Section 59 of the Northern Ireland Act 1998 and Section 7 of the Government Resources and Accounts Act (Northern Ireland) 2001 will be used to authorise the cash, and the use of resources during the intervening period.

Budget Forward position

Following the resignation of the First Minister and the subsequent lack of an Executive, a Budget for 2022-23 could not be finalised. The Finance Minister wrote to departments to set out a way forward in the absence of an Executive to agree a Budget. This process involved DoF issuing departments with contingency planning envelopes for the 2022-23 financial year. These envelopes provided departments with an assessment of the minimum funding they could reasonably expect for 2022-23 and allowed departments to plan for expenditure until such times as a Budget could be agreed.

NIMDTA has agreed an approach with the Minister to enable opening allocations to proceed to continue to fund activity at current levels in 2022-23 while controlling spending in line with the advice from the Finance Minister. However there remains a great deal of uncertainty on the future financial position. The Department's reliance on significant levels of non-recurrent funding in recent years means that we are expecting to face an extremely challenging financial outlook. While we are anticipating significant allocations for Health once a Budget is agreed the 2022-23 budget will continue to require careful managing in order to develop a break even position.

Non-recurrent funding

NIMDTA have requested further discussions with DoH, through sponsor branch arrangements, to discuss aspects of funding that are provided on a non-recurrent basis that relate to recurrent work.

Education Management & Training Facilities

Following the transfer of the SLE function and co-location of NICPLD, NIMDTA has experienced continued pressures around the use of its education management and training facilities. Increases to staffing levels across NIMDTA and NICPLD have impacted the training resources available in Beechill House as increased space is required for operational education management. This continues to impact return to the workplace planning for both organisations, as projections show that the current space provision is close to 150% over subscribed. An identified solution to avail of additional space has been identified and is being addressed in partnership with the DoH.

Planning for increases to Foundation Training

The Foundation Training Programme is due to expand in line with external strategic drivers such as the changes to VISA applications for international applicants and the significant increases to intake onto undergraduate programmes in the region. The current education management structure in place at the Foundation School is not adequate to meet this identified future demand. NIMDTA will require the assistance of DoH to robustly plan for this opportunity to attract and retain professionals at this formative stage of their careers.

BSO HRPTS Contract and liquidity of subcontractor

The BSO has a contractual relationship with a supplier providing the managed service for HRPTS for Health and Social Care NI. A sub-contractor of this supplier provides a service incorporating servers hosted at data centres owned by this subcontractor. The sub-contractor went into administration in late March 2022. BSO were advised of the position by the supplier in early April 2022 and have been advised that the sub-contractor will continue to trade and operate their business as normal while their Administrators are exploring options for the company's future, including re-negotiating contractual terms with its existing customers. BSO has invoked its business and technical contingency plans and set up Bronze Command. BSO has met with the Minister, Permanent Secretary, Trade Unions and all stakeholders has been informed of the situation and the contingency plans to address this issue.

Closure of the Health & Social Care Board

NIMDTA will continue to work with HSC colleagues to recalibrate HSCB interfaces within newly established governance arrangements. Aspects of the HSCB's work has been transferred to DoH and the newly formed SPPG.

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 2021-22.



Mr Mark McCarey
Chief Executive

Date: 30 June 2022

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 [until 19 June 2021]
Mr Derek Wilson	Non-Executive Member, Chair [from 01 October 2021]
Ms Geraldine Campbell	Non-Executive Lay Member [from 1 September 2021]
Brendan Garland	Non-Executive Finance Member [from 1 September 2021]
Mr Hall Graham	Non-Executive Dental Member [from 1 October 2021]
Dr Janet Little OBE	Non-Executive Medical Member
Dr Derek Maguire OBE	Non-Executive Dental Member [until 17 October 2021]
Mr Garry McKenna	Non-Executive Lay Member
Mr Deane Morrice MBE	Non-Executive Lay Member [until 30 June 2021]
Mr Lee Wilson	Non-Executive Lay Member [until 12 October 2021]

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 the Chief Executive 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 Senior Executive 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

Mr M McCarey was appointed as Chief Executive on 1 April 2021, acting in post from 1 October 2020;

Dr I Steele was appointed as Director Education/Postgraduate Medical Dean on 4 January 2021, acting in post from 1 October 2020;

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; 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 ended on 19 June 2021);

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

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

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

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

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);

Mr D Wilson was appointed (as Chair) on 1 October 2021 and ends on 30 September 2025;

Ms G Campbell was appointed on 1 September 2021 ends on 31 August 2025;

Mr B Garland was appointed on 1 September 2021 ends on 31 August 2025; and

Mr H Graham was appointed on 1 October 2021 and ends on 30 September 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 (Audited)

Statutory provisions only apply as detailed in contracts. There were no payments made to Directors in respect of compensation for loss of office during 2021-22. Further, there were no payments made to Directors in respect of compensation for loss of office during 2020-21.

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 2021-22 or in 2020-21.

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 2021-22 accounts. Further, there were no provisions for the cost of early retirement included in the 2021-22 accounts.

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. The actuary reviews the most recent actuarial valuation at the

statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2021-22 accounts. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

Employee contributions are determined by the level of pensionable earnings. The employee contribution rates for the 2021-22 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:

	2021-22					2020-21				
	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
Non-Executive Members										
Mr A Joynes (Chair) ¹	0-5 (FYE 15-20)	-	-	-	0-5 (FYE 15-20)	15-20	-	-	-	15-20
Mr D Wilson (Chair) ²	5-10 (FYE 15-20)	-	-	-	5-10 (FYE 15-20)	-	-	-	-	-
Mr G McKenna (Interim Chair) ³	5-10 (FYE 15-20)	-	-	-	5-10 (FYE 15-20)	0-5	-	-	-	0-5
Mr D Morrice MBE (Non-Executive Director) ⁴	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr L Wilson (Non-Executive Director) ⁵	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr D Maguire OBE (Non-Executive Director) ⁶	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr J Little OBE (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr B Garland (Non-Executive Director) ⁷	0-5	-	-	-	0-5	-	-	-	-	-
Ms G Campbell (Non-Executive Director) ⁸	0-5	-	-	-	0-5	-	-	-	-	-
Mr H Graham (Non-Executive Director) ⁹	0-5	-	-	-	0-5	-	-	-	-	-

Non-Executive gross pay includes the 2016-17 and 2017-18 pay award but excludes pay award circulars issued post year end

¹ Mr A Joynes' appointment as Chair ended on 19 June 2021

² Mr D Wilson was appointed as Chair on 1 October 2021

³ Mr G McKenna was appointed as Acting Chair from 01 July 2021 until 30 September, resuming his role as Non-Executive Lay Representative from 1 October 2021

⁴ Mr D Morrice's appointment as Non-Executive Lay Representative ended on 30 June 2021

⁵ Mr L Wilson's appointment as Non-Executive Lay Representative ended on 12 October 2021

⁶ Mr D Maguire's appointment as Non-Executive Lay Representative ended on 17 October 2021

⁷ Mr B Garland was appointment as a Non-Executive Lay Representative from 1 September 2021

⁸ Ms G Campbell was appointment as a Non-Executive Lay Representative from 1 September 2021

⁹ Mr H Graham was appointment as a Non-Executive Lay Representative from 1 October 2021

	2021-22				2020-21			
	Salary £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit ¹⁰ £000s	Total £000s	Salary £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s
Executive Members								
Prof K Gardiner ¹¹ (Chief Executive & Postgraduate Dean)	-	-	-	-	135-140 (FYE 160-165)	100	-	135-140 (FYE 160-165)
Mr M McCarey ¹² (Chief Executive)	80-85	300	46	125-130	55-60 (FYE 70-75)	-	-	55-60 (FYE 70-75)
Dr I Steele ¹³ (Director of Education/Postgraduate Medical Dean)	165-170	-	121	285-290	155-160	100	85	240-245
Dr B Hendron (Postgraduate Dental Dean)	90-95 (FYE 110-115)	-	40	130-135 (FYE 150-155)	80-85 (FYE 105-110)	-	23	100-105 (FYE 125-130)
Dr L Parks (Director of Foundation school)	110-115	-	36	130-135	110-115	-	22	130-135
Dr M Stone (Director of Postgraduate GP Education)	140-145	-	84	225-230	125-130	-	36	160-165
Dr A Smyth ¹⁴ (Director of Hospital Specialty Training/ Director of Professional Development)	70-75 (FYE 140-145)	200	15	85-90 (FYE 155-160)	-	-	-	-
Dr C Harron ¹⁵ (Medical Director)	135-140	-	136	270-275	-	-	-	-

Executive gross pay included the 2021-22 pay award.

¹⁰ 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. Executive gross pay includes the 2016-17 and 2017-18 pay award but excludes pay award circulars issued post year end.

¹¹ Prof K Gardiner retired September 2020: as such there is no pension figures as member is over the normal pension age

¹² Mr M McCarey was appointed as Chief Executive, Acting in post from 1 October 2020 until permanently appointed on 1 April 2021. Mr McCarey joined the HSC Pension FY21-22

¹³ 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

¹⁴ Dr A Smyth was appointed to the roles of Director of Hospital Specialty Training/Director of Professional Development on 1 October 2021

¹⁵ Dr C Harron was appointed to the role of Medical Director on 1 April 2021.

Fair Pay Statement (Audited)

NIMDTA is required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the remuneration of the organisation's workforce. The table below outlines these relationships:

Fair Pay	2021-22	2020-21
Band of Highest Paid Director's Total Remuneration (£000s)*	165-170	155-160
25 th Percentile Total Remuneration (£)	24,882	24,157
Median Total Remuneration (£)	92,382	87,250
75 th Percentile Total Remuneration (£)	96,233	90,890
Ratio (25 th /Median/75 th)	6.6/1.8/1.7	6.5/1.8/1.7

* 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. Agency remuneration is included in the figures above.

The banded remuneration of the highest-paid director in NIMDTA in the financial year 2021- 22 was £165,000-£170,000 (2020-21; £155,000-£160,000). This was 6.6 times (2020-21; 6.5) the 25th percentile remuneration of the workforce, which was £24,882 (2020-21; £24,157), 1.8 times median remuneration of the workforce, which was £92,382 (2020-21; £87,250) and 1.7 times (2020-21; 61.7) the 75th percentile remuneration of the workforce, which was £96,233 (2020-21; £90,890).

The percentage change in respect of NIMDTA are shown in the following table:

Percentage change for:	2021-22 vs 2020-21
Average employee salary and allowances	4.01%
Highest paid director's salary and allowances	4.29%

The average salary and highest paid director have increased from 2021-22 in line with the 2021-22 pay awards. No performance pay or bonuses were payable to NIMDTA employees in these years.

In 2021-22, 0 (2020-21, 0) employees received remuneration in excess of the highest-paid director. Excluding highest paid Director, remuneration ranged from £20,330 to £140,573 (2020-21; £19,587 to £128,842. 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 31/3/22 and related lump sum £000s	Real increase in pension and related lump sum at pension age £000s	CETV at 31/03/22 £000s	CETV at 31/03/21 £000s	Real increase in CETV £000s
Executive Members					
Mr M McCarey Chief Executive/ Senior Governance, IT & Facilities Manager	5-10 Plus lump sum of 0-5	2.5-5 Plus lump sum of 0-2.5	113	80	30
Dr I Steele Director of Education/Postgraduate Medical Dean	55-60 Plus lump sum of 120-125	2-5 Plus lump sum of 5-10	1,294	1,141	121
Dr B Hendron Postgraduate Dental Dean	5-10 Plus lump sum of 0-2.5	0-2.5 Plus lump sum of 0-2.5	255	214	36
Dr L Parks NI Foundation School Director	45-50 Plus lump sum of 95-100	2.5-5 Plus lump sum of 0-2.5	879	817	39
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	1,558	1,426	89
Dr A Smyth Director of Hospital Specialty Training/Director of Professional Development	40-45 Plus lump sum of 100-105	0.2-5 Plus lump sum of 0-2.5	943	921	22
Dr C Harron Medical Director	60-65 Plus lump sum of 125-130	5.7-5 Plus lump sum of 10-15	1,200	1,038	133

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 2022 there were 280 employees (107 male and 173 female) on NIMDTA's payroll, including six Non-Executive Directors.

The breakdown was as follows:

Non –Executive Directors	Male	Female
Board Members	4	2
Total	4	2
Medical and Dental		
Chief Executive	1	-
Consultant (Director)	1	2
GP Educator GP00-GP06	31	58
Total	32	60
Administrative and Clerical		
AFC Band 3	4	9
AFC Band 4	6	29
QUB Band 4	0	1
AFC Band 5	4	10
AFC Band 6	2	6
AFC Band 7	1	1
AFC Band 8A	0	1
AFC Band 8B	1	3
Total	18	60
Medical Programmed Activities Re-charges		
Consultant	52	45
Total	52	46
*Agency Staff		
AFC Band 3	0	4
AFC Band 4	1	1
Total	1	5
Total Staff Numbers:	109	173

**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 2021-22 NIMDTA's staff turnover rate was 13.45%. This turnover breakdown relates to 82.61% of staff moving on to a new role, 13.04% of staff retiring from post and 4.35% of staff leaving for other reasons.

In 2020-21 NIMDTA's staff turnover rate was 6.10%. This turnover breakdown 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.

Sickness Absence

During 2021-22, the staff absence rate was 1.16% representing a loss of 28,743.94 hours which was below the DoH target of 1.21%. In 2020-21 there were 1,698.3 hours lost due to sickness representing a loss of 1.21%.

Section 75 Equality Duty NI Act 1998

NIMDTA produced an annual progress report to the Equality Commission in August 2021. This report outlined progress on our Equality Action Plan and Disability Action Plan. Along with other HSC bodies NIMDTA encouraged recruitment agencies to promote equality of opportunity through monitoring to staff employed by the recruitment agency.

NIMDTA recognised the importance of supporting carers in the workplace especially with home working and reviewed the flexible working policy to align with the needs of staff during the pandemic.

The Senior Professional Support Manager is the Disability Champion for NIMDTA and NIMDTA staff are invited to attend the BSO Disability Network, Tapestry. NIMDTA staff participated in two Disability Awareness Days: Dementia on 14 December 2021 and Attention Deficit Hyperactivity Disorder, 24 February 2022.

For transgender and non-binary staff to feel more supported in the workplace a new Gender Identity policy was produced and all staff are encourage to undertake Making a Difference on line training.

NIMDTA also introduced a Domestic violence policy and a Menopause policy.

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 2021-22.

NIMDTA had no off-payroll engagements during 2021-22.

Consultancy Expenditure

NIMDTA had no consultancy expenditure during 2021-22. Further, there was no consultancy expenditure during 2020-21.

Staff Costs (Audited)

	2022			2021
Staff costs comprise	Permanently employed staff £000s	*Others £000s	Total £000s	Total £000s
Wages and salaries	4,693	67,797	74,490	33,794
Social security costs	382	8,124	8,507	3,606
Other pension costs	831	9,816	10,647	4,795
Sub-Total	5,906	87,738	93,644	42,195
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	5,906	87,738	93,644	42,195
Less recoveries in respect of outward secondments	-	-	88,233	36,621
Total net costs	-	-	5,411	5,574

** Included within the 2022 Others figure are Single Lead Employer Trainee Salaries which are recharged to Trusts, related funding is included in Trust RRL's (2020-21 single lead employer for only some trainee salaries).*

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. 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 2021-22 accounts are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2021-22 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 2021-22 accounts.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 scheme not eligible to continue in that scheme as well as new HSC employees on or after 1 April 2015. The 2015 scheme is a Career Average Revalued Earnings (CARE) scheme.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected, that in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes ie 1995 Section, 2008 Section and 2015 Scheme and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Schemes 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	2020-21 Others*	Total	2021 Total
	No.	No.	No.	No.
Administrative and Clerical	76	4	80	69
Medical & Dental	19	-	19	18
Medical & Dental (inc within Trust RRLs)	5	35	40	39
Medical And Dental (SLE)	-	1,366	1,505	644
Total average number of persons employed	100	1,405	1,505	770
Less average staff number relating to capitalised staff costs	-	-	-	-
Less average staff number in respect of outward secondments	-	1,366	1,366	644
Total net average number of persons employed	100	39	139	126

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

2021-22 staff numbers exclude 6 Non Executive members (2021-22 include 6 Non Executive members).

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

During 2021-22, 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 2021-22 or 2020-2021.

Retirements due to Ill-health

During the year 2021-22 NIMDTA, one staff member retired early on the grounds of ill-health. The estimated additional pension liabilities of this ill-health retirement in year amounted to £1k. These costs are borne by the HSC Pension Scheme. There were no retirements on the grounds of ill-health in 2020-21.

Accountability Report

3. Accountability and Audit Report

a) Funding Report

Losses and Special Payments (Audited)

Losses statement	2021-22		2020-21
	Number of Cases	£000	£000
Total number of losses	-	-	-
Total value of losses	-	-	-

There were no cash losses, claims abandoned, or administrative write-offs made during 2021-22 or 2020-21.

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 2021-22. Further, there were no other fees and charges made during 2020-21.

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37, 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. NIMDTA had no remote contingent liabilities in 2021-22 or 2020-21.

Compliance with Regularity of Expenditure Guidance (Audited)

NIMDTA developed a budget that supported the work of its Business Plan 2021-22. 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 and Hospitality (Audited)

There were no other special payments or gifts made during 2021-22 or 2020-21.

A handwritten signature in black ink, appearing to read 'Mr McCarey'.

Mr Mark McCarey
Chief Executive

Date: 30 June 2022

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 Ireland Medical and Dental Training Agency for the year ended 31 March 2022 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.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted 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 Northern Ireland Medical and Dental Training Agency's affairs as at 31 March 2022 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 for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies 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 Northern Ireland Medical and Dental Training Agency in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, 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 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 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 Northern Ireland Medical and Dental Training Agency and 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 Northern Ireland Medical and Dental Training Agency 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 Northern Ireland Medical and Dental Training Agency and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Northern Ireland Medical and Dental Training Agency and the Accounting Officer are responsible 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 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 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 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. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals;
- 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.

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. 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, Galwally
BELFAST
BT8 6RB

22 July 2022

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

**ANNUAL ACCOUNTS FOR THE
YEAR ENDED 31 MARCH 2022**

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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

FOREWORD

The accounts for the year ended 31 March 2022 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 2022

CERTIFICATE OF THE CHAIRMAN AND CHIEF EXECUTIVE

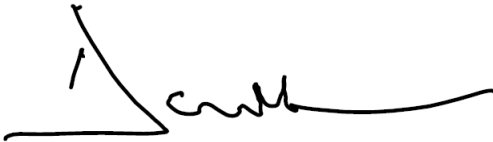
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 104-135) which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Northern Ireland Medical and Dental Training Agency and with the accounting standards and policies for HSC bodies approved by the DoH.



Chief Executive

Date: 30th June 2022

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 104 to 135) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chair

Date: 30th June 2022



Chief Executive

Date: 30th June 2022

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2022

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	2022 £	2021 £
Income			
Revenue from contracts with customers	4.1	123,628	110,018
Other Operating Income	4.2	88,452,659	36,675,481
Total operating income		88,576,287	36,785,499
Expenditure			
Staff costs	3	(93,643,939)	(42,194,603)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(172,812)	(83,700)
Provision expense	3	-	-
Other expenditure	3	(18,398,972)	(14,848,092)
Total operating expenditure		(112,215,723)	(57,126,395)
Net Expenditure		(23,639,436)	(20,340,896)
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		(23,639,436)	(20,340,896)
Revenue Resource Limits (RRLs) issued to:			
Belfast HSC Trust		(23,075,958)	(22,659,294)
South Eastern HSC Trust		(6,826,926)	(6,960,739)
Southern HSC Trust		(7,191,997)	(6,574,415)
Northern HSC Trust		(6,651,323)	(6,666,638)
Western HSC Trust		(7,445,877)	(7,274,642)
Public Health Agency		(495,671)	(496,143)
Total RRL issued		(51,687,752)	(50,631,871)
Total commissioner resources utilised		(75,327,188)	(70,972,767)
Revenue Resource Limit (RRL) received from DoH	22.1	75,394,460	71,009,633
Surplus/(Deficit) against RRL		67,272	36,866
OTHER COMPREHENSIVE NET EXPENDITURE			
	NOTE	2022 £	2021 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/9/5.2/9	2,870	(65)
Net gain/(loss) on revaluation of intangibles	6.1/9/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
COMPREHENSIVE NET EXPENDITURE for the year ended 31 March		(23,636,566)	(20,340,961)

The notes on pages 108-135 form part of these accounts

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of FINANCIAL POSITION as at 31 March 2022

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	2022		2021	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	776,552		911,304	
Intangible assets	6.1/6.2	17,699		-	
Financial assets	7	-		-	
Non current trade and other receivables	13	-		-	
Other non current assets	13	-		-	
Total Non Current Assets			794,251		911,304
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	1,220		1,220	
Trade and other receivables	13	9,901,065		5,918,186	
Other current assets	13	335,684		385,099	
Current Intangible assets	13	-		-	
Current Financial assets	7	-		-	
Cash and cash equivalents	12	10,690,431		1,830,779	
Total Current Assets			20,928,400		8,135,284
Total Assets			21,722,651		9,046,588
Current Liabilities					
Trade and other payables	14	(8,602,715)		(5,924,079)	
Other liabilities	14	-		-	
Current Intangible liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(8,602,715)		(5,924,079)
Total assets less current liabilities			13,119,936		3,122,509
Non Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			-		-
Total assets less total liabilities			13,119,936		3,122,509
Taxpayers' Equity and other reserves					
Revaluation reserve		10,831		7,961	
SoCNE Reserve		13,109,105		3,114,548	
Total equity			13,119,936		3,122,509

The financial statements on pages 104 to 107 were approved by the Board on (date) and were signed on its behalf by;

Signed 

(Chair)

Date_30th June 2022

Signed  (Chief Executive)

Date_30th June 2022

The notes on pages 108-135 form part of these accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CASH FLOWS for the year ended 31 March 2022

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	2022 £	2021 £
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(23,639,436)	(20,340,896)
Adjustments for non cash costs	3	194,910	100,400
(Increase)/decrease in trade and other receivables		(3,933,464)	(5,832,357)
<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		2,678,636	3,163,322
<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		291,270	(250,055)
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	-	-
Net cash inflow/(outflow) from operating activities		(24,408,084)	(23,159,586)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(342,832)	(370,518)
(Purchase of intangible assets)	6	(17,699)	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		(360,531)	(370,518)
Cash flows from financing activities			
Grant in aid		33,628,267	24,441,285
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		33,628,267	24,441,285
Net increase (decrease) in cash & cash equivalents in the period	12	8,859,652	911,181
Cash & cash equivalents at the beginning of the period	12	1,830,779	919,598
Cash & cash equivalents at the end of the period		10,690,431	1,830,779

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CHANGES in TAXPAYER'S EQUITY for the year ended 31 March 2022

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 £
Balance at 31 March 2020		(991,779)	8,026	(983,753)
Changes in Taxpayer's Equity 2020-21				
Grant from DoH		24,441,285	-	24,441,285
Other reserves 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
Balance at 31 March 2021		3,114,548	7,961	3,122,509
Changes in Taxpayer's Equity 2021-22				
Grant from DoH		33,628,267	-	33,628,267
Other movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(23,639,436)	2,870	(23,636,566)
Transfer of asset ownership (related to the transfer of laptops between NIMDTA & BSO in response to working from home during the pandemic)		(16,274)	-	(16,274)
Non cash charges - auditors remuneration	3	22,000	-	22,000
Balance at 31 March 2022		13,109,105	10,831	13,119,936

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These financial statements 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 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. This includes donated assets.

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.

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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

STATEMENT OF ACCOUNTING POLICIES

Valuation of Land and Buildings

All Property, Plant and Equipment are carried at fair value.

Fair value of Property is estimated as the latest professional valuation revised annually by reference to indices supplied by Land and Property Services.

Fair value for Plant and Equipment is estimated by restating the value annually by reference to indices compiled by the Office of National Statistics (ONS), except for assets under construction which are carried at cost, less any impairment loss.

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 by Land and Property Services (LPS) with the next review due by 31 January 2025.

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.

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)

Assets 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. They are carried at cost, less any impairment loss. Assets under construction 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 2022

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.

1.3 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

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 2022

STATEMENT OF ACCOUNTING POLICIES

1.4 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.

1.5 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.

1.6 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 2022 STATEMENT OF ACCOUNTING POLICIES

1.7 Inventories

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

1.8 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.

Income is stated net of VAT.

1.9 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.

1.10 Investments

NIMDTA does not have any investments.

1.11 Research and Development expenditure

Research and development (R&D) 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), and the change in budgeting treatment (from the revenue budget to the capital budget) of R&D expenditure, additional disclosures are included in the notes to the accounts. This treatment was implemented from 2016-17.

1.12 Cash and cash equivalents

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

1.13 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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

STATEMENT OF ACCOUNTING POLICIES

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.

1.14 Private Finance Initiative (PFI) transactions

NIMDTA had no PFI transactions during the year.

1.15 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

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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

STATEMENT OF ACCOUNTING POLICIES

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

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

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022 STATEMENT OF ACCOUNTING POLICIES

- 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.

1.16 Provisions

NIMDTA had no provisions at either 31 March 2022 or 31 March 2021.

1.17 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, NIMTDA 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 NIMTDA, 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 NIMTDA. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.18 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 2022. It is not anticipated that the level of untaken leave will vary significantly from year to year. However during the 2021/22 financial year the unused annual leave balances and therefore the cost of unused leave accounted for increased due to Covid-19 pressures resulting in staff being unable to take planned leave.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

STATEMENT OF ACCOUNTING POLICIES

To ensure staff didn't lose annual leave during the 2021-22 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. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2021-22 accounts. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

The University Superannuation Scheme

This is a defined benefit scheme with employer contributions of 21.4% 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.

1.19 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.

1.20 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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT OF ACCOUNTING POLICIES

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

1.21 Government Grants

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

1.22 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 DoH 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.

1.23 Charitable Trust Account Consolidation

NIMDTA held no charitable trust accounts at 31 March 2022 or 31 March 2021.

1.24 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 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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022 STATEMENT OF ACCOUNTING POLICIES

IFRS 16 (Excluding PFI):

IFRS 16 is effective from 1 April 2022 and has the effect of largely eliminating the current ‘off-balance sheet’ treatment of operating leases under IAS 17. A lessee is now required to recognise a “right-of-use” asset (the right to use the leased item) and a financial liability for any operating leases where the term is greater than 12 months, excluding those where the associated right-of-use asset is of low value.

The Trust has set the low value financial threshold at £5k and from the lease agreement can determine the non-cancellable periods for which the Trust has the right to use the underlying asset. One key consideration is calculating the implicit interest rate within the lease agreement.

Based on the Trust’s review to date of operating leases associated with buildings, equipment and other assets there is likely to be minimal financial impact on the 2022-23 financial statements.

IFRS 16 – PFI

IFRS 16 applies a different measurement basis to PFI assets. To date the HM Treasury guidance regarding changes to accounting for PFI arrangements has not been published. Hence it has not been possible to estimate the financial impact on the 2022-23 financial statements

IFRS 17 Insurance Contracts:

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.

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

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 2022

NOTE 3 EXPENDITURE

	2022 £	2021 £
Staff costs ¹ :		
Wages and Salaries	74,490,172	33,793,928
Social security costs	8,506,706	3,606,033
Other pension costs	10,647,061	4,794,642
IT Programme	-	-
Recharges from other HPSS organisations	-	-
Cost of Sales	-	-
Supplies and services - General	-	-
Establishment	1,235,578	818,621
Transport	-	-
Premises	200,560	114,812
Bad debts	-	-
Rentals under operating leases	215,288	245,857
PFI and other service concession arrangements service charges	-	-
Miscellaneous	1,546	14,273
FTC expenditure	-	-
BSO Services - Regional Interpreter Services	-	-
Junior Doctors Salaries	12,887,568	10,524,351
Junior Doctors Trainer Grants	2,145,549	1,920,041
Junior Doctors Study Leave	691,891	328,807
Training	576,231	517,644
Recruitment	422,663	346,986
Non cash items		
Depreciation	172,812	83,700
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)	98	-
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	22,000	16,700
Total	112,215,723	57,126,395

¹ Further analysis of staff costs included the explanation for the large increase in costs is detailed in the Staff Report on pages 87-92 within the Accountability Report.

During the year the NIMDTA purchased no services from its external auditor (NIAO) (2021: £1,250).

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 4 INCOME

4.1 Revenue from contracts with customers

	2022	2021
	£	£
Course Fees	123,628	110,018
Total	123,628	110,018

4.2 Other Operating Income

	2022	2021
	£	£
Other income from non-patient services	219,992	54,933
Seconded staff	88,232,667	36,620,548
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	-	-
Total	88,452,659	36,675,481

4.3 Deferred income

	2022	2021
	£	£
Research & development income released	-	-
Income released from conditional grants	-	-
Total	-	-

TOTAL INCOME

88,576,287	36,785,499
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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 Property, plant & equipment - year ended 31 March 2022

	Buildings (excluding dwellings)	Assets under Construction	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Cost or Valuation					
At 1 April 2021	491,419	536,627	549,871	56,283	1,634,200
Indexation	25,117	-	(848)	1,350	25,619
Additions	-	-	51,562	-	51,562
Transfers	-	(536,627)	519,106	-	(17,521)
Disposals	(412,692)	-	(61,848)	(48,384)	(522,924)
At 31 March 2022	103,844	-	1,057,843	9,249	1,170,936
Depreciation					
At 1 April 2021	412,384	-	254,232	56,280	722,896
Indexation	21,835	-	(436)	1,350	22,749
Transfers	-	-	(1,247)	-	(1,247)
Disposals	(412,692)	-	(61,750)	(48,384)	(522,826)
Provided during the year	20,011	-	152,801	-	172,812
At 31 March 2022	41,538	-	343,600	9,246	394,384

	Buildings (excluding dwellings)	Assets under Construction	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£
Carrying Amount					
At 31 March 2022	62,306	-	714,243	3	776,552
At 31 March 2021	79,035	536,627	295,639	3	911,304
Asset financing					
Owned	62,306	-	714,243	3	776,552
Carrying Amount					
At 31 March 2022	62,306	-	714,243	3	776,552

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 (2021: £Nil).

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

	2022	2021
	£	£
Donations	-	-
Government grant	-	-
Lottery funding	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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

	Buildings (excluding dwellings) £	Assets under Construction £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation					
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	491,419	536,627	549,871	56,283	1,634,200

Depreciation

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	412,384	-	254,232	56,280	722,896

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

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

Asset financing

Owned	79,035	536,627	295,639	3	911,304
Carrying Amount					
At 31 March 2021	79,035	536,627	295,639	3	911,304

Asset financing

Owned	98,794	-	286,461	3	385,258
Carrying Amount					
At 1 April 2020	98,794	-	286,461	3	385,258

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.1 Intangible Assets - year ended 31 March 2022

	Software Licences £	Information Technology (IT) £	Total £
Cost or Valuation			
At 1 April 2021	119,065	-	119,065
Indexation	-	-	-
Additions	-	17,699	17,699
Transfers	-	-	-
Revaluation	-	-	-
Disposals	(5,050)	-	(5,050)
At 31 March 2022	114,015	17,699	131,714

Amortisation

At 1 April 2021	119,065	-	119,065
Indexation	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Disposals	(5,050)	-	(5,050)
Provided during the year	-	-	-
At 31 March 2022	114,015	-	114,015

	Software Licences £	Information Technology (IT) £	Total £
Carrying Amount			
At 31 March 2022	-	17,699	17,699
At 31 March 2021	-	-	-

Asset financing

Owned	-		-
Carrying Amount			
At 31 March 2022	-		-

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:

	2022 £	2021 £
Donations	-	-
Government grant	-	-
Lottery funding	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.2 Intangible Assets - year ended 31 March 2021

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

	Software Licences £	Total £
Amortisation		
At 1 April 2020	119,065	119,065
Indexation	-	-
Transfers	-	-
Revaluation	-	-
Disposals	-	-
Provided during the year	-	-
At 31 March 2021	119,065	119,065

	Software Licenses £	Total £
Carrying Amount		
At 31 March 2021	-	-
At 1 April 2020	-	-

Asset financing		
Owned	-	-
Carrying Amount		
At 31 March 2021	-	-

Asset financing		
Owned	-	-
Carrying Amount		
At 1 April 2020	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 2022 or 31 March 2021.

NOTE 9 IMPAIRMENTS

NIMDTA had no impairments at either 31 March 2022 or 31 March 2021.

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 2022 or 31 March 2021.

NOTE 11 INVENTORIES

	2022	2021
	£	£
Office supplies	1,220	1,220
Total	1,220	1,220

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 12 CASH AND CASH EQUIVALENTS

	2022	2021
	£	£
Balance at 1st April	1,830,779	919,598
Net change in cash and cash equivalents	8,859,652	911,181
Balance at 31st March	<u>10,690,431</u>	<u>1,830,779</u>

	2022	2021
	£	£
The following balances at 31 March were held at		
Commercial banks and cash in hand	<u>10,690,431</u>	<u>1,830,779</u>
Balance at 31st March	<u>10,690,431</u>	<u>1,830,779</u>

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2022	2021
	£	£
Amounts falling due within one year		
Trade receivables	9,769,760	5,862,509
Deposits and advances	-	-
VAT receivable	-	-
Other receivables – not relating to fixed assets	131,305	55,677
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	9,901,065	5,918,186
Prepayments	335,684	385,099
Accrued income		
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	335,684	385,099
Carbon reduction commitment		
Intangible current assets	-	-
Amounts falling due after more than one year		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
Trade and other receivables	-	-
Prepayments and accrued income	-	-
Other current assets falling due after more than one year	-	-
TOTAL TRADE AND OTHER RECEIVABLES	9,901,065	5,918,186
TOTAL OTHER CURRENT ASSETS	335,684	385,099
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	10,236,749	6,303,285

The balances are net of a provision for bad debts of £Nil (2020-21: £Nil).

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2022	2021
	£	£
Amounts falling due within one year		
Other taxation and social security	6,696,057	3,125,266
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	22,585	313,855
Trade capital payables – intangibles	-	-
Trade revenue payables	262,862	202,909
Payroll payables	351,757	162,271
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	-	-
Other payables	-	-
Accruals	1,224,693	2,112,978
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	44,761	6,800
Trade and other payables	8,602,715	5,924,079
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	-	-
Other current liabilities	-	-
Carbon reduction commitment	-	-
Intangible current liabilities	-	-
Total payables falling due within one year	8,602,715	5,924,079
Amounts falling due after more than one year		
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	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	8,602,715	5,924,079

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

NIMDTA had no provisions for liabilities and charges at either 31 March 2022 or 31 March 2021.

NOTE 16 CAPITAL AND OTHER COMMITMENTS

NIMDTA had no capital commitments at either 31 March 2022 or 31 March 2021.

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.

	2022	2021
	£	£
Obligations under operating leases comprise		
Land		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	-	-
Buildings		
Not later than one year	215,288	215,288
Later than one year but not later than five years	179,407	394,695
Later than five years	-	-
	<hr/>	<hr/>
	394,695	609,983
Other		
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 2022 or 31 March 2021.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 2022 or 31 March 2021

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 2022 or 31 March 2021.

NOTE 19 CONTINGENT LIABILITIES

NIMDTA has no quantifiable contingent liabilities at 31 March 2022 or 31 March 2021. It was noted in last year’s accounts that there was potential for impact due to a cyber security incident at QUB. The HSC interfaces between the HSC and QUB have been rebuilt and reinstated. QUB reported the matter to the Information Commissioner and NIMDTA has not been contacted in order to action any data losses. There was no direct financial impact on NIMDTA as a result of this incident, and following the reinstatement of services it is not considered that there will be further impact or liability.

19.1 Financial Guarantees, Indemnities and Letters of Comfort

NIMDTA did not have any financial guarantees, indemnities and letters of comfort at 31 March 2022 or 31 March 2021.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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 2021-22. Set out below are details of the amount paid to these organisations during 2021-22. 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:-

- Dr Lorraine Parks (NI Foundation School Director) is also employed with the Southern HSC Trust.
- Dr Brid Hendron (Postgraduate Dental Dean) is employed by the SPPG .
- Dr Michele Stone (Director of Postgraduate Education) is a GP Partner at Meadowbridge Surgery

	Payments to Related Party £	Income from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
DoH SPPG (Formerly HSCB)*	-	(600)	-	102,300
Southern HSC Trust**	-	16,123,879	-	3,079,903
Meadowbridge Surgery	22,720	-	2,500	-

*Includes £1,760,990 RRL

**Includes £7,191,997 RRL

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 21 THIRD PARTY ASSETS

NIMDTA held no assets at either 31 March 2022 or 31 March 2021 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:

	2022	2021
	Total	Total
	£	£
DoH (excludes non cash)	73,269,728	68,975,242
SPPG	1,760,990	1,766,990
PHA	-	-
Non cash RRL (from DoH)	194,910	100,400
Total agreed RRL	75,225,628	70,842,632
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Adjustment for Research and Development under ESA10	168,832	167,001
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	75,394,460	71,009,633

22.2 Capital Resource Limit

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

	2022	2021
	Total	Total
	£	£
Gross capital expenditure by NIMDTA	69,261	620,573
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	-	620,573
Capital Resource Limit	69,271	622,466
Adjustment for Research and Development under ESA10	-	-
Overspend/(Underspend) against CRL	(10)	(1,893)

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

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.

	2021-22	2020-21
	£	£
Net Expenditure	(75,327,188)	(70,972,767)
RRL	75,394,460	71,009,633
Surplus/(Deficit) against RRL	67,272	36,866
Break Even cumulative position (opening)	2,155,327	2,118,461
Break Even Cumulative position (closing)	<u>2,222,599</u>	<u>2,155,327</u>

Materiality Test:

	2021-22	2020-21
	%	%
Break Even in year position as % of RRL	<u>0.09%</u>	<u>0.06%</u>
Break Even cumulative position as % of RRL	<u>2.95%</u>	<u>3.04%</u>

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There is no material events post 2021-22.

DATE OF AUTHORISATION FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 22 July 2022.