



NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

Annual Report and Accounts

FOR THE YEAR ENDED 31 MARCH 2015

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

On

31/07/2015

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Foreword from the Chair

Once again, as Chair of the Northern Ireland Medical and Dental Training Agency (NIMDTA), I present the 2014/15 Annual Report. This records our activities across the range of functions for which we are accountable and indicates how we have performed against our business objectives during the year.

NIMDTA has continued to make progress throughout the past year in terms of our service delivery for postgraduate doctors and dentists. It is important to record the Board's thanks to our dedicated staff and, in particular, to acknowledge the leadership of Professor Keith Gardiner whose energy, commitment and professionalism in his role as Postgraduate Dean and Chief Executive has enhanced NIMDTA's position within the Health and Social Care sphere, both within Northern Ireland and across the UK. This has been evident through the improved quality of our relationships with the widest possible range of partner organisations and in the consistently high standard of training that has been delivered with the support of these partners. The development of closer working relationships has been a key priority, not only for the Board and the Senior Management Team, but also for every member of staff within NIMDTA.

As always, our initial focus has been on the recruitment of the highest calibre of medical and dental graduates and, subsequently, on providing them with the best possible training in order to develop a future workforce that has the capacity to enhance patient care, experience and safety and which will meet the ever increasing health and social care needs of our population within Northern Ireland. This requires a culture of continuous review and improvement as well as shared values such as transparency and service excellence with all of our partner organisations.

With regard to Board membership, we were pleased that both Gordon Smyth and Derek Maguire were appointed for second terms. Throughout the year we have, again, been without a Non-Executive Medical Member. This has continued to place additional demands on the other Board Members in meeting the various commitments, particularly for Deane Morrice, as Chair of our Audit Committee and Gordon Smyth, as Chair of our Governance and Risk Committee.

Once again, the coming year will continue to present us with significant challenges and it will be necessary to further improve both our efficiency and our effectiveness as we implement necessary changes, many of which will be determined by the external environment in which we operate. In this respect, we see ourselves as a highly responsive organisation which can and will act flexibly and quickly to changing demands. Key challenges will, of course, be centred on the implementation of extended financial management arrangements in partnership with the Business Services Organisation, on new and increased regulatory and statutory requirements and on the need to match our training activities to more specific workforce plans. It is essential that we are enabled to deliver the numbers and skills necessary to meet

the future healthcare model envisaged for Northern Ireland, recognising the lengthy lead time to develop the required medical and dental workforce.

In addition to strengthening our partner relationships, there have also been a number of specific achievements during the year about which we are particularly proud:

- The introduction of the Clinical Leadership Fellows Programme (ADEPT);
- A full review and re-structuring of our Corporate Risk Register;
- A re-energised focus on Clinical and Academic Research;
- A regular and meaningful programme of Staff Briefings and Engagement;
- Faculty Development and specialty-specific programmes for recognised trainers;
- Recognition from the General Medical Council (GMC) regarding the quality of our bi-annual Dean's Reports;
- Development of a pilot Quality Indicators Programme for Core Surgical training environments.

In terms of internal initiatives going forward, we will:

- Explore the training opportunities presented by Integrated Care Partnerships as part of the Transforming Your Care model;
- Monitor the effectiveness of the new Clinical Leadership Fellows Programme;
- Design and implement a revised Generic Skills Programme for Specialty Trainees;
- Continue to drive Quality Improvements in all of our activities and in accordance with the Quality 2020 philosophy;
- Extend the programme for accrediting Training Environments;
- Continue to explore new opportunities for enhancing partnership working across the health and social care sector.

We are confident that we now have in place the systems, processes and skills to successfully deliver the objectives identified in our Business and Strategic Plans. With the revisions we have made, particularly in the area of financial management, we will further enhance our Corporate Governance structure.

Finally, I would again acknowledge my Board colleagues for their support and commitment and also thank the Senior Management Committee, Team Leaders and members of staff for their hard work and dedication to the work of NIMDTA during the past year.



Alastair Joynes, Chair

1st. July 2015

Date

Chief Executive's Report

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

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

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

Each year, as part of this process, NIMDTA assesses the performance of training units in Local Education Providers (LEPs) against GMC quality management standards. Each year, NIMDTA also reviews, modifies and improves existing policies and guidance and develops new policies and guidance. During 2014/15 NIMDTA reviewed existing processes and guidance (Quality Management Processes for Postgraduate Medical Training; Managing Bullying, Harassment and Undermining; New Training Post Approval; Out of Programme Attachments) and developed new policies and advice (Removal of Trainees from Training Units; Managing Trainees who Fail to Comply with the Requirements of their Training Programmes; Advice for Trainees in Advance of a NIMDTA Visit), and developed new registers of undermining concerns and of trainees under investigation.

NIMDTA has been required to submit a Dean's Report twice yearly to the GMC (April and October) during 2014/15. The Dean's Reports are 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.

I am pleased to report that the GMC in assessing NIMDTA's Dean's Report from April 2014 indicated that they agreed with 100% of our ratings of identified concerns and 94% of status updates. In response to the October 2014 Dean's Report, the GMC agreed with 96.9% of our ratings and 95% of status updates. These percentages are well above the National Averages for Dean's Reports. For each report, the GMC described our work as being of a high standard and that the reports were clear and easy to understand. The GMC has highlighted four items as being examples of good practice in our October 2014 Dean's Report and we have provided further details of each of these as case studies (Online formative assessment and measurement system use in Radiology and Obstetrics/Gynaecology Training; Waypoint trajectory summary sheet to support doctors in higher specialty training; Collaborative Training Programme in Clinical Radiology; Multi-professional Patient Safety Educational Group). These case studies were requested by the GMC and may be included in one of their future publications.

To carry out these roles effectively, NIMDTA needs to work closely with its training partners (five HSC Trusts, Public Health Agency, GP and Dental Practices) and to engage with many other local and national stakeholders.

Local	National
Queen's University Belfast (QUB)	General Dental Council (GDC)
Health & Social Care Board (HSCB)	Conference of Postgraduate Deans (COPMeD)
Business Services Organisation (BSO)	Committee of Postgraduate Dental Deans (COPDEND)
HSC Leadership Centre	Committee of GP Education Directors (COGPED)
Board Liaison Group (BLG)	UK Business Managers' Forum
HSC Safety Forum	UK Foundation Programme Office
Regulation and Quality Improvement Agency (RQIA)	Health Education England (HEE)
Quality 2020 Implementation Group	NHS Education for Scotland (NES)
	Wales Deanery
	English Local Education and Training Boards (LETBs)
	Royal Colleges and Faculties
	National Clinical Assessment Service (NCAS)
	British Medical Association (BMA)
	British Dental Association (BDA)

In the last 12 months, NIMDTA has joined the UK Medical Education Database Development Group, the GMC Equivalence Advisory Forum, the GMC National Training Surveys Group, the MDRS (Medical and Dental Recruitment Selection Programme) Quality & Standards Group, the Academy Specialty Training Consultative Committee, the CoDeFaLe Group (Colleges, Deaneries, Faculties and LETBs Group for Out of Programme Training), DHSSPS Death Certification Implementation Working Group, the Quality 2020 Implementation Steering Group, the Quality 2020 Stakeholder Forum and the eHealth Project Board. NIMDTA has also set up two working groups on Generic Skills Training bringing in experts to advise the Dean on delivering Quality Improvement and Human Factors training to specialty trainees. During 2014/15, NIMDTA supported the Faculty of Medical Leadership and Management through membership of the Organising Committee for its Regional Conference in November 2014. I acted as Critical Friend to NHS Education for Scotland as part of a Quality Improvement Hub Visit in November 2014. The Administrative Director and I participated in a 2-day DHSSPS Medical Workforce Planning Review and supported the DHSSPS Employer Liaison Group.

Throughout the year, as Responsible Officer for postgraduate medical trainees in NI I have been making recommendations to the GMC regarding revalidation of medical trainees. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. During 2014/15, a positive recommendation was made for 164 doctors in training. All recommendations for deferral of doctors in training were made as a consequence of the date of their completion of training having changed from that identified from when they were first appointed to their post.

Recruitment to all training posts in Northern Ireland is managed by NIMDTA and staff worked tirelessly during the year to recruit doctors and dentists to training posts in Northern Ireland and to ensure, as far as possible, that maximum fill rates were achieved. In August 2014 the Foundation Programme achieved a fill rate of 98.8% (98.4% in 2012/13; 98.6% in 2013/14) and Specialty Training a fill rate of 91.2% (89.3% in 2012/13; 94.5% in 2013/14). NIMDTA will continue to work with all stakeholders to fill remaining vacancies.

NIMDTA worked with LEPs to deliver programmes of training and was supported by its Foundation and Specialty Schools in ensuring that the curricula were implemented to the standards required and trainees were assessed as competent before progressing to the next stage of training or on to completion of training. During 2014/15, NIMDTA has been piloting a Quality Indicator Matrix for assessment of the quality of delivery of Core Surgical Training in training units in NI.

During 2014/15, NIMDTA has been working with the HSC Leadership Centre to design a new modular Professional and Generic Skills Training Programme for Specialty Trainees. The aim of this programme is to ensure participants actively develop the competencies in the GMC's four domains of good medical practice. Two elements of this programme were introduced during 2014/15 (Safety, Quality and Professionalism – all day workshops run in conjunction with GMC; Evidence-Based Medicine – all day workshop run in conjunction with QUB – see below) with the remainder of the 15 elements planned to be introduced during 2015/16.

In addition, NIMDTA has worked closely with QUB, BLG and the Ulster Medical Society (UMS) to promote opportunities for clinical trainees to undertake academic training, to be involved in scholarly activity and to present their research work. During 2014/15, NIMDTA has partnered with QUB to run Research Opportunities Symposia for trainees in April 2014 and March 2015 and an all-day workshop on Evidence-Based Medicine in September 2014. In November 2014, NIMDTA partnered with QUB and UMS to promote and organise a very successful Junior Doctors' Prize Evening. The number of Academic Clinical Training Fellows/Lecturers has been increased from three to four new appointees per year as a result of support from BLG to provide the out of hours banding for Academic trainees. For the first time in 2015, dental trainees will also be eligible for appointment as Academic Clinical Fellows or Lecturers.

During 2014/15, NIMDTA has set up a NI Clinical Leadership Fellows' Programme (ADEPT) in conjunction with the GMC, RQIA, HSCB, HSC Safety Forum, HSC Leadership Centre and HSC Trusts. This programme aims to develop organisational and leadership skills in postgraduate medical trainees to enable them to undertake future roles as clinical leaders. Each Leadership Fellow will undertake one or more specific projects in a host organisation under supervision, attend leadership training and be provided with opportunities to network and learn with healthcare colleagues. The programme was launched by Dr Paddy Woods, Deputy Chief Medical Officer on 18 March 2015 with the first cohort of seven Clinical Leadership Fellows to commence the programme on 5 August 2015.

NIMDTA has been very active in developing its Faculty of Educators during 2014/15 with a wide range of existing and new workshops (Investigation Training, Employment Law, Management of Undermining, Risk Management, Advanced Communication Skills), as well as its flagship Annual Educators' Day in September 2014 with invited contributions from the Chief Medical Officer, GMC Director of Education, QUB Undergraduate Medical Dean and National Educational Leaders.

NIMDTA is also working hard to fully implement the NI Recognised Trainers Programme (STATUS). The mandatory training components (Teaching the Teacher, Trainee Support, Supervisory Skills, Specialty-specific Training) are being delivered

on multiple locations on many occasions to provide trainers with the opportunity to be fully recognised by the GMC deadline of 31 July 2015. NIMDTA in conjunction with the PHA/HSCB has undertaken a nine week pilot during February-March 2015 to evaluate the deliverability of a recognised trainer tariff of one hour supervision time/trainee/week.

Continuing professional development is provided for trained general medical and dental practitioners at various locations throughout Northern Ireland. For dentists 90 courses were provided and 15 courses were provided for GPs. Evaluations of these courses were very positive.

NIMDTA co-ordinates and manages appraisal for all General Medical Practitioners in NI. Appraisal was provided for all the 1,545 GPs in Northern Ireland in 2014/15 who requested it. Appraisal is a requirement to remain on the GP Performers' List.

NIMDTA will be involved in two external reviews during 2015/16. Minister Wells announced a review of administrative structures with the HSC system on 28 November 2014. The purpose of this review is to ensure that the structures in place to support the delivery of health and social care are working as efficiently and effectively as possible.

In April 2012 NIMDTA was informed that the Health Minister had directed the Department to undertake a review of the organisation as part of the overall review of Arms' Length Bodies. In 2013/14 DHSSPS decided to broaden the scope of the review to cover Post Registration Learning. The objectives of the review are to examine the current provision of Post Registration Education and Training across the HSC in order to determine if the current model is fit for future purpose; as well as to identify if there are alternative appropriate models and provide a range of options for the future delivery of Post Registration Education and Training (PRET). It had been the DHSSPS's intention to establish a project management structure to oversee this review by July 2015. However, the DHSSPS has now indicated in a letter in April 2015 that this timeframe will not be achievable due to ongoing resource constraints with the DHSSPS.

NIMDTA recognises the importance of communicating with its staff and supporting them through the current uncertain and challenging economic climate. Uncertainty continues to impact on staff, and on the delivery of NIMDTA's core functions and business objectives, as a result of the reviews of administration and of post-registration education and training. During 2014/15 new Shared Services systems were fully implemented (Finance, Procurement and Logistics (FPL) and Human Resources, Payroll, Travel and Subsistence (HRPTS)).

The Joint Negotiating Forum met on two occasions during 2014/15 to discuss any areas of concern. The views of employees were also sought at staff briefings and engagement workshops, team leader meetings, departmental staff meetings and within NIMDTA's annual staff satisfaction survey.

In the period 1st April 2014 – 31st March 2015 there were 360 days lost due to sickness within NIMDTA. This represents a loss rate of 2.9%. By comparison, in the same period for the previous year 188 days were lost to sickness, representing a loss rate of 1.7%.

NIMDTA participates in both the HSC Superannuation Scheme and the Universities Superannuation Scheme, both of which are multi-employer defined benefits schemes. NIMDTA makes employer contributions of 16% of gross pay under the Universities Superannuation Scheme and 13.3% of gross pay under the HSC Superannuation Scheme. The costs of early retirement are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement. There were no early retirements in the year ending 31st March 2015. NIMDTA is unable to identify its share of the underlying assets and liabilities in either scheme on a consistent and reliable basis.

Regarding our financial performance NIMDTA did not meet its breakeven target recording a surplus of 1.46%. Further detail in relation to this is provided at Note 25.3 within the accounts.

The Department requires that Agencies pay their non HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA achieved an outturn of 83.3% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (50%) was 38.9% by volume and 37.8% by value. Further details of compliance with the Better Payments Practice code are given in note 15 to the accounts.

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

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

2014/15. NIMDTA carried out a self-assessment of this standard, and substantive compliance was achieved.

NIMDTA published its first Annual Quality Report in September 2014. This report is available online at the following link:

<http://www.nimdtg.gov.uk/annual-quality-report/>

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2015 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 2015 was £10,600. The auditors did not perform any non-audit services.

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



Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

11/07/15

Date

Management Commentary

The Role of NIMDTA

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

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

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

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

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

NIMDTA seeks to enhance the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also

supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

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

The Role of the Board

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

Mr Alistair Joynes	Non-Executive Chair
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Vacant	Non-Executive Medical Member
Dr Derek Maguire	Non-Executive Dental Member

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

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

Formal meetings of the Board were held on seven occasions during 2014/15, with the addition of four Non-Executive Workshops.

Audit Sub-Committee

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

Mr Deane Morrice, MBE	Non-Executive Chair
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Vacant	Non-Executive Medical Member
Dr Derek Maguire	Non-Executive Dental Member

In 2014/15 the Audit Sub-Committee met on five occasions. The Audit Sub-Committee is also attended by representatives of the NIAO, BSO internal audit, DHSSPS, and members of the Senior Management Committee (Chief Executive, Administrative Director, Finance Manager and Corporate Governance Manager).

Governance & Risk Sub-Committee

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

Mr Alistair Joynes	Non-Executive Chair (until 24 February 2015), then continued in year as a Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Chair (from 24 February 2015), had acted previously in year as a Non- Executive Lay Member
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Vacant	Non-Executive Medical Member
Dr Derek Maguire	Non-Executive Dental Member

In 2014/15 the Governance & Risk Sub-Committee met on five occasions. The Governance and Risk Sub-Committee is also attended by members of the Senior Management Committee (Chief Executive, Administrative Director, & Corporate Governance Manager).

Remuneration Sub-Committee

The Remuneration Sub-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.

Mr Alistair Joynes	Chair
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Vacant	Non-Executive Medical Member
Dr Derek Maguire	Non-Executive Dental Member

In 2014/15 the Remuneration Sub-Committee met on two occasions.

Senior Management Committee

The Senior Management Committee (SMC) 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.

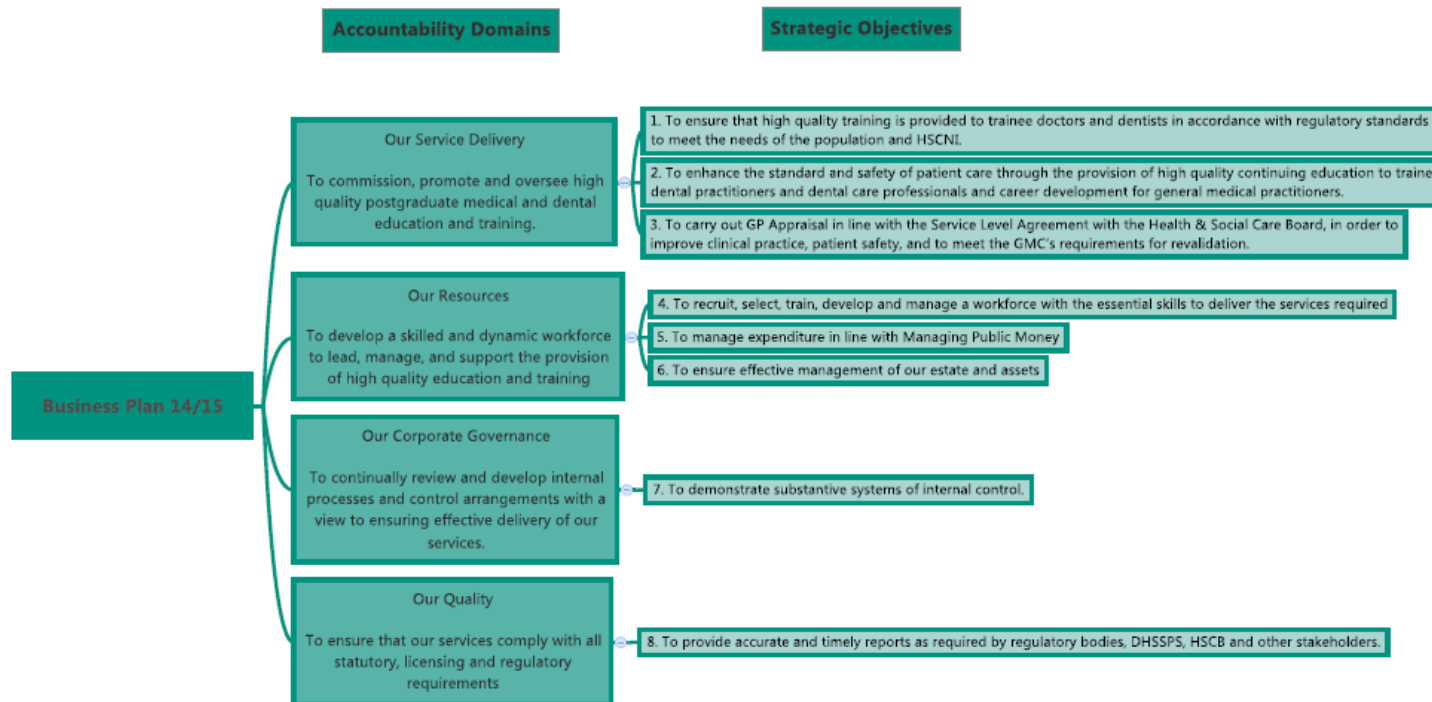
Prof Keith Gardiner	Chief Executive/Postgraduate Medical Dean
Ms Margot Roberts	Administrative Director
Dr Claire Loughrey	Director of General Practice Postgraduate Education
Prof David Hussey	Postgraduate Dental Dean
Dr Ian Steele	Director of Hospital Specialty Training
Ms Angela Carragher	Director of Foundation School
Mr Tommy Hutchinson	Finance Manager
Ms Roisin Campbell	Human Resources Manager
Mr Mark McCarey	Corporate Governance Manager

In 2014/15 the Senior Management Committee met on thirteen occasions.

A Governance Statement is included on page 98.

Corporate Goals & Business Objectives

The following corporate goals have been the drivers of NIMDTA's performance in 2014/15:



Performance Against Key Performance Indicators

Target	Performance
Our Service Delivery	
That 100% of General Medical Training Practices are visited within a five year cycle.	Achieved
That 95% of planned Formal Education Training Events for General Medical Practitioner Trainees are delivered in year.	Achieved
That 70% of feedback from General Medical Practitioner Trainees in relation to their training, rate the training provided within the good to excellent range.	Achieved
That mandatory training identified by RCGP is delivered to General Medical Practitioner Trainees.	Achieved
That 100% of Forms 5.1 & 5.2 are disseminated within four weeks of the completion of each Foundation training year.	Achieved
That 80% of postings to LEPs are disseminated within six weeks of trainees taking up appointment.	Achieved
That 90% of specialty trainees should have their progress discussed by an ARCP Panel.	Achieved
That for each specialty, 10% of ARCP outcomes are reviewed by a lay and external representative.	Achieved
That 70% of feedback from Dental Trainees in relation to their training rate the training provided within the good to excellent range.	Achieved

That a survey of General Medical Practitioners learning and development needs will be carried out once per annum, and results will be provided to the HSCB by March 2015.	In agreement with HSCB this survey was discontinued in 2014/15
That at least 60% of dental continuing education courses are targeted to DHSSPS, HSCB & GDC objectives.	Achieved
That an opportunity for annual appraisal has been provided for 100% of the General Medical Practitioners on the Performer's list.	Achieved
That an annual appraisal has been delivered for 100% of the General Medical Practitioners who request one.	Achieved
Our Resources	
That 90% of administrative staff have had an annual appraisal of their performance during 2013/14 and an agreed personal development plan for 2014/15.	Achieved
That the absence rate of administrative staff is less than 5.5%.	Achieved (2.9%)
That the 30 day (95%) and 10 day (65%) prompt payment rates are met.	Not Achieved (30 Day = 83.3% & 10 Day = 38.9%)
That breakeven is achieved within the limits identified by DHSSPS.	Not Achieved (A surplus of 1.46% was recorded)
Our Corporate Governance	
To ensure that all required reports are submitted within the identified timeframe re management of estate and assets.	Achieved
That substantive compliance is achieved in all applicable controls assurance standards.	Achieved
Our Quality	
To ensure that all reports required by regulatory bodies, DHSSPS, HSCB and other stakeholders are submitted within the identified timeframe.	Achieved

Our Services

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

Cross-Departmental Working

NIMDTA needs to have the structures and processes in place to enable the standards of the regulators and national frameworks to be met. NIMDTA has developed a number of internal cross-departmental groups that work to maintain these structures and processes and ensure that specific areas of our services are delivered consistently across departments, that learning is shared amongst key individuals, and that peer support is available. An overview of the work of these groups in 2014/15 follows.

Senior Management Committee

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

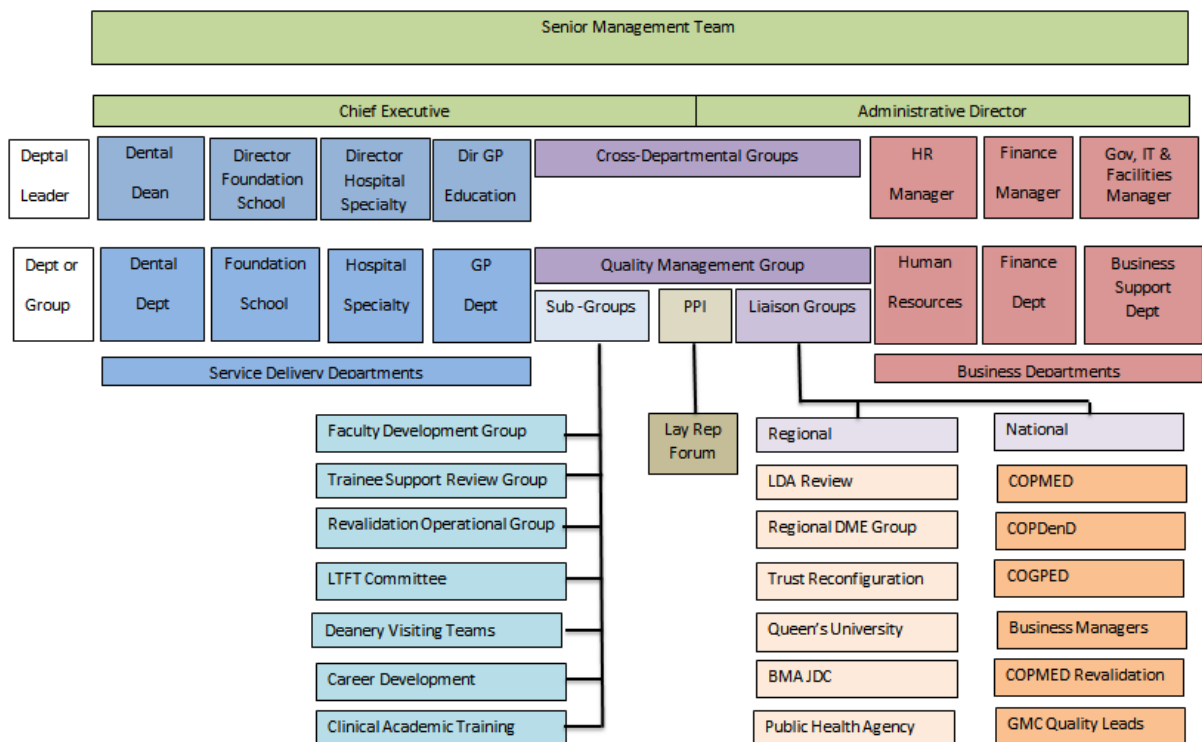
The Committee advises the Board on:

1. Service Delivery and Improvement. The role of NIMDTA is to commission, promote and oversee high quality postgraduate medical and dental education and training;
2. NIMDTA's Resources. NIMDTA aims to:
 - a. Develop a skilled workforce to lead, manage and support the provision of high quality education and training.
 - b. Manage expenditure in line with Managing Public Money
 - c. Ensure effective management of NIMDTA's estate and assets
3. Corporate Governance. NIMDTA aims to continually review and develop internal processes and control arrangements with a view to ensuring effective delivery of its services:
 - a. Organisational Structure
 - b. Annual Report and Accounts
 - c. Annual Business Plan
 - d. Three year Corporate Plan

- e. Risk Management (including complaints and incidents)
 - f. Information Management
 - g. Financial Management
 - h. Health and Safety
 - i. Equality
4. Quality. NIMDTA aims to ensure that its services comply with all statutory, licensing and regulatory requirements; and
 5. Any other tasks which are delegated to the Senior Management Committee by the Board.

This Committee consists of the Chief Executive/Postgraduate Medical Dean, the Postgraduate Dental Dean, the Director of General Practice Education, the Director of Hospital Specialty Training, the Foundation School Director, the Administrative Director, the Finance Manager, the Human Resources Manager, and the Corporate Governance Manager. During 2014/15, the Committee met thirteen times.

Each department reports to this committee via its departmental head. Cross-departmental service delivery groups report to this committee via the Postgraduate Medical Dean.



Quality Management Group

The Quality Management Group (QMG) is a cross-departmental group which monitors and assesses the delivery of postgraduate medical training and hospital dentistry training against national standards. The GMC's Quality Improvement Framework outlines the responsibility of NIMDTA as a Deanery for the quality management of postgraduate medical training. The COPDEND framework for the Quality Development of Postgraduate Dental Training in the UK sets the standards for Postgraduate Dental Deaneries, Postgraduate Dental Education and for Trainers.

The aims of the QMG are to ensure that standards required by regulatory bodies are met by promoting and sharing good practice across all specialties; enhancing the training of trainers; improving the quality of curriculum delivery in all specialties; removing obstacles to postgraduate medical education and training; and developing the resources and infrastructure of postgraduate medical education and training.

This group is chaired by Dr Ian Steele, Associate Dean and includes representatives from Queen's University. During 2014/15 the QMG met on 23 occasions.

A major area of work for QMG is providing a report to the GMC on the quality of postgraduate medical education and training in NI twice each year in the Dean's Report. Areas to report on to the GMC are identified from a number of sources including the GMC National Training Survey (NTS), NIMDTA trainee surveys, NIMDTA visits to LEPs and concerns raised by trainees, medical school, educator or LEP staff members.

The GMC NTS (which through active promotion by the QMG to trainees had a 99.5% response rate within NI) incorporates Patient Safety concerns (nine reported by trainees in the 2014 survey- seven existing and two new concerns) and Undermining concerns (ten new concerns reported). The quality of training in the Northern Ireland Deanery was reflected well in the GMC NTS 2014 Key Findings Report where the Deanery was documented as having the highest mean score in six out of eleven categories: overall satisfaction, clinical supervision, education supervision, induction, feedback and study leave. Of the remaining categories, Northern Ireland was 2nd for adequate experience, 3rd for handover and 4th for regional teaching, workload and local teaching.

The QMG organises and completes NIMDTA visits to LEPs (15 in 2014/15) and conducts province-wide reviews of specialty training (seven in 2014/15 - diabetes and endocrinology, nephrology, clinical radiology, gastroenterology, urology, palliative medicine and occupational medicine). Three of these visits to LEPs in 2014/15 were carried out in conjunction with the GMC as part of their Enhanced Monitoring Processes. In addition, NIMDTA participated in two Undermining Check

visits that the GMC conducted in NI in the specialties of obstetrics and gynaecology and general surgery and urology.

The QMG will also organise visits to assess training in hospital dentistry with a visit to the Dental Hospital, Belfast Trust planned for June 2015.

The QMG functions also include reviewing (GMC publication on Tackling Undermining and Bullying in Medical Education and Training; GMC publication of Recruitment and Examination Outcome Data) and responding to GMC Consultations (New Standards for the future of Medical Education and Training; Time Limiting Provisional Registration) and Reports (GMC NTS Reports on Patient Safety 2014 and Undermining 2014). The QMG also responded to the Royal College of Physicians regarding their proposed Quality Indicators for Core Medical Training and the Gold Guide sub-committee of COPMED regarding suggestions for revision for the next edition.

The GMC in their response to the April 2014 NIMDTA Dean's Report described the standard of the report as being high and it being easy to understand given the clear layout and explanation for each item. The GMC agreed with 100% Red Amber Green (RAG) ratings (range across deaneries 60-100%; average 91%) and 94% status updates (range across deaneries 69-100%; average 89%). In their response to the October 2014 Dean's Report, the GMC indicated that the high standard of NIMDTA's Dean's Report, its clear layout and the explanation for each item made it easy to understand. The GMC agreed with 96.9% of RAG ratings (range across deaneries 67-100%; average 92%) and 95% status updates (range across deaneries 67-100%; average 90%).

The QMG hosted the visit of the GMC Quality Analyst for Northern Ireland in September 2014.

The QMG also develops and reviews NIMDTA policies and guidance with respect to quality management. In 2014/15, the QMG reviewed and modified the Trainee Educational Agreement, Quality Management Processes for postgraduate medical training, NIMDTA Visit Cycle, Managing Bullying, Harassment and Undermining and the Terms of Reference for the QMG. In addition, new policies, guidance, logs and information sheets were created including Removal of Trainees Policy, Training Post Approvals Flow Chart, Advice to trainees in advance of a NIMDTA Visit, Advice to trainees on completion of GMC NTS 2015, Lay Representative Policy, Lay Representative Handbook and Undermining Concern Log.

During 2014/15, QMG organised a lay representative recruitment event and a training day, reviewed reports from Lay and External Representatives on Annual Review of Competence Progression (ARCP) and Deanery visits, set up a Trainee Forum, sought involvement of trainees in RQIA reviews and e-learning projects,

reviewed applications for educational approval of new posts, approved the reallocation of training posts, implemented Core Surgery Training Quality Indicators, provided Action Planning training to the Education Committee of the Belfast Trust, and held follow up meeting with HSC Trusts regarding specific training concerns.

In 2014/15, QMG sent representatives to the GMC Quality Leads meeting, GMC Roundtable Education Meeting, GMC Professionalism Conferences, GMC NTS Survey Group, National Association of Clinical Tutors (NACT) Annual Multi-Specialty Conference, College of Emergency Medicine Unscheduled and Emergency Care Forum and the National ARCP and Revalidation Conference.

Members of the QMG meet with the Medical Director and Director of Medical Education of each HSC Trust in a formal review of the functioning of the Learning and Development Agreement between NIMDTA and each HSC Trust. Meetings held during 2014/15 are listed below:

Belfast HSC Trust	19 September 2014
SE HSC Trust	22 September 2014
Southern HSC Trust	24 October 2014
Western HSC Trust	12 December 2014
Northern HSC Trust	2 February 2015

During 2014/15, the work of the QMG was audited in September-October 2014 by BSO Internal Audit. Internal Audit provided a satisfactory level of assurance. There were no Priority 1 weaknesses found and there were three Priority 2 weaknesses to address.

Faculty Development Group

This group is chaired by Dr Richard Tubman, Associate Dean and includes representatives from Queen's University and the Belfast HSC Trust. The Faculty Development Group met on six occasions during 2014/15.

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

The Faculty Development Group sent representatives to the UK Recognition of Trainers Forum event in Edinburgh (16 September 2014).

During 2014/15 progress was made on implementing NIMDTA's plan to deliver the GMC initiative on Recognising and Approving Trainers. A nine week pilot was carried out in all five HSC Trusts during February-March 2015, supported by PHA and HSCB, to evaluate the deliverability of a trainer tariff of one hour/trainee/week.

The Faculty Development Group was very active during 2014/15 organising, delivering and reviewing training events for Lay Representatives, Trainees, Recognised Trainers, Lead Educators and Senior Educators/Administrators:

1. Lay Representatives
 - a. Annual Training Day 18 September 2014
 - b. Induction 27 March 2015
2. Clinical Facilitator Training (13 February 2015)
3. Trainees
 - a. Teaching the Teacher (included under Recognised Trainer)
4. Recognised Trainers
 - a. Teaching the Teacher (20 events including events for trainees)
 - b. Trainee Support (9 events)
 - c. Supervisory Skills (19 events)
 - d. Specialty Specific Training (Delivered by Specialty Schools)
5. Lead and Senior Educators
 - a. ARCP Workshop (12 March 2015)
 - b. Faculty Induction (16 October 2014)
 - c. Investigation Training (23 May 2014; 28 November 2014)
 - d. Undermining and Bullying (1 December 2014; 25 February 2015)
 - e. Advanced Trainee Support Workshop (4 December 2014)
 - f. Chairmanship Training (12 January 2015)
 - g. Risk Management Training (29 May 2014)
 - h. Employment Law Workshop (29 January 2015)
 - i. Recruitment and Selection Workshops (5 events)
 - j. Advanced Communication Skills (26 March 2015)

The Annual Educator's Day was held on Friday 26 September 2014 and was very well received. The keynote address on Innovation and Simulation was delivered by Dr Ian Curran, Dean for Educational Excellence and Head of Innovation in the London Deanery. There were lectures on Research Training Opportunities and How Clinical Educators can Contribute to Patient Safety. In addition there were hot training topics, workshops (resilience, mentoring, clinical ethics and reasoning through simulation, developing a learning organisation, quality improvement and trainer support) and a Symposium on Expectations of a Deanery and Deanery Educators with contributions from Dr Michael McBride (Chief Medical Officer), Dr Vicky Osgood (GMC) and Dr Cathy Jack (Belfast Trust).

Trainee Support Review Group

This group is chaired by Dr John Collins, Associate Dean and includes representatives from Queen's University and the Belfast HSC Trust. During 2014/15 this group met on twelve occasions.

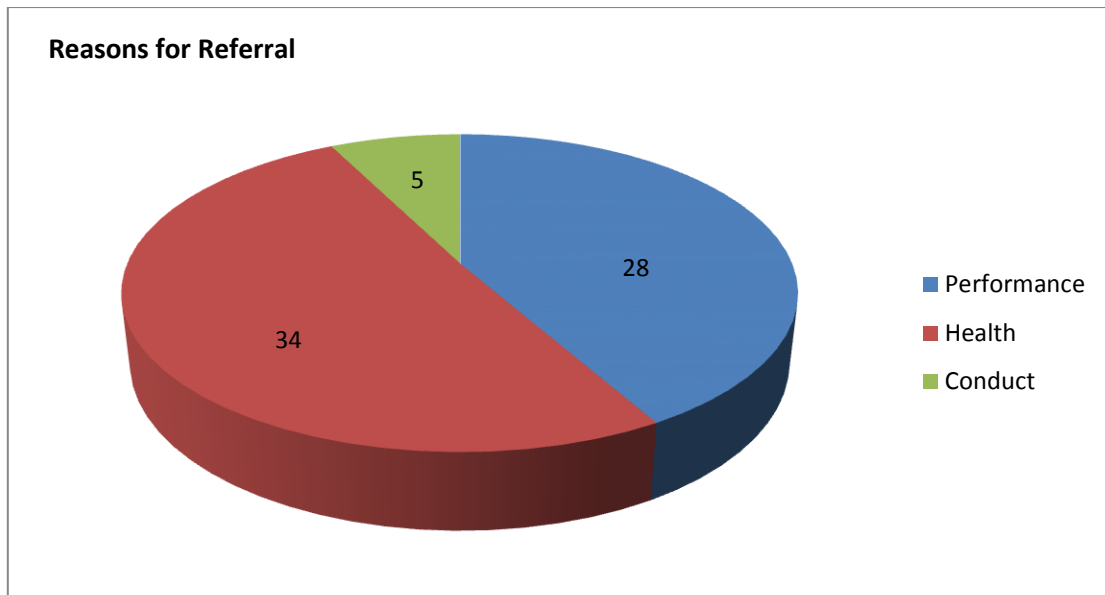
NIMDTA directly provides support and guidance to many trainees experiencing difficulty. NIMDTA also co-operates closely with Directors of Medical Education and educational supervisors on the management of these trainees within LEPs. This work is progressed in line with NIMDTA's Trainee Support Policy which is available online.

A database aids the tracking and follow up of trainees in difficulty. There are currently 292 trainees entered on the database, of which 88 are monitored on the TSRG support list. Of these, 30-40 trainees are considered active cases under monthly discussion and management at the Trainee Support Review Group.

At each meeting trainees, who are actively in need of support, are discussed and their on-going management is agreed. The Group also agree Trainee Support Statements regarding revalidation to be considered at Annual Trainee Reviews and Transfer of Information Statements regarding trainees requiring support which are completed prior to August and February trainee changeovers each year. The Chair also shares Learning Points arising from the management of trainees with educators and trainees.

There has been a considerable increase in new referrals of doctors in difficulty from a total of eleven in 2011/12 to 67 (31 male/36 female) in 2014/15. This compares to 62 new referrals for 2013/14. The reasons for referral for support, apart from career counselling, are divided into three domains namely, health (34), conduct (5) or performance (28). Of the trainees referred, thirteen were in the Foundation Programme of whom seven were male. Of these, ten had health concerns, two had performance concerns and one had a conduct concern. A breakdown of these referrals is shown in the pie chart below.

There was one dental trainee who required support during 2014/15.



The majority of referrals were due to concerns about health followed by concerns about performance. Health issues, which can be a factor in performance and conduct, resulted in 34 referrals. Support for trainees has been greatly enhanced by a close working relationship between NIMDTA and Occupational Health services. Performance issues included lack of engagement with training and assessment, examination failures, inadequate performance on observed tasks or general assessment of competency levels by the trainers. Conduct is an unusual reason for referral and only occurred in five cases and concerns were related to personal misconduct in all cases.

During 2014/15, the TSRG developed a register of trainees under investigation (NCAS, GMC, HSC Trust, Police), revised the Transfer of Information Policy, reviewed the delivery of resilience training by NIMDTA and proposed to the PHA/HSCB that the Occupational Health service available/provided to trainees should be standardised.

In December 2014, the Trainee Support Review Group organised an Advanced Trainee Support Workshop on the theme of Supporting Medical and Dental Trainees through Stressful Times. There were presentations on the psychological and health impacts of serious adverse incidents, reporting on adverse events, Coroner's inquests, GMC investigations and providing support for trainees. Members of the Trainee Support Review Group contribute to Trainee Support Courses which are run on HSC Trust sites as part of NIMDTA's Recognised Trainer Programme.

The work of the Trainee Support Review Group was audited in March-April 2014 by BSO Internal Audit. Internal Audit provided a satisfactory level of assurance. There were no Priority 1 weaknesses found and there were four Priority 2 weaknesses to address.

Revalidation Operational Group

The Revalidation Operational Group is co-chaired by Dr Ian Steele and Dr Claire Loughrey and includes in its membership GMC, HSC Trust, doctors in training and lay representatives. This group met on five occasions in 2014/15.

The aims of the Revalidation Steering Group are:

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

During 2014/15 the Group reviewed GMC guidance, the minutes of the regular COPMED Revalidation Steering Group meetings, revised the Terms of Reference of the Group, agreed a process for reviewing the GP component of practice of Hospital Specialty Trainees on the GP Performers' List, developed a policy 'Failure to Comply with the Requirements of the Training Programme', agreed the format of exit reports with QUB for trainees who are Out of Programme for Research (OOPR) and made revisions to the NIMDTA Out of Programme Policy with respect to trainees being required to maintain a license to practise and other issues regarding revalidation.

Revalidation recommendations for doctors in training have continued to be made during 2014/15. To date it has been primarily doctors who are at the point of receiving their Certificate of Completion of Training (CCT) who have had a revalidation recommendation made to the GMC by the Postgraduate Dean as their Responsible Officer (RO). In the year 2014/15, a positive revalidation recommendation was made for 164 doctors in training (50 for GP trainees and 114

for Hospital Specialty Trainees) bringing the total of positive recommendations for doctors in training in NI since revalidation began to 336 (116 for GP trainees and 220 for Hospital Specialty Trainees). All requests for deferral of the recommendation made for doctors in training (219) were made as a consequence of their CCT date having moved from the time they were first appointed to their programme, due to changes in the length of time their training was taking place over. There were no doctors in training who required notification to the GMC of non-engagement with the revalidation process.

Less Than Full Time Training Panels

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

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

Applications for less than full time training are considered twice per year by a NIMDTA Less Than Full Time Panel. This panel is chaired by Dr John Collins, Associate Dean and involves Trust, Lay and trainee representatives.

During 2014/15, there were 143 Foundation and Specialty trainees, including General Practice trainees who have been considered eligible to work less than full time. A number of these trainees do not currently require less than full time training due to maternity leave (35), out of programme (4) and sick leave (2). Currently 102 trainees are supported by NIMDTA to work on a less than full time basis.

Arrangements were put in place for these trainees as follows:

- 67 reduced hours in a full time post
- 13 in a supernumerary post
- 22 in a slot share arrangement

Deanery Visiting Teams

Visits to LEPs are an important component of NIMDTA's processes to discharge its quality management duties within the Deanery. Deanery visiting teams are chaired by an Associate Dean or Postgraduate Dean.

The aims of these visits are to:

- monitor that standards of the regulators and national frameworks are being met in the LEP through collection of primary, independent, qualitative data that can be triangulated with information from Deanery Self-assessment LEP Reports and Deanery Trainee Surveys;
- explore good practice and areas for improvement within the LEP through face-to-face interviews;
- promote good practice and developments;
- facilitate local problem solving;
- provide verbal and written feedback to the LEP on areas of concern and actions necessary to improve postgraduate medical education and training; and
- promote collaboration, partnership and personal relationships between NIMDTA staff and staff in LEPs.

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

1. Cyclical Monitoring Visit

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

2. Interim Progress Visit

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

3. Problem Solving Visit

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

Outcomes of Visits

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

Deanery Visits to Local Education Providers 2014/15

During 2014/15, 15 Deanery visits were made to inspect Foundation, Core and Higher Specialty training posts and units. In addition, there were seven province-wide Specialty Reviews (Table 1 - overleaf).

These visits were categorised as:

Cyclical	16
Interim Progress (Follow-Up)	3 (2 Enhanced Monitoring)
Problem-solving visit	3 (1 Enhanced Monitoring)

There were Lay Representatives present at eleven visits and College/Specialty externality at fourteen visits.

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

Table 1: Foundation, Core and Specialty Hospital Visits 2014/15

Date	Specialty	Location	HSC Trust
Friday 04 April	Plastic Surgery	Plastic Surgery	SEHSCT
Thurs 08 May	Urology	Regional	Regional
Thurs 22 May	Palliative Medicine	Regional	Regional
Thurs 22 May	Occupational Medicine	Regional	Regional
Thurs 18 June	General Medicine	Causeway Hospital	NHSCT
Thurs 18 June	Obstetrics & Gynaecology	Causeway Hospital	NHSCT
Thurs 18 Sept	Infectious Diseases	RVH	BHSCT
Fri 10 Oct	Trauma & Orthopaedics	MPH	BHSCT
Fri 10 Oct	Trauma & Orthopaedics	RVH	BHSCT
Thurs 23 Oct	Diabetes & Endocrinology	Regional	Regional
Thurs 6 Nov	General Medicine	Belfast City Hospital	BHSCT
Thurs 6 Nov	General Medicine	RVH	BHSCT
Fri 7 Nov	Nephrology	Regional	Regional
Thurs 13 Nov	Neurology	RVH	BHSCT
Thurs 20 Nov	Clinical Radiology	Regional	Regional
Thurs 11 Dec	Trauma & Orthopaedics	Craigavon Area Hospital	SHSCT
Thurs 11 Dec	Trauma & Orthopaedics	Ulster Hospital, Dundonald	SEHSCT
Tues 16 Dec	Anaesthetics	RVH	BHSCT
Thurs 18 Dec	Trauma & Orthopaedics	Altnagelvin Hospital	WHSCT
Fri 23 Jan	General Medicine	Causeway Hospital	NHSCT
Thurs 5 March	Gastroenterology	Regional	Regional
Mon 30 March	Paediatric Cardiology	RVH	BHSCT

Career Development

NIMDTA's work in this area is led by the Associate Dean for Careers and Personal Development, Dr John Collins.

Between January/April 2015, twelve introductory career choice workshops were held for 140 F1 and F 'Zero' trainees in their workplaces around Northern Ireland. These sessions covered the essentials of career planning, Modernising Medical Careers and the new proposals for Shape of Training. Career workshops, as part of the Foundation Year 2 generic skills programme, were held in seven whole day sessions from August to October 2014. At these events, over 260 trainees were introduced to the concepts of career planning and provided with relevant information on the

resources for self-assessment, career exploration and decision-making. The sessions also included specific career talks from a wide variety of trainers and senior trainees. Participants were also shown the new Association of Graduate Careers Advisory Services (AGCAS) DVD on selection centre recruitment and instruction on competitiveness.

Throughout 2014/15 the Associate Dean for Careers gave personal counselling to 26 trainees at NIMDTA and provided regular email advice as requested. The careers section of the NIMDTA website was updated to reflect changes in specialty training, and the NHS careers website (which is presently in the process of upgrading), was also promoted to all trainees. Information on a wide range of specialties has been added to this site and the 2014 slide set from career workshops is available.

A close working relationship with the Queen's University Medical Undergraduate Careers Lead was maintained with the Associate Dean participating regularly in undergraduate events and induction weeks for 3rd year medical students.

The Associate Dean has maintained national links with other LETBs and Deaneries in the four nations by co-chairing the MDRS Careers Group alongside Prof Namita Kumar and putting forward new national guidelines for a medical careers strategy on behalf of COPMED.

Clinical Academic Training Committee

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

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

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

In 2014/15, nine Academic F2s, one Academic Clinical Fellow (ACF) and two Academic Clinical Lecturers (ACL) were appointed. One ACL remains in post. Two

ACFs and one ACL left the programme during 2014/15. One ACL completed the programme during 2014/15.

Lay Representatives' Forum

NIMDTA recruited 21 Lay Representatives in 2012/13 to provide external scrutiny and contribute to a number of different Deanery activities. These activities included recruitment and selection panels, assessment panels (Annual Review of Competence Progression - ARCP / Record of In Training Assessment - RITA); deanery visits and appeal panels. A further four Lay representatives were recruited during 2014/15.

All lay representatives were required to prepare a report for NIMDTA on the processes and outcomes of the activity that they took part in.

The annual Lay Representative Forum was held in September 2014. Lay Representative Induction for the new lay representatives was held on 27 March 2015. During 2014/15, a Lay Representative Policy and Handbook were developed by the Quality Management Group.

External Relationships - National

COPMED, COPDEND and COGPED

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

COPDEND is the UK Committee of Postgraduate Dental Deans and Directors. COPDEND provides standards for dental educators and a framework for the quality development of postgraduate Dental training in the UK. The Postgraduate Dental Dean represents NIMDTA on this group.

COGPED is the UK Committee of General Practice Education Directors and offers a forum for Postgraduate GP Directors to meet and share good practice. Its aims are to encourage and maintain a consistent approach to GP training across the UK. The Director of GP Education represents NIMDTA on this group.

COPMED UK Business Managers Forum

COPMED UK Business Managers Forum offers a forum for deanery and Local Education and Training Boards' business managers to meet and share good practice. The Administrative Director represents NIMDTA on this group.

COPMED Revalidation Steering Group

This group organised by the UK Conference of Postgraduate Medical Deans brings together Revalidation Leads from Deaneries in different regions of the UK to discuss data systems, forms and processes that have been introduced to support revalidation for trainees. This group is chaired by Dr Julia Whiteman (Postgraduate Dean, HE NW). The Postgraduate Dean or Administrative Director represents NIMDTA on this group.

COPMED Professional Support Group

This group organised by the UK Conference of Postgraduate Medical Deans brings together the leads for trainee/professional support from Deaneries in different regions of the UK. The main focus of the group is the support of doctors in training. The Associate Dean for Careers and Personal Development represents NIMDTA on this group.

GMC Quality Leads

This group brings together Quality Leads from all UK Deaneries to discuss good practice, responses to concerns, GMC surveys and visits. The Associate Dean for Hospital Specialty Training and the Hospital Training Coordinator represent NIMDTA on this group.

GMC Equivalence Advisory Group

This group has been assembled to provide expert advice to the GMC on the implementation of recommendations related to the equivalence route of gaining entry to the GMC specialist and GP registers. The Postgraduate Dean represents NIMDTA on this group.

GMC National Training Surveys Group

The role of this group is to discuss, develop and provide recommendations to the GMC on the objectives for questions and indicators to be included in the national

survey of trainees and trainers and on the use of outliers and how they should be calculated. The Postgraduate Dean represents NIMDTA on this group.

MDRS Quality & Standards Subgroup

This aim of this group is to promote a strategic approach to the quality assurance of the recruitment, selection and appointment processes into postgraduate medicine and dentistry. The Postgraduate Medical Dean represents NIMDTA on this group.

MDRS Medical Careers Working Group

This group promotes a strategic approach to Medical Career Planning and Support in the UK. The Associate Dean for Career and Personal Development represents NIMDTA on this group and co-chairs it.

UK Medical Education Scrutiny Group

The purpose of this group is to ensure that medical educational issues and policies with UK-wide implications should be considered to provide a UK perspective in the advice given to Ministers in each Administration. The Postgraduate Medical Dean represents NIMDTA on this group.

UK Medical Education Database Group

This group is comprised of representatives from the GMC, Medical Schools Council, Academy of Medical Royal Colleges, COPMED, HEE, NES, Wales Deanery, NIMDTA, UKFPO, UKCAT (UK Clinical Aptitude Test), BMAT (Biomedical Admissions Test), GAMSAT (Graduate Australian Medical School Admissions Test) and BMA. It aims to create a single repository of data describing doctors' progression from entry to medical school to completion of postgraduate data. The Postgraduate Medical Dean represents NIMDTA on this group

Academy Specialty Training Consultative Committee

This Committee was established to improve the sharing of expertise, minimise duplication and develop joint approaches between Royal Colleges, Deaneries and other relevant organisations. The Postgraduate Medical Dean represents NIMDTA on this group.

CoDeFaLe Group

This group has been set up by the GMC in conjunction with Royal Colleges (Co), Deaneries (De), Faculties (Fa) and LETBs (Le) to streamline Out of Programme processes for all Deaneries and LETBs. NIMDTA is represented on this group by the Hospital Training Coordinator.

UK Foundation Programme Board

This Board advises on national policy and practice for the delivery of the Foundation Programme and reports to the UK Scrutiny Group. The Postgraduate Medical Dean represents NIMDTA on this group.

External Relationships - Regional

GMC Regional Advisory Forum

This forum aims to identify issues of local importance relating to the work of the GMC and consider how the wider health care environment impacts on professional regulation. This Forum meets twice per year. The Postgraduate Medical Dean represents NIMDTA on this Forum.

DHSSPS Medical Leaders' Forum

The purpose of this group is to provide a forum for exchange of information and discussion between the CMO and HSC Medical Leaders in NI and to advise on strategic issues and inform policy development. The Postgraduate Medical Dean represents NIMDTA on this Forum.

DHSSPS Confidence in Care Revalidation Delivery Board

The purpose of this Board is to oversee the implementation of medical revalidation in NI on behalf of the DHSSPS. The Postgraduate Medical Dean and the GP Director of Education represent NIMDTA on this Board.

DHSSPS Responsible Officer Forum

The purpose of this Forum is to support Responsible Officers in NI through the sharing of knowledge, skills and experience in relation to this role with the aim of achieving consistency and rigour in respect of revalidation arrangements and decision making. The Postgraduate Medical Dean represents NIMDTA on this forum.

DHSSPS Central Medical Advisory Committee

The purpose of this group is to provide formal medical advice to the CMO from specialty leaders in NI. The Postgraduate Medical Dean represents NIMDTA on this Committee.

DHSSPS Medical Education Policy Group

This group advises on the development of policy on medical education, both undergraduate and postgraduate, across all specialty areas and general practice. NIMDTA is represented on this group by the Postgraduate Medical Dean, Director of GP Education, Administrative Director and the Associate Dean for Foundation Training.

DHSSPS Death Certification Implementation Working Group

This group has been established to co-ordinate the implementation and evaluation of a series of reforms to the existing Death Certification process in NI. The Postgraduate Dean represents NIMDTA on this group.

DHSSPS Privacy Advisory Committee

The purpose of this committee is to keep consent and confidentiality matters in the DHSSPS under continuous review and provide timely and relevant best practice advice to HSC bodies. The Postgraduate Medical Dean represents NIMDTA on this group.

Quality 2020 Implementation Steering Group

This Group is tasked with implementing the decisions and directions of the Quality 2020 Steering Group and ensuring that Quality 2020's implementation plans remain well focused, suitably resourced, fit for purpose and delivering outputs in a timely and efficient manner. NIMDTA is represented on this group by the Postgraduate Dean and the Director of GP Education.

eHealth Project Board

The aim of this Board is to improve the standard of care given to patients through the use of e-learning tools to improve the skills of healthcare professionals. NIMDTA is

represented on this Board by the Postgraduate Dean and the Director of GP Education.

Quality 2020 Task 13 Core Group

This group's function is to consult, agree and introduce a common curriculum for patient safety in undergraduate and postgraduate education programmes for health and social care in NI. The Postgraduate Medical Dean represents NIMDTA on this group and chairs it.

PHA Medical Directors' Group

This group brings together the medical directors of the five HSC Trusts to discuss HSC wide issues. NIMDTA is represented on this Group by the Postgraduate Medical Dean.

Board Liaison Group

This group is comprised of representatives who have a role to play in delivering a reduction of junior doctors' and dentists' hours of work to within limits set by legislation and regulation while having regard to constraints of workforce planning, education, training and service delivery. NIMDTA is represented on this group by the Postgraduate Dean and the Administrative Director.

Annual Review Meetings with HSC Trusts

NIMDTA Senior Educators and Managers met at least once during 2014/15 with Educational and Service Leaders in each HSC Trust to review the functioning of the LDA, allocations and vacancies, service reconfigurations, deanery visits, faculty development, GMC reports and developments in education and training in the HSC Trust.

Postgraduate Medical Education Forum

This group brings together the Directors of Medical Education in the five HSC Trusts in Northern Ireland with the Postgraduate Dean, Administrative Director and Senior Educators from NIMDTA. Its purpose is to provide an opportunity to exchange information between NIMDTA and DMEs, to share good practice, to identify the factors which impact on the development of postgraduate education and training, facilitate input and discussion of Deanery policies and discuss implementation of GMC initiatives. This group met twice during 2014/15.

Trust Reconfiguration Meetings

The aim of these meetings is to consider the implications of service reconfigurations on the delivery of postgraduate education and training to NIMDTA trainees. The meetings involve NIMDTA Senior Educators and Senior Administrators, Specialty Leads and Education and Service Leaders in the HSC Trusts.

Liaison - NIMDTA/Queen's University School of Medicine, Dentistry and Biological Sciences

The Postgraduate Dean, Administrative Director and Senior Educators meet formally with the Head of School, Deputy Head of School, (QUB School of Medicine, Dentistry & Biomedical Sciences) and the Director of the Centre of Medical Education from QUB on regular occasions throughout the year. The aim of this liaison group is to enhance existing links on issues such as quality management, faculty development, careers' advice, transfer of information, Foundation training posts and trainees requiring support.

Liaison – NIMDTA/BMA Junior Doctor Committee

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

The group met twice during 2014/15 to discuss Deanery policies, service reconfigurations, clinical academic training, recruitment and vacancies, Foundation Programme and revalidation.

Liaison - NIMDTA with HSC Board/Public Health Agency

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

Dentistry

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

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

To ensure that high quality training is provided to trainee dentists in accordance with regulatory standards to meet the needs of the population and HSCNI.

Dental Foundation Training

Dental Foundation training is delivered in the general dental practice setting. Each year NIMDTA engages in recruitment of trainees and trainers. In 2014/15, Dental Foundation Trainees for England, Wales and Northern Ireland were recruited through a National Recruitment process with thirty one trainees allocated to NIMDTA. As part of this National Recruitment scheme NIMDTA co-ordinated the assessment of 165 applicants at a local centre with local trainers acting as assessors. The process also used a Situational Judgement Test station for the first time in 2014/15.

In a local recruitment process, thirty one General Dental Practitioners (GDPs) were appointed as Dental Foundation trainers with effect from August 2014.

Delivery of Curriculum

Dental Foundation Training is based on the Interim Dental Foundation Training Curriculum & Assessment Framework Guidance 2013/14. This curriculum was delivered through dental practice-based training with regular assessment and feedback. The e-portfolio contains all workplace based assessments completed during the year with feedback from the trainers and reflection recorded by the trainees. These were reviewed on a quarterly basis by the Dental Assessment Review Panel (DARP) and the outcomes reported to the Senior Management Committee. The educational programme for Dental Foundation trainees ensured that there was regular contact with the Dental Advisers. Where issues concerning performance or educational needs were identified these were discussed with the Postgraduate Dental Dean and remedial actions were put in place and, where necessary, referred to the Trainee Support Review Group.

The Committee for Vocational Training in Northern Ireland (CVTNI), is responsible for overseeing the delivery of the educational programme in Foundation Training, and the committee met twice during the year.

Dental Core Training

Twenty two Dental Core Trainees (DCT) were appointed between the three hospital training bases. These trainees have local Educational Supervisors and an Adviser to oversee their training has been appointed.

Specialty Training

In 2014/15 Specialty Training was provided across two sites with trainees based at the Dental Hospital in the Belfast Trust or at Altnagelvin Hospital in the Western Trust.

Seven Specialty Registrars (StRs) are in Specialty Training programmes. These are in Orthodontics (post-CCST x2), Restorative Dentistry (x2), Special Care Dentistry, Paediatric Dentistry and Oral Surgery. All ARCPs were satisfactory for this cohort.

To enhance the standard and safety of patient care through the provision of high quality continuing education to trained dental practitioners and dental care professionals.

Continuing Professional Development (CPD)

The CPD programme for Dentists and Dental Care Professionals continued to be popular, with 1,257 dentists and 1,716 DCPs registered with NIMDTA's on-line course management system.

Within 2014/15, 90 CPD courses were offered in various locations across Northern Ireland. These courses delivered over 2000 educational opportunities for dental registrants. A concerted effort was made to ensure that the General Dental Council's recommended core subjects were appropriately addressed and delivered.

Course evaluations provided valuable feedback and assisted with the quality management of the courses. In 2014/15 the Dental CE Team also worked with the Public Health Agency to deliver a series of eleven courses related to Mental Health and Wellbeing. These courses were well attended with over 120 attendees provided with insight into this important topic.

More courses in the core areas of dentistry are planned for future programmes for Dentists and Dental Core Professionals.

General Practice

The General Practice, (GP), Team is led by the Director of Postgraduate General Practice Education, Dr Claire Loughrey.

There are three main areas of activity in the GP department:

- GP Specialty Training;
- GP Appraisal; and
- GP Continuing Professional Development (CPD).

Activity is supported by a Medical Educator team, as well as an Administrative team.

The Administrative team is led by a Team Co-ordinator who manages administrators in the different areas of activity outlined above.

The Medical Educator team consists of four Specialty Training Associate Directors and a Regional Appraisal Coordinator. The four Specialty Training Associate Directors have designated lead roles in the following areas:

- GP Recruitment;
- GP ARCP panels;
- GP Out of Hours;
- Trainer development; and
- Quality Improvement in General Practice.

There are a number of GPs who work on NIMDTA's behalf. These include:

- 13 Training Programme Directors;
- 221 GP Trainers;
- 7 Lead Appraisers;
- 53 Appraisers; and
- 1 GP tutor.

A number of members of the GP team contributed to national groups including the Committee of General Practice Educators, a group representative of all UK Deaneries. There is also representation on a number of Royal College of General Practitioners (RCGP), committees determining policy and setting standards for General Practice nationally. There is increasing diversity across the four UK countries as training organisations are different in their construction and their accountability. Participation in national bodies is ever more important.

Within 2014/15 the GP Director sat on a number of national committees:

- Committee of GP Educators (COGPED) Elected Vice Chair;
- COGPED/General Practice Committee liaison group;
- COGPED/RCGP partnership group;
- RCGP Specialty Advisory committee;
- RCGP Assessment Committee;
- RCGP Curriculum Development Group;
- Foundation Curriculum Group; and
- UK Trainee Underperformance group.

One of the Associate Directors is a member of the National GP Recruitment Steering Group and contributes to the item writing for Stage 2 and 3 of the GP recruitment process. One of the Associate Directors has been appointed as an external assessor for the RCGP. This role enables the Deanery to ensure it is adhering to standards set by the RCGP with regard to ARCP panels and other activities.

A GP Programme Director is the Treasurer of the Association of Primary Care Education (APCE).

A number of GP Trainers are accredited examiners for the RCGP Clinical Skills Assessment. They bring their expertise and guidance to Northern Ireland GP Trainees.

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

To ensure that high quality training is provided to trainee doctors in accordance with regulatory standards to meet the needs of the population and HSCNI.

GP Specialty Training

In 2014/15, for the first time, the General Medical Council published data on its website comparing performance across UK Deaneries and LETBs. It specifically looked at ARCP Panel Outcomes and scores in the Applied Knowledge Test and the Clinical Skills Assessment components of the MRCGP exam. On all counts Northern Ireland was the lead performer by a significant margin.

At the end of year there were 230 GP trainees on the GP Specialty Training Programme in Northern Ireland. Demand for GP training in Northern Ireland is high with a recruitment/ selection ratio of 2.84:1.

GP Specialty trainees are provided with a three year programme of training on appointment, based in a Trust area.

Trainees who take time out of the training programme will be out of sync within the training programme. Requests for statutory leave usually result in extensions to training in General Practice. At the end of year there were 81 trainees who were out of sync. An audit of sick leave also revealed increased demand for leave. The implications of these statistics are significant in terms of workload in managing programmes and suitable posts to ensure trainees acquire a CCT in General Practice. However, they also have a significant impact on workforce planning since out of the 65 trainees recruited to a three year run through programme in 2011 only 35 completed training in July 2014.

In delivering the GP training programme GMC and RCGP standards have to be met. This proves challenging when trainees take time out of the programme, usually for statutory leave.

Recruitment and Selection

Demand for GP Training in Northern Ireland is high. Sixty five trainees are appointed each year to a GP Training programme in Northern Ireland. GP Specialty trainees are provided with a three year programme of training on appointment, which is based in a Trust area.

The GP recruitment process took place in February 2015. National guidelines were strictly adhered to. As in previous years there were high quality applicants for the posts and competition was high. The number of applications continues to be significantly in excess of available posts. However, a recent workforce review has suggested that there may not be enough GP trainees recruited annually and further exploration of this continues.

Sixty five trainees have been offered places in the GP specialty training programme to commence in August 2015.

There are 36 GP trainees currently working less than full-time, and a further eight applications which will be considered at the next Less Than Full-Time Panel.

Delivery of Curriculum

The GP team has mapped out all its Quality Management activity in Specialty Training. Further, there is lay and trainee representation on the GP Specialty Committee.

A major new programme of work has been the introduction of a formal Quality Improvement training programme within GP Specialty Training. This involves ST2 trainees participating in a formal education programme to understand QI methodology and its application. Opportunities to utilise these skills have been organised and include for example:

- Risk stratification of diabetic patients in Primary Care
- Application of NICE guidelines by review of COPD patients
- Participation in an integrated Dermatology initiative and many others.

The purpose of the programme is to build capacity in Quality Improvement methodology in General Practice and set up collaborative working between Primary Care and other care providers. There will also be opportunities to share good practice using the Project Echo model in GP practices, information about which can be accessed here:

<http://echo.unm.edu/>

A core element of the Quality Management of GP Specialty Training is the accreditation of GP Training Practices and GP Trainers. In 2014/15 there were 19 practice visits carried out and 29 GP Trainers accredited/reaccredited.

All GP Trainees in the NI GP Training programme have an appraisal which mirrors the post CCT GP appraisal. This is in addition to their ARCP panel. This is to ensure that GP Trainees are familiar with the requirements of the GP Appraisal scheme as they move into independent practice.

As part of its Quality Management of GP Specialty Training the GP Department carried out a number of activities:

- Review of Special Circumstances Policy for GP Trainees
- Review of GP Allocations Policy
- ARCP Panel process
- Practice visit documentation
- Learning and Teaching Manual

Utilising the feedback from the previous year's review of communication between NIMDTA and GP trainees the GP department continues to produce a series of information leaflets for GP trainees.

In addition all GP Trainees have the opportunity to curriculum map their Trust post to the Trust specialty.

GP Training Programme Directors (TPDs) have carried out a curriculum mapping activity ensuring that all areas of the RCGP curriculum are covered in the delivery of the formal teaching in ST2 and ST3 General Practice. Annually the TPDs meet for a full day and review the programme and make adjustments as required. For example, this year the provision of safeguarding training has been reviewed to meet GMC requirements.

The General Practice Department delivered 331 courses and training events for GP Trainees at different levels in 2014/15.

The Deanery is also continuing to support Practice Based Small Grouping Learning for ST2 and ST3 trainees. This initiative has been well received by GP Trainers and GP trainees alike.

Annual Review of Competence Progression (ARCP) and Member of the RCGP (MRCGP) exam

A key performance indicator for the GP team in relation to this strategic objective is the outcome of Assessment Review of Competence Progression panels (ARCPs).

The ARCP Panels met in June 2014 and reviewed the e-portfolios submitted by all GP trainees.

- A total of 45 GP ST3 Specialty Trainees completed their training requirements and gained their CCT between August 2013 and August 2014;
- A total of 149 trainees through ST1/ST2/ST3 achieved satisfactory progress at ARCP;
- Thirty four trainees were given an unsatisfactory outcome – insufficient evidence, additional training may be required;
- Five trainees were given an unsatisfactory outcome – with no additional training time required;
- Four trainees were given an unsatisfactory outcome – with additional training time required; and
- Twenty three trainees were given an Out of Programme due to maternity leave.

Since August 2007 there is a single training and assessment system for UK trained doctors wishing to obtain a CCT (Certificate of Completion of Training) in General Practice. Satisfactory completion of the scheme is an essential requirement for entry to the General Medical Council's GP Register and for membership of the Royal College of General Practitioners.

The MRCGP is an integrated assessment programme that includes three components:

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

Each of these is independent, and tests different skills but together they assess the curriculum for Specialty Training in General Practice.

Evidence for the workplace-based assessment is collected in the Trainee e-portfolio of each GP trainee. This evidence is reviewed by the ARCP panel which decides whether a trainee is making sufficient progress to proceed in their training.

There is regular review of trainee e-portfolios by GP trainers and Training Programme Directors. Hence feedback can be given to trainees in a timely fashion prior to their ARCP panel if the evidence is lacking.

In 2014/15 a total of 20 trainees sat the AKT in October 2014 (17 passed at 1st attempt, two at 2nd attempt and one at 3rd attempt). 30 trainees sat AKT in January 2015 - 29 passed (1 fail).

In 2014/15, 63 trainees undertook CSA between October 2014 – March 2015 and all passed.

As always Northern Ireland GP trainees performed well in comparison with their counterparts in other UK Deaneries.

Foundation Training in GP

GP trainers in GP training practices provide training places for foundation trainees.

There are normally 60 places in 20 practices with four month attachments annually.

In 2014/15 there were 59 Foundation trainees who completed a four month placement in General Practice.

Feedback from Foundation trainees in General Practice continues to be positive.

GP Deanery Visits

A core element of the Quality Management of GP Specialty Training is the accreditation of GP Training Practices and GP Trainers. In 2014/15 there were 19 practice visits carried out and 29 GP Trainers accredited.

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

General Medical Council Surveys

A key performance indicator for the GP team in relation to this strategic objective is performance in the GMC National Training Surveys. The trainee survey 2014/15 was analysed in order to look at areas of exceptional practice and areas of concern in General Practice training.

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

Careers Information & Support

Following the recent review of all induction material for GP trainees a number of information leaflets have been produced for GP Trainees.

These included information on:

- Recruitment and Selection;
- The GP Training Programme;
- Out of Hours Training;
- Out of Sync Trainees;
- Induction for ST1; and
- New Trainer information.

This information was also made available on our website.

The group of GP Trainers with a commitment to providing additional support to GP Trainees in difficulty continues. The purpose of establishing the group was to skill up a cohort of GP Trainers to provide specific training opportunities for GP Trainees

identified as having a difficulty. The GP Department is also liaising with Occupational Health to assist in the identification and support of GP Trainees with health issues.

In 2014/15, nine trainees were supported by Occupational Health services.

There were a number of GP trainees requiring additional support including those who required minimal intervention to those requiring significant intervention where complex multi-factorial issues prevail. Many low level supports were managed by the GP department and this is an area of increasing demand and workload. Twenty three trainees were being provided with support of this nature.

When circumstances are more complex the trainee will be managed by the Trainee Support Group. Examples of such circumstances might include trainees who have conditions or undertakings with the GMC.

A large proportion of GP Trainees (81) were 'out of sync' in the programme due to absence for reasons such as maternity and sick leave. The 'out of sync' Trainees meet with their Programme Director prior to their return to work and a suitable educational plan is agreed dependent on their stage of training.

To enhance the standard and safety of patient care through the provision of career development for general medical practitioners.

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

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

GP Trainers

We have an established and committed cohort of trainers. There are 221 General Practice trainers in 125 different training practices. There have been 22 new trainers appointed since April 2014 and four trainers have retired.

Each year there is continued interest from potential trainers who apply for and successfully complete the Learning and Teaching course. In 2014/15 a total of 31 GPs attended the Learning & Teaching Course. The course aims to provide a basic training for a competent, confident teacher in General Practice by:

- Providing a facilitative learning environment;

- Involving participative and flexible learning methods;
- Supporting personal development;
- Developing skills of critical thinking and self-evaluation; and
- Modeling good educational practice

GP's who complete the L&T course, submit a portfolio and are successful at the practice visit become accredited trainers in GP. Those GP's then enter in to a run through training programme for one year provided by the Deanery to enhance one to one skills and groups skills in advance of having a trainee in practice. This also allows for peer support.

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

The Trainer Groups organise at least two training sessions per year. In the last year topics covered have included:

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

The Deanery also provided training for the following groups:

- Clinical Supervisors in Out of Hours;
- Practice managers; and
- Peer review training for GP Trainers.

The Out of Hours providers have a Memorandum of Understanding with NIMDTA regarding the operational delivery of training to trainees in Out of Hours placements.

The Deanery regularly met with the Trainer Convenors group to improve information sharing and good practice.

To carry out GP Appraisal in line with the Service Level Agreement with the Health & Social Care Board, in order to improve clinical practice, patient safety, and to meet the GMC's requirements for revalidation.

GP Appraisal

NIMDTA co-ordinates and manages the process of GP Appraisal in Northern Ireland and works in partnership with the DHSSPS and the Health & Social Care Board (HSCB) under the guidance of a Central Board of Management. The governance arrangements are underpinned by a Service Level Agreement and Communications Protocol with the HSCB which are updated annually. NIMDTA appraised 1,545 GPs in 2014/15 compared with 1,525 GPs the previous year.

With the introduction of revalidation, the scheduling of appraisals to meet timelines proved to be an intense activity. This is due to the fact that scheduling of appraisals has to dovetail with the appraisee collecting Patient Colleague Feedback.

GP Appraisal Conference

The first conference day was a full day on 4 June 2014 at Mossley Mill, Newtownabbey.

This included presentation from Dr Claire Loughrey on organisational culture, and a review of the new appraisal forms. Café conversations in the afternoon gave appraisers an opportunity to take part in discussions with HSCB, the Leadership Centre and GMC representatives, as well as the opportunity to discuss a number of areas including quality improvement, sessional doctors and appraisal and how to manage difficult appraisals.

The evaluation of the day showed that more than 90% of appraisers felt that the presentations and workshops were good to excellent.

The second conference day was a full day on 20 November 2014 at White River House hotel in Toomebridge. This included presentations on quality improvement activity and having difficult conversations. The latter gave a first introduction for many appraisers to neurolinguistic programming. The afternoon was coordinated by three of the Lead Appraisers, presenting work which they felt was relevant and included presentations on the appraisal interview new appraisal forms.

Again the evaluation showed that more than 90% of appraisers felt that the conference talks and workshops were good to excellent.

Lead Appraisers

The Lead Appraisers have had two training days provided over the last year. The first day was a quality improvement training day, with the Programme Directors for specialty training. The second day included further training in quality improvement in general practice and a meeting with the GMC. Lead Appraisers hold quarterly meetings with their small group of Appraisers and also meet with the Regional Appraisal Co-ordinator on a regular basis.

Meetings with HSCB

The NIMDTA appraisal team met with the HSCB revalidation team quarterly. This provided the opportunity for information sharing between the two groups, and also enhanced team building in facilitating the revalidation of GPs in Northern Ireland.

Sessional Doctors

A new Sessional Doctors' handbook for appraisal and revalidation is being developed. The Regional Appraisal Co-ordinator met with a representative from the Sessional Doctors' Association to discuss this and this work is on-going.

Minimum sessions

The guidance in place for those doctors working minimum sessions in general practice is working well. All doctors declaring on the registration and declaration form that they work less than one session per week in appraisal are asked to complete a scope of practice form. This provides more detail as to their working practices over the previous appraisal year. If they are working less than one session per month, their appraisals are done by a Lead Appraiser, as these doctors may have more of a problem fulfilling the GMP Framework in their role in general practice.

New forms

New GP appraisal forms were introduced in 2014. Appraisers quickly adapted to their use and all Form 4s are now written in the new format. The Form 4 is used to record what is discussed, any issues and agreed actions between the GP and the Appraiser. The Form 4 is then used to create a personal development plan. Appraisees also adapted to using the new forms and these have been widely accepted and generally well received.

Review of scope of practice during appraisal

The Form Cp2a has been adopted by the Responsible Officer (RO). The Form Cp2a is completed annually by GPs who have other roles which are not included in General Medical Services (GMS) and therefore not discussed at appraisal. The form is designed to provide an assurance to the HSCB Responsible Officer that there are no issues or outstanding concerns in another role. The RO requires that this form is signed for all work outside GMS which requires a license to practice. This includes Out of Hours work. Further guidance on the provision of Form Cp2as for those GPs working in undergraduate teaching has been provided from Queens University Belfast.

The Communication Protocol

The Communication Protocol has been updated with changes agreed between HSCB and NIMDTA. It is now available on the NIMDTA website.

Patient and Colleague Feedback

Patient and Colleague feedback is now well established with good communication systems between NIMDTA and HSCB, who co-ordinate this activity. The HSC Leadership Centre is the feedback provider.

Sharing good practice

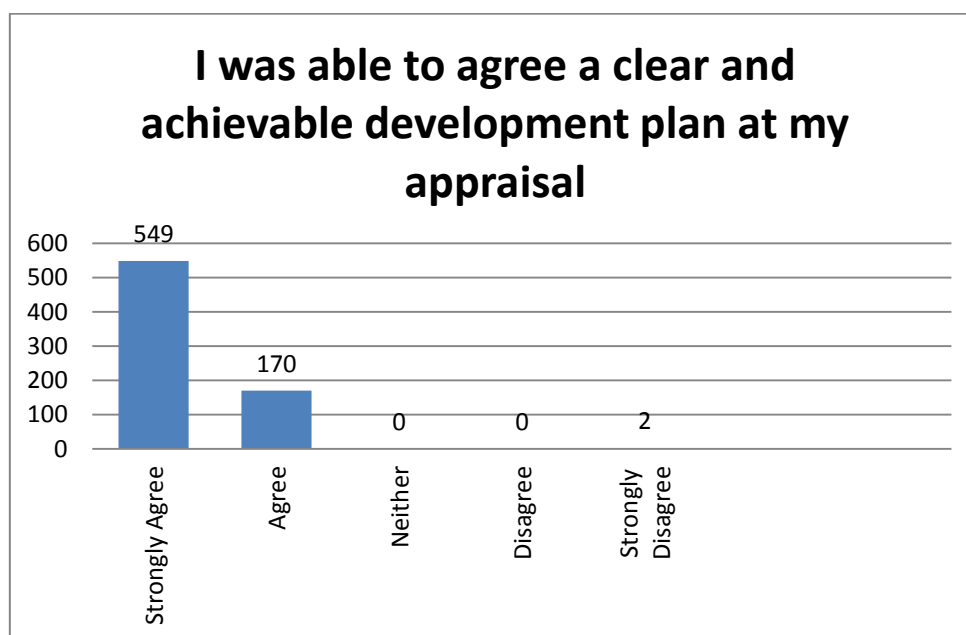
GP appraisers are aware of the wealth of good practice that they see on a regular basis during appraisals. This good practice is being shared between GPs through appraisal on a one to one basis. The appraisal visit is an excellent forum for developing GP's use of quality improvement activity in practice and further work will be done in this area over the coming year. The table overleaf provides an overview of appraisal activity.

Status	Total†	Belfast	South Eastern	Northern	Southern	Western
Partner	885	204	148	209	176	156
Sessional in GMS	319	118	98	97	83	47
Part Time Partner	206	52	47	44	37	32
Salaried GP	76	24	19	16	22	6
Retainee	8	5	2	1	1	0
Solely Out Of Hours	40	15	9	13	11	11
Assistant	2	0	0	1	1	0
Associate	1	1	1	0	0	0
No longer on PMPL* at 31.03.15	8	1	1	1	4	2
TOTAL †	1545	420	325	382	335	254

†Variances in the table above are caused by the fact that the figures on the left total column represent the number of individual doctors and the area columns shows the number of GPs who actively work in those area groups. There are a number of doctors who work in multiple locations and have multiple roles.

*Primary Medical Performer's List (PMPL)

The following chart provides an overview of one aspect of appraisee feedback from their appraisal:



Revalidation

NIMDTA has an effective working relationship with HSCB, facilitating the Responsible Officer in making revalidation recommendations to the GMC for GPs in Northern Ireland.

We are now entering year three of the revalidation cycle.

Number of Doctors Revalidated in...	Total
Year Zero (Before end of March 2013)	29
Year 1 (April 2013-March 2014)	282
Year 2 (April 2014-March 2015)	578

Continuing Professional Development (CPD)

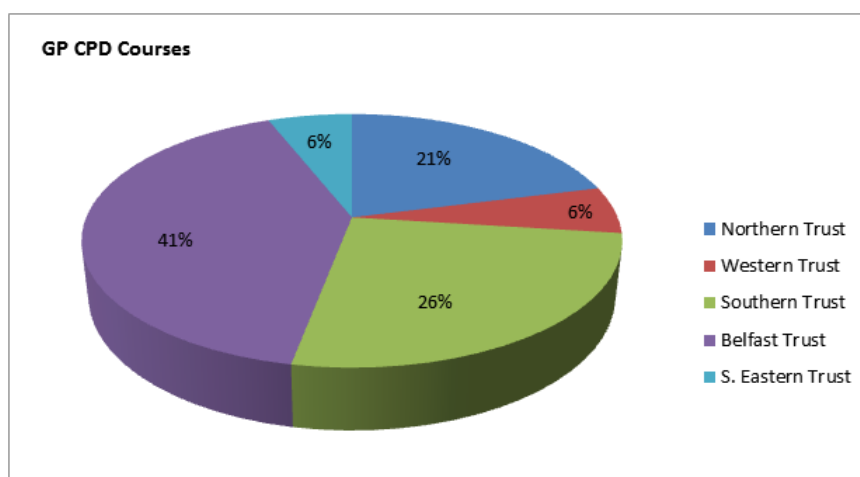
CPD has provided 15 courses between April 2014 and April 2015.

There were eight GPs on the GP Retainer scheme. The Retainer Scheme aims to give doctors the opportunity to work during a stage when they are not able to make a full-time commitment to General Practice. Retainees can keep up to date with medicine and develop their careers within a supportive clinical and educational environment until they are able to return to mainstream General Practice as a GP performer in either a partnership, salaried or sessional post.

There were 1,520 GPs registered on the Intrepid database. This database is used by NIMDTA to record training records.

The number of courses provided in each Trust area during 2014/15 is as follows:

Breakdown of Courses Provided by Area



Evaluations from course attendees are very positive:

“All speakers well informed and delivered interesting and relevant lectures”

“Excellent interactive section”

“Appropriate to GP needs”

The GP team along with the HSC Board has implemented a Career Development scheme for GPs being re-introduced to the NI GP workforce.

NIMDTA and the HSCB have implemented a Career Development scheme. This includes elements of induction, returning to practice and retention in General Practice. The scheme was piloted for a period of one year and is again under review.

To date there have been five applicants with one GP successfully completing the scheme.

The GP Director also worked with the Northern Trust Dermatology Pilot to provide an educational governance framework for the scheme. The scheme seeks to up-skill and peer review participating GPs to manage dermatological conditions traditionally managed in General Practice. The scheme was delivered as a Locally Enhanced Service model. Outcome measures are very positive.

Hospital Training

Hospital Training consists of two departments, the Hospital Specialty Training Department and the Foundation Department. Both Departments are supported by the Associate Postgraduate Dean for Career and Personal Development (Dr John Collins) and Dr Richard Tubman who was appointed as the Associate Postgraduate Dean for Faculty Development and NIMDTA Visits from January 2013.

The Foundation Department is led by the Associate Postgraduate Dean for the Foundation Programme (Miss Angela Carragher).

The Hospital Specialty Training Department

The 2014/15 Business Plan attributed the following strategic objective to the work of the Hospital Specialty Training Department:

To ensure that high quality training is provided to trainee doctors in accordance with regulatory standards to meet the needs of the population and HSCNI.

Dr Ian Steele, Associate Postgraduate Dean for Hospital Specialty Training leads the Hospital Specialty Training Department.

The Hospital Specialty Training Department comprises eight Specialty Schools. These specialty schools are:

- School of Medicine;
- School of Surgery;
- School of Paediatrics;
- School of Obstetrics and Gynaecology;
- School of Psychiatry;
- School of Anaesthesia and Intensive Care;
- School of Emergency Medicine; and
- School of Diagnostics.

There are 15 Heads and Deputy Heads of Specialty School and administrative support within each school to ensure the requirements of the GMC are achieved.

During 2014/15 Dr Sandra McNeill was reappointed as Deputy Head of School of O&G.

NIMDTA relies on the skills and dedication of trained educational and clinical supervisors within the Trusts. There are 49 Training Programme Directors appointed to manage the Specialty Training Programmes and the delivery of the nationally approved Specialty Training Curricula.

During 2014/15 there were 13 new TPDs appointed as follows:

Dr Anton Collins	TPD Radiology
Dr Maria O'Kane	TPD Psychotherapy
Dr Mark Roberts	TPD Acute Medicine
Dr Khalid Khan	TPD Plastic Surgery
Dr Vivienne McConnell	TPD Clinical Genetics
Dr Jennifer Somerville	TPD Histopathology
Dr Ganesh Manoharan	TPD Cardiology
Dr Sanjeev Sarup	TPD Geriatric Medicine
Professor Peter Maxwell	TPD Nephrology
Dr Anita Smyth	TPD Rheumatology
Dr Sarah McKenna	TPD Medical Oncology
Dr Michael Hunter	TPD Infectious Diseases
Mr Robert Gilliland	TPD General Surgery

The functions of the Hospital Specialty Training Department are overseen by the Hospital Specialty Training Committee. The Hospital Specialty Department receives and disseminates information to and from the Schools through a number of channels including the Specialty Schools' Forum, Lead Educators' Forum as well as through Specialty School Reviews.

Hospital Specialty Training Committee

The aims of the Hospital Specialty Training Committee are:

- To oversee strategy for Specialty Schools (includes Recruitment & Selection and Induction);
- To oversee appointments to Specialty School Leadership;
- To organise and oversee implementation of appraisals of Specialty School Leadership;

- To organise and submit Hospital Specialty components of Annual Report, Annual Dean's Report to GMC, Reports to SMT and NIMDTA Board;
- To organise the Specialty Schools' Forum and Lead Educators' Forum;
- To advise on and contribute leadership to Hospital Specialty Visits and Specialty Reviews;
- To advise on needs of Faculty and contribute to Faculty Development events;
- To organise representation from the Hospital Training Department to attend QMG, FDG, Revalidation Steering Group, LTFT panels, Specialty Schools Reviews, Lay Representative Forum;
- To represent NIMDTA / Hospital Specialty Training Department on external liaison groups; and
- To contribute to the development of relevant policies.

The membership of the Committee is the Associate Dean for Hospital Specialty Training (Chair), Postgraduate Medical Dean, Associate Dean for Faculty Development, Associate Dean for Careers and Personal Development, Administrative Director, Hospital Training Coordinator and Specialty Training Coordinator.

The committee met on ten occasions during 2014/15.

Specialty Schools' Forum

The Specialty Schools Forum is chaired by the Associate Dean for Hospital Specialty Training and comprises the Postgraduate Dean, Associate Deans, GP Director and Heads/Deputy Heads of School, Human Resources Manager, Administrative Director and Specialty Training Coordinator. The aims of the Forum are:

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

The Specialty Schools' Forum met on six occasions during 2014/15. On two occasions the Forum was extended to include Training Programme Directors as the Lead Educators' Forum.

Specialty School Reviews

In December 2012 a Specialty School Review process was set up to conduct a review of each Specialty School every year. This is carried out with the Head and Deputy Head of a school to discuss the challenges and performance over the previous 12 months. The Schools of Anaesthetics and Surgery were reviewed in 2014/15. Areas for discussion included: Review of School Board, Recruitment and Selection, Allocation of Trainees, Induction to the Specialty, Formal Teaching Programmes, ARCPs and Trainees Requiring Support.

Specialty Programmes Recruitment and Selection

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

In 2014/15, 434 core and specialty training posts were advertised to which 368 trainees were appointed (316 appointments into programmes of training and 52 LAT posts). Trainees were allocated to posts based on ranking at interview and preference.

At 6 August 2014 there were a total of 98 posts remaining unfilled, spread across all specialties but with the largest number of vacancies occurring in Emergency Medicine, Core Surgical Training, Paediatrics, Obstetrics and Gynaecology and Core Psychiatry. This figure had increased to 155 by the end of March 2015 due to resignations, maternity leave, sick leave and out of programme training.

Allocation of Trainees

Postings were made for a period of six or twelve months at a time (August to February, and February to August) as decided by the Specialty School. Post allocation was managed by Head / Deputy Head of School / Training Programme Directors in conjunction with the relevant School Board or Specialty Training Committee.

Specialty Programme Induction

Each Specialty School provided regional induction for trainees commencing in their specialty at the beginning of the programme. In some specialties this took place on

more than one occasion to facilitate the number of trainees and their working patterns.

Deanery-wide Courses for Trainees

Delivery of the curriculum for trainees is a joint responsibility of NIMDTA and LEPs. Each Specialty unit would be expected to have weekly teaching sessions. In addition, NIMDTA provided a range of formal education and examination preparation courses. The Senior trainees were also provided access to the Teaching the Teacher Programme.

Management Training Programme

A total of 85 Specialty Registrars in their final year of training attended a Management Development Programme in 2014/15. This programme aims to equip doctors in training with the necessary management skills to become an NHS consultant. Over the period 2014/15 there has been development of a Generic Skills Programme for Specialty Trainees and the components of the Management Training Programme have now been incorporated into this on a modular basis.

Study Leave Approval

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

Assessment of Trainee Progress

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

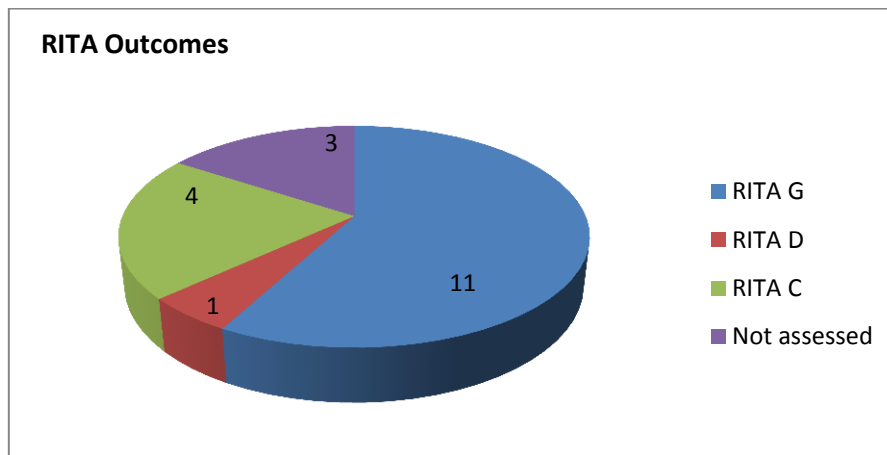
In 2014/15, a total of 1,078 trainees were assessed in specialty training: 1,062 were assessed using the ARCP process and 16 through the RITA process.

All specialties have introduced a portfolio for trainees to provide a record of progress through training and the achievement of competencies, based on the relevant curricula. Almost all portfolios are now electronic. The table overleaf provides an overview of the different types of assessment outcome.

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

RITA Outcomes for 2014/15

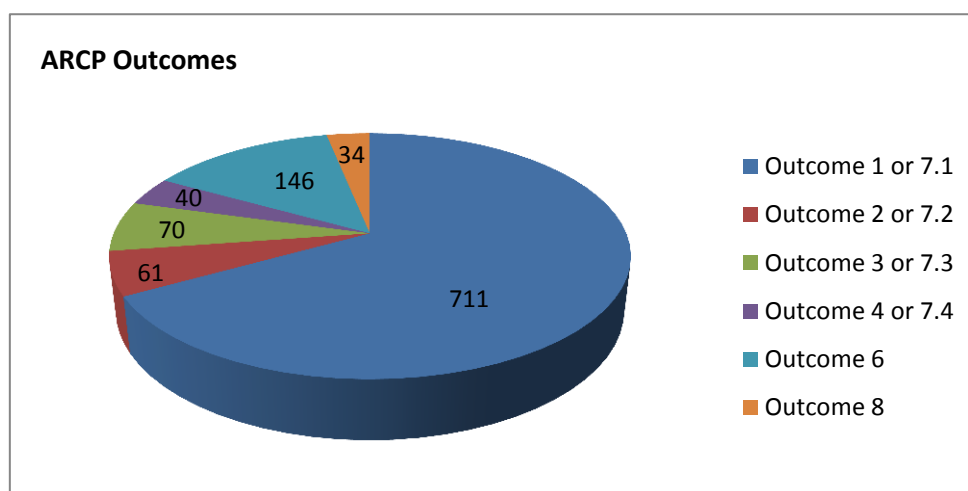
RITA G	11
RITA D	1
RITA C	4
Not Assessed	3



Where a trainee has not been assessed, this could be for a number of reasons such as a trainee being Out of Programme, not being in post long enough, occasions of sick leave or resignations.

ARCP Outcomes for 2014/15

Outcome 1 or 7.1	711
Outcome 2 or 7.2	61
Outcome 3 or 7.3	70
Outcome 4 or 7.4	40
Outcome 6	146
Outcome 8	34



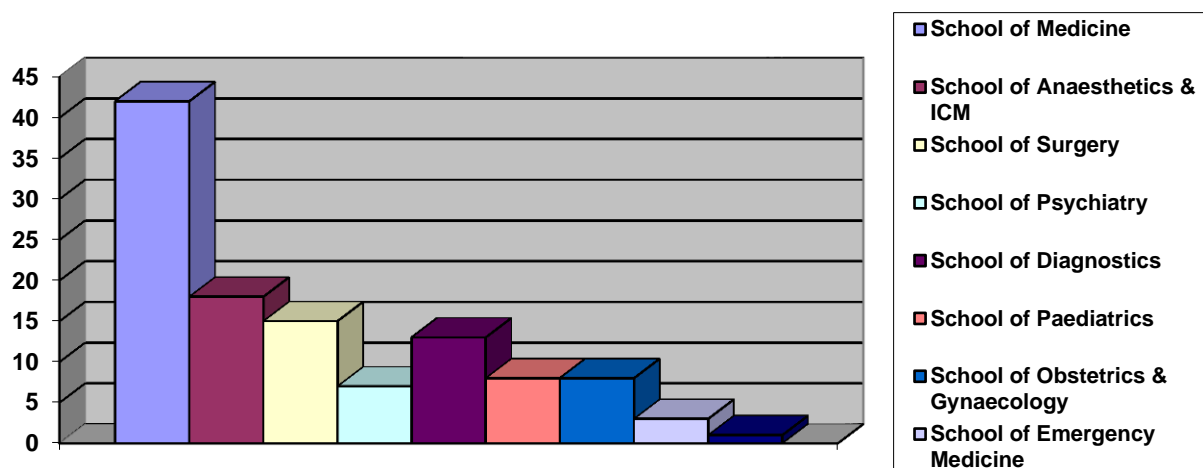
During 2014/15 comprehensive NIMDTA guidance for the ARCP process was developed to be used in conjunction with the national Gold Guide. This new guidance was put in place for the ARCPs carried out in the 2014/15 year and the Department has continued to refine this guidance to assist with the ARCP process.

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

In 2014/15, 114 specialty trainees completed their training requirements and gained their Certificate of Completion of Training.

CCT Outcomes by Specialty School

Specialty School	Total CCTs
School of Anaesthetics and Intensive Care Medicine	18
School of Emergency Medicine	3
School of Diagnostics (6 radiology; 7 pathology)	13
School of Medicine (40 medicine; 2 public health medicine)	42
School of Obstetrics & Gynaecology	8
School of Paediatrics	8
School of Psychiatry	7
School of Surgery	15



Northern Ireland Foundation School

The Foundation School is led by Ms Angela Carragher, Associate Postgraduate Dean for the Foundation Programme.

The Northern Ireland Foundation School is responsible for all new medical graduates as they make the transition into clinical working practice in Northern Ireland whilst holding GMC provisional registration. A second year of Foundation training (F2 year) ensures preparedness to enter specialty training in a chosen specialty including General Practice.

The 2014/15 Business Plan attributed the following strategic objective to the work of the Foundation School:

To ensure that high quality training is provided to trainee doctors in accordance with regulatory standards to meet the needs of the population and HSCNI.

Foundation Programmes

In the Foundation School there are fourteen programmes of training each headed by a Foundation Programme Director (FPD). Recruited and selected Foundation Educational Supervisors (FES) oversee defined numbers of Foundation doctors for a year long period of training. Named Foundation Clinical Supervisors (FCS) internally appointed by a Trust, oversee each individual doctor's four month placement.

During 2014/15 new FPD/ FES training appointments were made as follows:

Dr Gary Heyburn was appointed as FPD in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors;

Dr Kevin Dynan was appointed as FPD in the SE Trust at the Ulster Hospital, Dundonald site;

Dr Suzy Guy was appointed as FES in the Belfast Trust at the Mater Hospital site for F1/F2 doctors;

Dr Olly Bannon was appointed as FES in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors;

Dr Mary-Clare McGovern was appointed as FES in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors;

Dr Philip O'Connor was appointed as FES in the Belfast Trust at the Royal Victoria Hospital site for F1 doctors;

Dr Gareth Kirk was appointed as FES in the Belfast Trust at the Mater Hospital site for F1 doctors;

Dr Gary Meenagh was appointed as FES in the Northern Trust at Antrim Hospital site for F1/F2 doctors;

Dr Jayne McAuley was appointed as FES in the Northern Trust at Antrim Hospital site for F1/F2 doctors; and

Dr Rick Anderson was appointed as FES in the Northern Trust at Antrim Hospital site for F1/F2 doctors;

Foundation Programme Recruitment and Selection

There are three strands to recruitment into the Foundation Training Programme. The Foundation School works in conjunction with QUB medical school to provide information to final year medical students about the application process to the national recruitment process.

The Foundation Programme Application System (FPAS) is a UK co-ordinated system used to recruit eligible applicants to a two year Foundation Programme training scheme under the auspices of the United Kingdom Foundation Programme Office (UKFPO). The recruitment process begins annually in October with an online application process and ends when all applicants have been placed in a Foundation Programme training post. Due to over subscription in recent years, this process may continue until early July in the following year.

Parallel to this process is recruitment to the Academic Foundation Programme which involves an assessment and face to face interview. The Northern Ireland Foundation School offers nine posts for Academic Foundation doctors. Thus the academic programme at QUB is enhanced through the attraction of high quality new medical graduates keen to pursue academic careers following foundation training. In 2014, a total of 26 applicants applied, 16 attended for interview with nine offers accepted.

Integral to the application process is a situational judgement test (SJT) which is conducted in all UK medical schools and taken with educational performance measures (EPMs) all applicants are awarded a score. This score matches applicants to a Foundation School and with choice of location decided, a second process matches applicants to their choice of post for the first two years of their post graduate medical training.

The Foundation School had a number of vacancies for the F2 year commencing August 2014 due to resignations, extended leave or IFST requests. A separate recruitment process took place in May 2014 and twelve standalone F2 posts were filled.

Foundation Programme Induction

A regional induction day for new Foundation doctors was held on Thursday 31 July 2014. The theme of the morning presentations was Patient Safety with Mrs Margaret

Murphy from the World Health Organisation Patients for Patient Safety as guest speaker. She gave a personal account of her son, Kevin's interaction with healthcare. A new regional fluid balance chart was also explained at the induction day. The Foundation School's induction to the Foundation Programme was peer delivered by many current and recent Foundation doctors in the afternoon. Comprehensive evaluations were collated and forwarded to all who spoke at the event. Feedback from the new F1 doctors was very positive.

Study Leave Approval

Study leave is not available for F1 doctors under national terms and conditions of service. LEPs undertake to provide three hours of educational activities for all F1 doctors weekly.

Study leave for F2 doctors is managed by the Foundation School and provision of Generic Skills training is provided on a mandatory attendance basis and delivered and co-ordinated regionally at NIMDTA. All F2 doctors in General Practice training attend weekly tutorials and have a weekly half day in the GP practice for private study which counts towards their annual allocation of leave days.

Generic Skills Training for Foundation Trainees

In 2014/15, the tenth annual programme of mandatory Generic Skills training days was delivered regionally for all F2 doctors. A total of ten days of study leave is set aside for attendance at these training days. Attendance is closely monitored and if a module is not attended an opportunity is offered to attend in the following year. Sessions include training on the following:

Module 1a: Acute Kidney Injury–Interactive teaching session on Acute Kidney Injury;

Module 1b: Educational Opportunities and Requirements during F2 – ePortfolio & requirements for Foundation ARCP;

Module 2: Career Management – Dr John Collins, Associate Dean;

Module 3: The Doctor as a Teacher / Quality Improvement;

Module 4: Patient Safety / Medico-legal Seminar;

Module 5: Teamwork;

Module 6: Breaking Bad News and Ethics;

Module 7: Professionalism and Resilience awareness/ Fitness to Practice;

Module 8: Safeguarding: Child Protection, Vulnerable Adults and Domestic Violence;

Module 9: Dial 999 (Delivered at the NIAS HQ); and

Module 10: Advanced Life Support (ALS) training courses (Trust delivered).

All sessions are interactive and designed to meet the professional needs of this group of doctors as they start their professional careers. To accommodate the

increased numbers all modules are delivered on seven separate occasions to ensure all F2 doctors can attend. Valuable on-line feedback from the doctors who attend is scrutinised and contributes to strengthen and enhance these training days.

Foundation Trainee Forum

The Foundation School has an active and well established Foundation Doctors' Forum which promotes inclusion of Foundation doctors' views in regional working groups and sends representatives to national meetings thus linking with other foundation doctors in other regions. Representatives of this forum are full members of the Foundation School Board and include a Final year Medical student along with an F1 and an F2 doctor. Issues pertaining to Foundation doctors are highlighted through this Deanery level reporting structure. The Foundation School links directly with the recruited and selected Foundation Programme Directors based in the Local Education providers, three times a year. Opportunities exist to discuss areas of good practice and directly influence how they are disseminated in the region.

Foundation Weekly Update

From August 2014 a Foundation Weekly Update has been circulated to all F1 doctors, F2 doctors and Foundation contacts. The objective of the Foundation Weekly Update is to streamline communication to all Foundation doctors, trainers in contact with Foundation doctors and all in health and medical education in Northern Ireland who are in contact with Foundation doctors.

All information is presented in 'bite sized' chunks of information relating to current issues relevant to front line healthcare staff. Regular features include topics such as Foundation e-portfolio and ARCP reminders; Healthcare news and information alerts; Foundation and Specialty Recruitment information; Regional Generic Skills mandatory training information for all F2 doctors; Information relevant to Foundation Programme trainers and those who act as supervisors; GMC information and new publications; Northern Ireland regional initiatives and their roll out; Academic opportunities and educational meetings; Celebrating the success of current and past NIFS Foundation doctors.

The information is confined to one A4 page and contains the key weekly messages relevant to all involved in Foundation Programme training in Northern Ireland.

Inter Foundation School Transfers (IFST)

Trainees will be expected to show that they have well-founded reasons for wishing to move from their current location. The accepted principles/criteria for consideration of IFST requests for well-founded personal reasons are:

1. Significant life events
2. Caring responsibilities
3. Committed relationship – particularly marriage, civil partnerships
4. Other Relationships including the importance of support networks

Inter Foundation School Transfers are managed by mutual regard to vacancies and circumstances governed by a nationally agreed policy instituted by the United Kingdom Foundation Programme Office.

Foundation Programme Outcomes

Of the Foundation trainees who completed training in August 2014:

- 141 entered a programme of Core or Specialty training in the UK;
- 22 sought employment inside the UK;
- 16 sought employment outside of the UK;
- 28 undertook a service post;
- 10 foundation trainees elected, or were required to complete a further F2 year;
- 1 trainee left medicine;
- 2 trainees undertook further study; and
- 8 trainees took a career break.

Our Internal Processes

Administrative Functions

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

Key business objectives were applied directly to the work of these departments:

To demonstrate substantive systems of internal control.

Controls Assurance

The Governance, Risk Management, Financial Management, and Buildings, Land, Plant and Non-Medical controls assurance standards were independently assessed and benchmarked across the HSC by Internal Audit. All other standards were reviewed by self-assessment. The outcomes were as follows:

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

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

Performance Indicators

The narrative throughout this Management Commentary is structured around the strategic and business objectives as set out in NIMDTA's Business Plan 2014/15. (Performance against key performance indicators is noted on Page 18).

Risk Management

The effective management of risk remains a key objective in delivering the business of NIMDTA. Within 2014/15 the Governance & Risk Committee, a sub-committee of the NIMDTA Board met on five occasions. During the year the Committee undertook a major review of the Corporate Risk Register. This then informed a review of each of the Departmental Risk Registers.

Internal Audit performed an audit on Risk Management within the year and reported a satisfactory level of assurance with no Priority One recommendations and two at Priority Two. Further, Internal Audit benchmarked NIMDTA's work in this area through the controls assurance process, and substantive compliance was achieved.

Principal Risks & Uncertainties

Throughout 2014/15 NIMDTA maintained a Corporate Risk Register, as well as a departmental register for each department. The Corporate Risk Register was regularly reviewed by the Board, the Senior Management Committee, and the Governance and Risk Committee. Within 2014/15 the following were key risks:

If partnerships with local training providers are not effective then it may not be possible to discharge our Quality Management functions as required by the GMC and the DHSSPS

This risk was managed through the oversight of the Quality Management Group which is responsible for monitoring, managing and improving postgraduate medical education through a collaborative partnership with the Local Education Providers (LEPs) and other stakeholders. This work is delivered, monitored and reviewed through the Learning and Development Agreement (LDA) which NIMDTA has in place with each LEP. Key action in relation to this risk included a full review of the LDA as well as the production of a policy on the management of the LDA and associated performance in line with it. This policy has been issued to all LEPs along with their LDA for 2015/16. This risk will continue to be closely monitored in 2015/16.

If there are further reductions in budget allocation, including in-year cuts, then the range of services that NIMDTA provides will need to be reduced

This risk was managed by the Senior Management Committee, and the risk was escalated due to in year cuts to NIMDTA's budget within 2014/15 as well as a 10% cut to NIMDTA's administrative budget for 2015/16. Key action in relation to this risk included the production of costs savings proposals setting out how the 10% cut may be achieved. These proposals were submitted to DHSSPS for consideration. This risk will continue to be closely monitored in 2015/16.

Information Governance

During 2014/15 staff from NIMDTA continued to participate in meetings regarding the development of the next version of the Intrepid system, Version 10. Intrepid is a database that has been designed in order to facilitate the recording and reporting requirements of Postgraduate Deaneries. It is planned that the core functionality of Intrepid V10 will be fully implemented by March 2016.

From 1 April 2014, NIMDTA joined a central contract for the system through Health Education England (HEE). This contract is designed to better coordinate systems, processes and developments across the Deaneries/Local Education and Training Boards (LETBs), in preparation for the procurement of a new Trainee Information System.

The functionality of the core Intrepid system can be enhanced through additional modules.

The Course Manager module continued to offer:

- Continuing Professional Development courses to General Practitioners, Dentists and Dental Care Professionals
- Training days for the Dental Foundation Programme, the Medical Foundation Programme and the GP Specialty Training Programme
- All of NIMDTA courses for its Hospital Specialty Training Programmes
- Faculty Development courses

In total, there were 8,425 bookings made online in 2014/15. NIMDTA continues to work with the supplier regarding improvements to the system. A new version of the Course Manager system has been developed and NIMDTA has been liaising with the supplier to ensure that it contains the customisations NIMDTA requires – it is hoped this update will be ready for testing and implementation during 2015/16.

All local recruitment for Specialty Training, as well as national recruitment for a selection of specialties, was again carried out using the Intrepid Pathway system from April – September 2014. From September 2014, Oriel, the new national recruitment system for the recruitment of Doctors and Dentists to training programmes throughout the UK, was used. This included all applications to Specialty Training Programmes (locally and nationally), including General Practice, standalone Foundation posts and also recruitment to Dental training programmes. Over the period a total of 1,638 applications were made to Northern Ireland based training programmes.

Also during 2014/15, NIMDTA fully adopted the FPL and HRPTS systems which were introduced as part of the HSC Business Services Transformation Programme (BSTP). BSTP was tasked with modernising the HR and finance systems within Health & Social Care organisations in Northern Ireland (HSCNI). As part of this, a number of Finance functions transferred to Shared Services within the Business Services Organisation. The payment function fully transferred in January 2015, with the transfer of payroll effective from February 2015.

Work continued to enhance compliance with the Information Management Controls Assurance Standard which had been introduced for 2013/14 by DHSSPS – this included an audit of information shared by the Agency, and a review of the Information Asset Register. During 2014/15 Internal Audit carried out a review of Information Governance work within NIMDTA. Internal Audit reported a satisfactory level of assurance with no Priority One findings and two at Priority Two. Further, self-assessment of the Controls Assurance Standard revealed a substantive level of compliance.

Information Requests

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

Seven requests were received under the Data Protection Act. The requests were processed in accordance with the Data Protection Act and within the required timescale.

There were two data related incidents during 2014/15. One incident related to a trainee receiving an incorrect email address and password. The error was corrected immediately before the trainee was able to log into the system. The second incident related to the release of IP addresses as part of an information return. Advice was sought from the Information Commissioner regarding this incident but, as no individual could be identified, no further action was required.

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

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

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

To ensure effective management of our estate and assets.

Within 2014/15 NIMDTA provided a Sustainable Development Report to DHSSPS. The information contained within this report will inform a larger report to OFMDFM to provide evidence of progress within DHSSPS on the delivery of the six priority areas for action as identified in the Sustainable Development Strategy and Implementation Plan.

Emergency Preparedness

NIMDTA has a Business Continuity Plan that is reviewed annually and which provides instructions on required action if a major incident should occur such as a fire, flooding or an outbreak of an infectious disease. The continuing development of such a plan should ensure that minimum disruption is experienced in the delivery of NIMDTA's services, if such an event were to occur.

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

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

Environmental Management

NIMDTA recognises that good management includes all environmental matters and seeks to ensure that environmental protection and the prevention of pollution are part of decisions, policies and practices to ensure that the impact of the work of NIMDTA on the environment is minimised. NIMDTA is committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. In 2014/15 NIMDTA co-ordinated this area of work through its Environmental Management Policy, which was reviewed in year.

Waste Management

Waste originating from NIMDTA's premises is considered as being controlled waste as defined in the Waste and Contaminated Land (Northern Ireland) Order 1997. In accordance with the provisions contained in that Order, NIMDTA has a duty of care in relation to the handling, disposal and management of waste. The duty to dispose of waste properly is set out in the Environmental Protection Act 1990 and the Environmental Protection (Duty of Care) Regulations 1991. In 2013/14, NIMDTA co-ordinated this area of work through its Waste Management Policy, which was reviewed in year.

To provide accurate and timely reports as required by regulatory bodies, DHSSPS, HSCB and other stakeholders.

Reporting

NIMDTA provided reports throughout the year to a wide variety of stakeholders. Further narrative in relation to key reports is provided within the Departmental narrative contained in this Annual Report.

Within 2014/15 NIMDTA published its first annual Quality Report. This report is available online at the following link:

<http://www.nimdtg.gov.uk/annual-quality-report/>

Equality and Human Rights

NIMDTA's Equality Scheme was given formal approval by the Equality Commission in September 2011. Throughout 2014/15 NIMDTA has worked in close partnership with colleagues from the HSC Agencies and Special Bodies Consortium in the implementation of its statutory equality duties.

NIMDTA has an Equal Opportunities policy that applies to all aspects of employment, including recruitment, promotion, training, redeployment and other benefits and facilities. NIMDTA positively and productively promotes and observes the objectives and principles of the various pieces of Equality legislation.

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

NIMDTA provides an annual report to Equality Commission in relation to work in this regard.

Social & Community Issues

Personal and Public Involvement (PPI)

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

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

As an HSC organisation NIMDTA has a statutory responsibility to ensure that the PPI agenda is delivered throughout its work. As part of NIMDTA's PPI strategy, lay representatives are involved in many different functions. Details of the work that lay representatives carry out is contained throughout the narrative of this report, and in particular at Page 34.

Human Resources

To recruit, select, train, develop and manage a workforce with the essential skills to deliver the services required of NIMDTA.

In 2014/15, NIMDTA made the following Medical and Dental appointments:

Nigel Hart	GP Associate Director Quality Improvement
Jill Edgar	GP Appraiser
Zara Mayne	GP Appraiser
Carla Devlin	GP Appraiser
Siobhan McEntee	GP Appraiser
Lynn Donaghy	GP Appraiser
Sharon Cuthbertson	GP Appraiser
Susan Barr	GP Appraiser
Mark Cathcart	GP Appraiser
Eoghan Fearon	GP Lead Appraiser
Elaine King	GP Appraiser
Anne Doherty	GP Appraiser
Louise Sands	GP Programme Director
Patricia Hegan	GP Appraiser
Aisling Fitzpatrick	GP Appraiser
Anton Collins	TPD Radiology
Maria O'Kane	TPD Psychotherapy
Mark Roberts	TPD Acute Medicine
Khalid Khan	TPD Plastic Surgery
Vivienne McConnell	TPD Clinical Genetics
Jennifer Somerville	TPD Histopathology
Ganesh Manoharan	TPD Cardiology
Sanjeev Sarup	TPD Geriatric Medicine
Peter Maxwell	TPD Nephrology
Anita Smyth	TPD Rheumatology
Sarah McKenna	TPD Medical Oncology
Nicola McCurley	TPD Dental Core Training
Michael Hunter	TPD Infectious Diseases
Robert Gilliland	TPD General Surgery
Hilary Boyd	TPD C&A Psychiatry

NIMDTA also made the following administrative appointments:

Victoria Auld - Specialty Training Administrator
Lauran Morrow - Specialty Training Administrator
Rachel Hawkins - Specialty Training Administrator

Oriel

NIMDTA was pleased to be part of the launch the UK-wide recruitment system for postgraduate specialty medical, dental and public health training, Oriel, in September 2014. This system enables medical and dental applicants to register, view vacancies, apply, schedule and manage interviews within the one online portal. Oriel is of one the initiatives of the Medical and Dental Recruitment and Selection (MDRS) Programme in the UK.

GMC Recognition and Approval of Trainers

In advance of the GMC Recognition and Approval of Trainers target of July 2016, NIMDTA has recruited eight Clinical Facilitators to assist in the delivery of the educational programmes which trainers require to have received training in to be eligible for signing off as an approved trainer for July 2016.

Training and development

NIMDTA supported two dental employees to undertake the Master's Degree in Medical Education. One employee was supported in pursuing a professional accounting qualification. One employee was supported to undertake a Master's Degree in Health Service Management.

Health and Wellbeing

NIMDTA places high value on supporting its Health and Wellbeing Strategy and continues to facilitate employees to take part in a weekly exercise programme. Andrea Kearns, Education and Training Manager from Aware Defeat Depression provided a half day workshop for employees entitled 'Mood Matters'. Dr Marie King GP Tutor NIMDTA, provided staff with blood pressure checks. Miss Kiri Wilson, Dental Executive Officer and Mrs Elaine Fugard, Dental Tutor provided Safe Talk awareness sessions for employees. Ms Catherine McHugh, Specialist Health Trainer provided a session on 'The relationship of sleep to health and illness'.

Communication and Engagement with Staff

In line with the Communication Strategy, NIMDTA has paid particular attention during this period to Communication and Engagement with staff. NIMDTA recognises that the organisation is going through a period of organisational change with the introduction of new systems and services and is committed to protecting the employment of staff.

The Senior Management Committee met on thirteen occasions in 2014/15 and there were four briefings to staff during this period with Board members present at two of these briefings.

An annual staff satisfaction survey was carried out to assess the satisfaction of staff working in NIMDTA and an action plan was agreed by the Senior Management Team to deal with any issues arising from the satisfaction report.

Successful negotiations with NIPSA took place over this period with the Joint Negotiating Forum (JNF) meeting on two occasions and agreement was reached in relation to the staff being redeployed within NIMDTA who were affected by the introduction of shared services.

HSC Change Day 11 March 2015

NIMDTA participated in HSC Change Day on 11 March 2015 and held a workshop for employees on 12 March 2015 led by Dr Nigel Hart Associate Director GP on Quality Improvement. NIMDTA employees agreed a pledge to make a quality improvement in their area of work over the next 12 months and NIMDTA will seek volunteers to present their quality improvement initiatives at subsequent employee workshops.

HRPTS and FPL

NIMDTA has continued to develop the roll out of the HRPTS system and introduced the FPL system during this period. NIMDTA payroll function was outsourced to the shared services centre from 1 February 2015.

Administrative Staffing

NIMDTA continues to have vacancy control in place to ensure that there are sufficient posts held for the redeployment of employees impacted by the introduction of shared services who have indicated that they wish to be redeployed in NIMDTA rather than transfer to the shared services centres. The Senior Management Committee continue to review all vacancies to determine whether they can be filled.

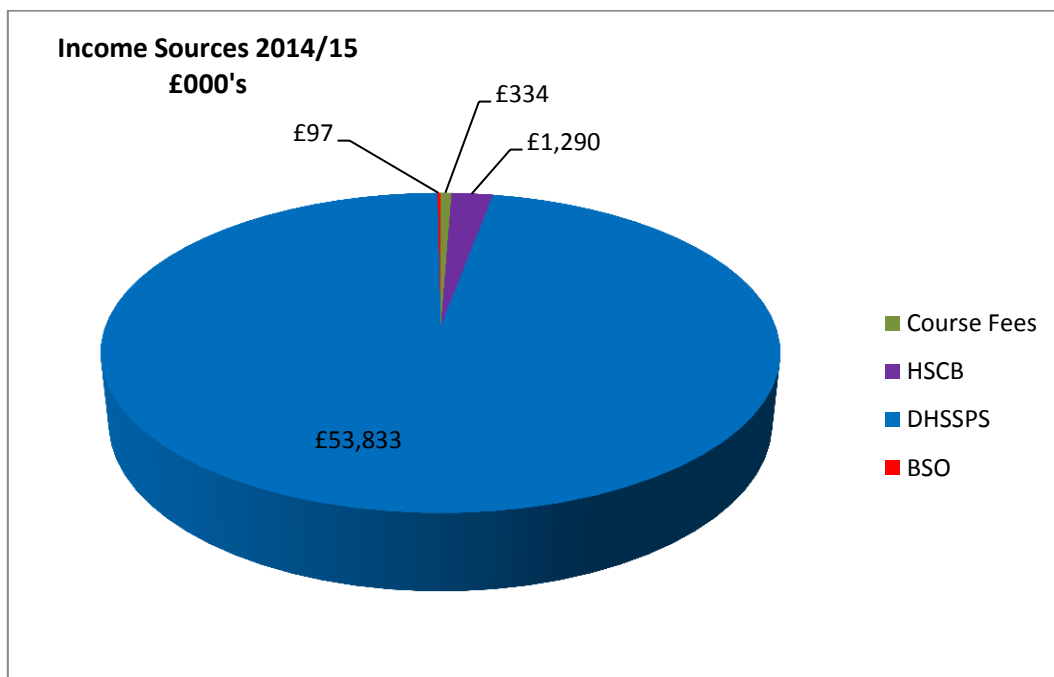
Absence Management Strategy

NIMDTA has adopted the HSC Regional Absence Management Framework and agreed this with the Trade Union NIPSA. The absence rate for this period was 2.9 % which is well below the HSC target of 5.2%.

Our Finances

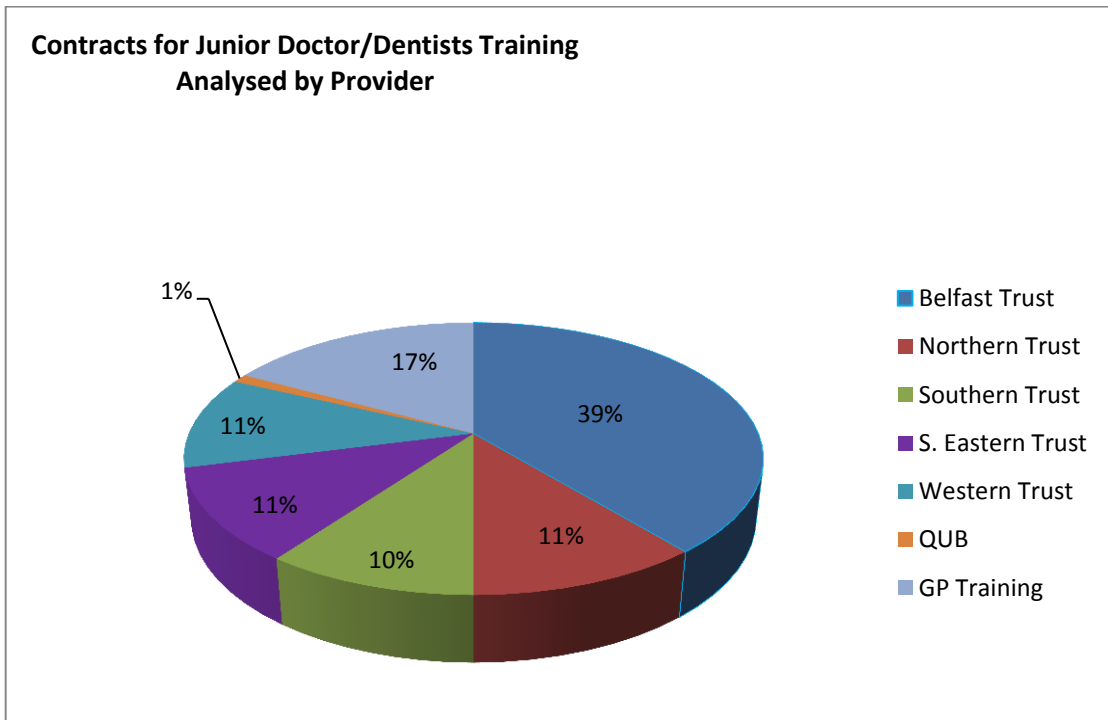
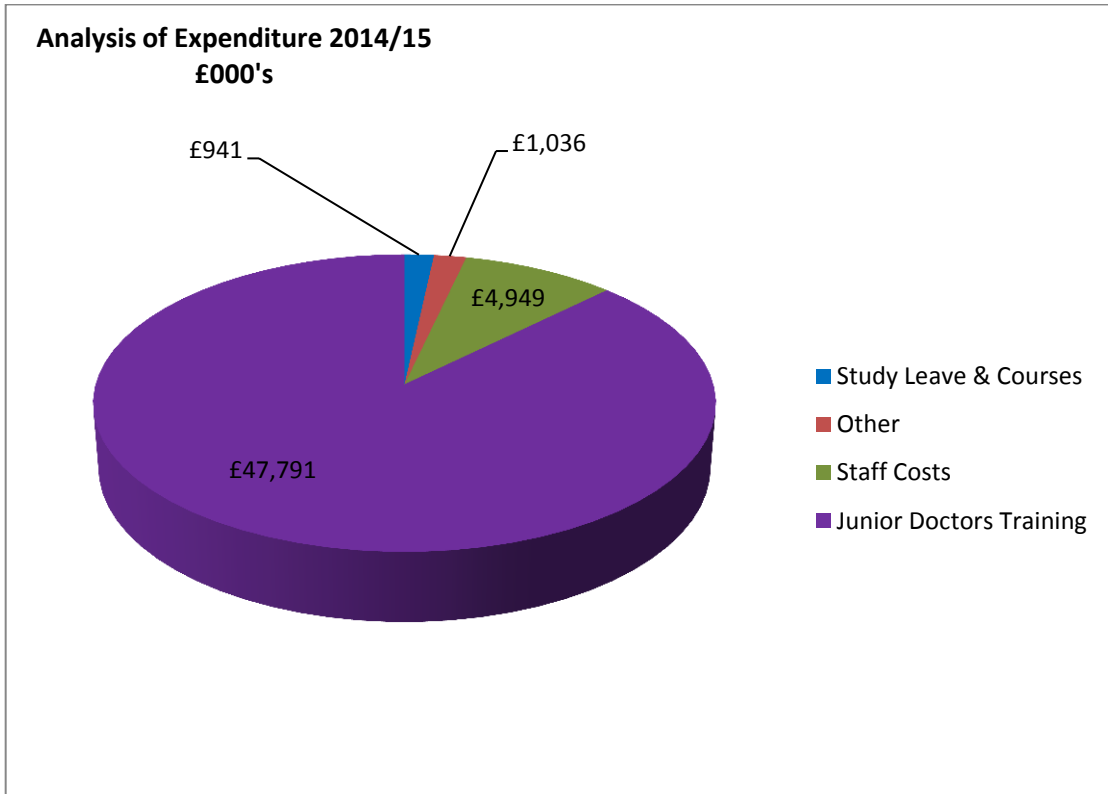
To manage expenditure in line with Managing Public Money.

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



NIMDTA spent over £54m in 2014/15, most of which was allocated to the five HSC Trusts and other Local Education Providers (LEPs), including GP and Dental Training Practices, for the provision of postgraduate medical and dental education. The payments to HSC Trusts were made under Learning and Development Agreements to fund a proportion of the salary and ancillary training costs of doctors and dentists in training.

NIMDTA employs a number of medical and dental educator staff on a part-time basis to monitor the quality of training provided by LEPs. NIMDTA also delivers training courses which are necessary for doctors and dentists to attend to satisfy the requirements of their specialty curriculum. In addition NIMDTA provides training in the form of continuing professional development (CPD) for qualified medical and dental general practitioners. It also funds trainees to attend training courses provided by external providers.



The Statement of Comprehensive Net Expenditure (Page 114) provides a breakdown of the income and expenditure for the 12 months ended 31st March 2015 showing a surplus of £802,155 which exceeds the break even target. Note 25.3 of the accounts provides further information in relation to the break even target which was £137,811 for 2014/15 (0.25% of

£55,124,323). NIMDTA therefore failed to meet its breakeven objective, having recorded a surplus of 1.46% (£802,155).

In light of this, significant concerns have been raised regarding the quality of the financial information provided to the Board. The ability of the Board to rely on the information provided to it has been identified as a significant risk to the organisation and reflected in NIMDTA's Corporate Risk Register.

In light of this, and cognisant of the need to deliver efficiency savings, NIMDTA has commissioned the services of the BSO to ensure the achievement of a financial breakeven for 2015/16.

Remuneration Report

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

Remuneration Committee

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

Mr Alistair Joynes	Chair
Mr Deane Morrice, MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member
Mr Gordon Smyth	Non-Executive Lay Member
Vacant	Non-Executive Medical Member
Dr Derek Maguire	Non-Executive Dental Member

Remuneration Policy

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

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

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

In relation to the policy on duration of contracts, all contracts of senior executives in NIMDTA are permanent. During the year 2014/15 all contracts were permanent and each contained a notice period of 3 months.

Service contracts

There were no service contracts.

Directors

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

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

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

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

Non-executive Directors

Mr. A. Joynes appointed (as Chairman) on 20th June 2011 (for a period of 2 years until 19th June 2013 and further extended to 19th June 2017);

Mr. D. Morrice appointed on 25th July 2011 (for a period of 2 years until 24th July 2013 and further extended to 24th July 2017);

Mr. L. Wilson appointed on 13th February 2012 (for a period of 2 years until 12th February 2014 and further extended to 12th February 2018);

Mr. G. Smyth appointed 24th January 2013 (for a period of 2 years until 23rd January 2015 and further extended to 23rd January 2019); and

Dr. D. Maguire appointed 18th March 2013 (for a period of 2 years until 17th March 2015 and further extended to 17th March 2019).

Duration of contract

All contracts of senior executives are permanent.

Notice period

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

Termination Payments

Statutory provisions only apply as detailed in contracts. There were no payments made to directors in respect of compensation for loss of office during 2014/15.

Retirement Age

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

Remuneration (including salary) and pension entitlements - Audited

Name	2014-15					2013-14				
	Salary £000s	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pension Benefits £000s	Total £000s	Salary £000s	Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pension Benefits £000s	Total £000s
Non-Executive Members										
Mr A Joynes Chairman	10-15	-	-	-	10-15	10-15	-	-	-	10-15
Mr D Morrice Non Executive Director	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr L Wilson Non Executive Director	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr G Smyth Non Executive Director	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr J Jenkins* Non Executive Director	-	-	-	-	0	0-5	-	-	-	0-5
Dr D Maguire Non Executive Director	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Executive Members										
Prof K Gardiner Chief Executive & Postgraduate Dean	195-200	-	-	196	390-395	170-175	-	-	16	185-190
Dr C Loughrey Director Of General Practice Education	115-120	-	-	15	130-135	115-120	-	-	9	125-130
Prof D Hussey Postgraduate Dental Dean	65-70	-	-	-10	55-60	65-70	-	-	-	65-70
<i>*Dr J Jenkins left on 30th April 2013</i>										
Highest Earner's Total Remuneration (£'000)	195-200					170-175				
Median Total Remuneration	81,807					89,370				
Ratio	2.4					1.9				

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. The bonuses reported in 2014/15 relate to performance in 2014/15 and the comparative bonuses reported for 2013/14 relate to the performance in 2013/14. No bonus payments were made in 2014/15.

Pension Entitlements - Audited

Name	Accrued pension at pension age as at 31/3/15 and related lump sum £'000	Real increase in pension and related lump sum at pension age £'000	CETV at 31/03/15 £'000	CETV at 31/03/14 £'000	Real increase in CETV £'000
Prof K Gardiner Chief Executive & Postgraduate Dean	65-70 Plus lump sum of 200-205	7.5-10 Plus lump sum of 27.5-30	1390	1153	197
Dr C Loughrey Director Of General Practice Education	25-30 Plus lump sum of 85-90	0-2.5 Plus lump sum of 2.5-5	577	530	27
Prof D Hussey* Postgraduate Dental Dean	-	-	-	-	-

*Please note NIMDTA is unable to obtain factors from the Government Actuary Department to calculate pension figures for those members over the age of 60.

Retirement Benefit costs

HSC Superannuation Scheme

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

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

In respect of Directors, there are no provisions for the cost of early retirement included in the 2014/15 accounts.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. A full valuation for resource accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

Employee contributions are determined by the level of pensionable earnings.

The employee contribution rates for the 2014/15 year are as follows for members of the HSC Superannuation Scheme:

Annual pensionable earnings (full-time equivalent basis)	2014 contribution rate before tax relief
Up to £15,431	5.0%
£15,432 - £21,387	5.6%
£21,388 - £26,823	7.1%
£26,824 - £49,472	9.3%
£49,473 - £70,630	12.5%
£70,631 - £111,376	13.5%
£111,377 and over	14.5%

University Superannuation Scheme

NIMDTA participates in the University Superannuation Scheme. This is a defined benefit scheme with employer contributions of 16% of gross pay. The most up to date actuarial valuation was carried out at 31st March 2011. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent basis.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31st March 2011 valuation is used in the 2014/15 accounts.

Premature Retirement costs

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

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HSC Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least five years membership of the HSC Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to ten years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks' pay (reduced by 30% for each year of additional service over 6½ years).

Alternatively, staff made redundant who are members of the HSC Pension Scheme, have at least two years' continuous service and two years' qualifying membership and have reached the minimum pension age (currently 50 years) can opt to retire early without a reduction in their pension as an alternative to a lump sum redundancy

pension is paid from the lump sum redundancy payment however if the redundancy payment is not sufficient to meet the early payment of pension cost the employer is required to meet the additional cost.

In respect of Directors there are no provisions for the cost of premature retirement included in the 2014/15 accounts.

Salary and Pension Entitlements

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

Cash Equivalent Transfer Value

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

Real Increase in CETV

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



Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

1/07/15

Date

NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2015

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

On

31/07/2015

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Northern Ireland Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

FOREWORD

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

These accounts for the year ended 31 March 2015 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

Northern Ireland Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

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

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

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

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

Northern Ireland Medical & Dental Training Agency

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

CERTIFICATE OF CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 118 to 149) which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Agency and with the accounting standards and policies for HSC bodies approved by the Department of Health, Social Services and Public Safety.

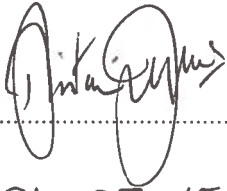


.....Chief Executive

01 07 15

.....Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 118 to 149) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



.....Chairman

01-07-15

.....Date



.....Chief Executive

01 07 15

.....Date

Northern Ireland Medical & Dental Training Agency

GOVERNANCE STATEMENT

1. Introduction/Scope of Responsibility

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

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

- NIMDTA as an Arm's Length Body of the DHSSPS is subject to twice yearly Accountability Reviews with the Permanent Secretary and quarterly bi-lateral meetings with its Sponsor Branch (Workforce Policy Directorate). A Management Statement and associated Financial Memorandum between the DHSSPS and NIMDTA sets out the strategic control framework within which NIMDTA is required to operate.
- NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for training, educational structures and processes are achieved. NIMDTA is the designated body for the revalidation of doctors in training within Northern Ireland. The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that licensed doctors keep their professional knowledge and skills up to date and are practising to the standards defined by Good Medical Practice. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, is required to evaluate their fitness to practice and advise the GMC accordingly through revalidation recommendations. Revalidation is the process through which the GMC confirms that a doctor's licence to practice will continue.

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

NIMDTA has regular meetings with Queens University, Belfast regarding the governance of the Foundation Training Programme, academic training, quality management, faculty development and trainee 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 a Service Level Agreement (SLA) with the Business Services Organisation (BSO) for the provision of monthly reconciliation of control accounts and annual Accounts preparation, legal, internal audit, equality, procurement, information technology services and Shared Services for Accounts Payable, Accounts Receivable, Payroll and the provision of Recruitment and Selection activities unrelated to medical and dental trainees. A report on performance against the SLA is provided to NIMDTA on a monthly basis and the SLA is subject to annual review.

2. Compliance with Corporate Governance Best Practice

NIMDTA applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. NIMDTA does this by undertaking continuous assessment of its compliance with corporate governance best practice 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 and Risk Committee and Remuneration Committee;
- A comprehensive programme of internal audit review;
- A Whistle Blowing Policy and Complaints Policy and regular reporting of complaints to the Board;
- An induction programme for all new Board members and provision of development opportunities;
- Clear channels of communication with all stakeholders including Accountability Review meetings with the Department of Health, Social Care and Public Safety (DHSSPS);
- Evaluation of the Board's performance through annual appraisal;
- A Board Governance Self-Assessment Tool;
- An Audit Committee Self-Assessment Checklist.

The Board conducted an assessment of its performance for the year ended 31 March 2015 and assessed itself to be compliant with the Corporate Governance Code in all areas with no red or amber flags identified. The National Audit Office self-assessment checklist was completed by NIMDTA's Audit Committee. This exercise has provided the basis for the Audit Committee to improve performance and apply good practice. The summary results of the Board self-assessment and the Audit Committee self-assessment checklist were submitted to the DHSSPS's Central ALB Governance Unit.

An independent review of Board effectiveness for 2015/16 will be carried out in July 2015 as part of NIMDTA's 2015/16 Internal Audit Plan.

3. Governance Framework

The NIMDTA Board has corporate responsibility for ensuring that NIMDTA complies with any statutory or administrative requirements for the use of public funds, for fulfilling the aims and objectives set by the Minister 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 the Department 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 its management; is informed in a timely manner about any concerns about its activities; and to provide positive assurance to the Department that appropriate action has been taken on such concerns;
- establish the overall strategic direction of the organisation within the policy and resources framework agreed with the Department;
- 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 the Department, 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 the Department and any other relevant organisations, such as DFP, the Equality Commission or the Human Rights Commission;
- in the development of significant new policies, the Board should ensure that it consults with the Department and other relevant organisations as is considered appropriate;
- appoint the Chief Executive and, in consultation with the Department, set remuneration terms for that post.

The Board

The Board, as constituted, is composed of the Chair and five non-executive members, including one medical and one dental member. The medical appointment is currently vacant.

Although no executive director sits on the Board, members of the Senior Management Committee are in attendance at all Board meetings and report directly to the Board. The Board provides a forum for discussion on NIMDTA's performance against the objectives contained within its Business Plan and the provision of assurance on the management of risk.

Formal meetings of the Board were held on seven occasions with the addition of five Board workshops. Of the seven Board meetings held during the year there was an attendance rate of 100% for five meetings, 80% for one meeting and 60% for one meeting. Attendance of members of the Board at formal Board meetings was as follows:

Board Member	% Attendance
Alistair Joynes (Chairman)	100%
Deane Morrice	86%
Lee Wilson	71%
Gordon Smyth	100%
Derek Maguire	100%

As part of the Board governance self- assessment process case studies were used to assess performance, identify key learning points and implement action plans to improve performance: The case studies related to the following:

- Preparation of the Annual Report and Accounts 2013/14
- Review of Risk Management Processes
- Development of the Strategic and Business Plan

The Chief Medical Officer is responsible for the annual appraisal of the Chair of the Board and Board members are, in turn, appraised annually by the Chair. Appraisals were completed for the Chairman and the four Board members during 2014/15.

As a result of NIMDTA's failure to forecast a significant surplus at year end the Board has raised concerns about the quality of the financial information presented to it.

The Senior Management Committee

The Senior Management Committee is responsible for overseeing the operational management of NIMDTA's business and provides 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 thirteen times during 2014/15 for which there was an attendance rate of 100% for one meeting, 89% for six meetings, 78% for two meetings, 67% for three meetings and 56% for one meeting.

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 Chair of the Audit Committee reports directly to the Board. The Audit Committee met five times during 2014/15 for which there was an attendance rate of 100% for four meetings and 80% for one meeting.

The activities of the Audit Committee 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;

- 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;
- 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 & Risk Committee met five times during 2014/15 for which there was an attendance rate of 100% for two meetings, 80% for two meetings and 60% for one meeting. Mr Gordon Smyth took over from Alistair Joynes as Chair of the Governance and Risk Committee with effect from February 2015.

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

- Approval of the new template for streamlining reporting requirements in relation to progress against business objectives and the identification and assessment of risk;
- Review of the Corporate and Departmental Risk Registers;
- 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

The Remuneration Committee

The Remuneration Committee makes recommendations to the Board on the remuneration and terms and conditions of the Chief Executive and the Executive Directors. The Committee met twice during 2014/15 for which there was an attendance rate of 100% for one meeting and 80% for one meeting. The recommendations of the Remuneration Committee for 2014/15 were ratified by the Board.

4. Business Planning and Risk Management

Performance Management

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

Business objectives were identified through a business planning workshop with staff and senior management taking cognisance of DHSSPS priorities and targets, the strategic objectives set by the Board and the potential risks impacting on the delivery of NIMDTA business. The objectives were agreed by NIMDTA's Senior Management Committee and approved by the Board and the DHSSPS. Regular reports on the achievement of objectives and the performance against key financial targets were provided to the Board. Progress against objectives was also reported to the DHSSPS at Accountability Review meetings and an end of year position report provided to NIMDTA's Sponsor Branch on Departmental requirements.

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 on-going process designed to identify and prioritise risks to the achievement of NIMDTA's aims and objectives. Operational risk management sits with the Senior Management Committee and risk management is a standing item at monthly senior management meetings.

A review of risk management was carried out in 2014/15, a consequence of which was the revision of the tool for reporting to the Board on identified risks, the controls in place to manage the risks and any additional actions required to support the risk management process.

Assurance Framework

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

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

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.

Corporate Risk Register

An essential element of the risk management process is NIMDTA's Corporate Risk Register. Any new risks identified are highlighted in departmental risk registers, reported to the Governance and Risk Committee for review and assessment and, where appropriate, escalated to the Corporate Risk Register. All departmental risk registers were discussed at the Governance and Risk Committee and risks assessed in accordance with the likelihood of occurrence and their impact on the delivery of NIMDTA's business objectives. The Corporate Risk Register was reviewed and discussed by the Board to take account of new and escalated risks and determination of the risk appetite. The Board was also appraised of the status of the actions required to mitigate the 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 DHSSPS guidance, has been in place for the year ended 31 March 2015 and up to the date of approval of the Annual Report and Accounts. A mid-year assurance statement, which updated progress on the continuing effectiveness of the system of internal control to the Permanent Secretary, was submitted to the DHSSPS on 17 October 2014. The draft Governance Statement was submitted to the DHSSPS on 24 April 2015.

Training

All new staff members are provided with the Assurance Framework as part of the induction process. All staff members are actively encouraged to use NIMDTA's incident reporting form to report incidents. Members of the Board and Senior Management Committee have been trained in the principles and practice of corporate governance and risk management. Training has also been provided to staff with regard to the principles of risk management and completion of departmental risk registers.

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 2014/15 there were twelve incidents reported of which six were assessed as insignificant, four minor and two moderate. Three complaints from one applicant in relation to the outcome of the 2015 specialty recruitment and selection processes were received. These complaints have been investigated under NIMDTA's

Specialty Training Complaints Procedure and investigation reports sent to the complainant. The process is still on-going and will be the subject of review by NIMDTA's Hospital Specialty Training Committee.

Learning

Sharing learning throughout the organisation from complaints, incidents, significant events and claims is key to maintaining the risk management culture within NIMDTA. Staff members are encouraged to disseminate learning acquired from the analysis of incidents, complaints and claims, internal and external audit reports, quality management processes, responses from the GMC to Dean's reports and inspections from regulatory bodies. NIMDTA also uses information received from the GMC annual National Trainee Surveys to improve its quality management processes.

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

Quality Management Framework

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

NIMDTA remains alert to all risks which could impact on the delivery of patient care and has in place an Escalation Policy for the reporting of significant areas of concern relating to the DHSSPS, the Health and Social Care Board (HSCB), the Regulation and Quality Improvement Authority (RQIA) and the GMC. NIMDTA also meets regularly with the HSCB, Public Health Agency (PHA) and the DHSSPS 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 Programmes and Specialty Training Programmes, including General Practice, and is expected to demonstrate compliance to the GMC with the standards and requirements that it sets out. To achieve this NIMDTA works in close partnership with the five Health and Social Care Trusts and other Local Education Providers (LEPs). An educational contract known as the Learning and Development Agreement (LDA) sets out the obligations of both NIMDTA and the Trusts. This LDA is monitored for compliance and is reviewed annually.

Revalidation is the process by which all licensed doctors must demonstrate that they are up to date and fit to practise. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, was required to make a number of revalidation recommendations to the GMC during 2014/15 and confirm that there were no unaddressed concerns about a trainee's fitness to practise. The recommendations were based on the trainee's appraisals, usually over a five year period, and other information drawn from the employer's clinical governance systems. The appraisal forms part of the annual review of competence progression (ARCP) which is an indicator of the trainee's clinical performance and progress to date.

Asset Management

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

With regard to estate management NIMDTA has produced a Property Asset Management Plan.

The DHSSPS has confirmed that it will be conducting a review of all post registration education and training within health and social care, the scope and timeline for which is currently unclear. The Permanent Secretary has also commenced a review of the administrative structures across all HSC organisations. The outcome of these reviews may have some bearing on staff and functions and where NIMDTA is ultimately located.

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 Administrative Director is the Senior Information Risk Owner (SIRO) and she is responsible for ensuring that information risks within NIMDTA are accurately identified and managed with appropriate assurance mechanisms and for ensuring that any breaches of information security are reported to the Board. Information risks are assessed on an on-going basis and recorded in the Information Governance Risk Register which is the subject of review by the Governance and Risk Committee. The Administrative Director is supported in her role by the Governance, IT and Facilities Manager, the IT and Records Management Officer and Departmental Team Leaders who are NIMDTA's nominated Information Asset Owners (IAOs). The Administrative Director is responsible for providing assurances to the DHSSPS 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 security. Staff have also been issued with NIMDTA's Data Protection Policy, the Code of Practice on Protecting the Confidentiality of Service User Information and guidelines on the processing and sharing of information.

NIMDTA also conducted an assessment of all its information assets. Potential risks and existing controls were considered, assessed and action plans implemented to mitigate the risks. NIMDTA will continue to review and develop its data protection processes and procedures.

In line with the annual audit plan for 2014/15, Internal Audit completed an audit of Information Governance and provided satisfactory assurance in relation to the arrangements in place for the effective management of information.

There were two data related incidents reported during 2014/15. These were both risk assessed as insignificant and immediate action taken to resolve the issues. One incident related to a trainee receiving the wrong HSC email address and password. The error was corrected immediately before the trainee was able to log into the system. The second incident related to the release of IP addresses as part of an information return. Advice was sought from the Information Commissioner regarding this incident but, as no individual could be identified, no further action was required.

6. Public Stakeholder Involvement

NIMDTA has a statutory responsibility to ensure that the practice of Personal and Public Involvement (PPI) is embedded within the organisation. NIMDTA is represented on the Regional HSC PPI Forum which operates a programme for the promotion and advancement of PPI across health and social care. NIMDTA uses members of the public as non-clinical lay representatives to provide external scrutiny to NIMDTA processes and to give assurance that they are consistent with the delivery of high quality safe patient care. NIMDTA has been involved in stakeholder events with the Patient and Client Council and also met with the Patient and Client Council to explore how patients and service users could be used in NIMDTA's recruitment processes for staff and doctors and dentists in training. The insertion of "recent experience of health care" in the recruitment notices for lay representatives was agreed.

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 is regularly reviewed by the Board to ensure the information is

accurate, timely and fit for purpose. The Chair also appraises the quality of the information received and 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 Audit Committee, which in turn reports to the Board. The Board is also provided with regular financial and internal governance reports.

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

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

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

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

Despite the Board receiving regular financial information from the Finance Manager, a substantial surplus identified at year end has raised significant concerns about the Board's ability to rely on the financial information provided to it. Although it has not been possible to determine with any certainty what went wrong with the budgetary/forecasting control process, due to the long term absence of the Finance Manager, it is believed that confusion over the accounting treatment of a large sum of money received by NIMDTA at the end of February 2015 may have resulted in incorrect financial forecasting. In light of the continued absence of the Finance Manager and the concerns about the quality of the financial reporting NIMDTA has commissioned the services of the BSO for 2015/16 to provide a full year accounts and monthly management accounts service. This will include preparation of a monthly financial report setting out the financial position and identifying and commenting on any significant variances against budget.

Controls Assurance Standards

NIMDTA assessed its compliance with the applicable Controls Assurance Standards which were defined by the DHSSPS and against which a degree of progress was expected in 2014/15. The following table outlines the current assessment score for each standard, a number of which have been verified by Internal Audit, during 2014/15.

Standard	DHSSPS Expected Level of Compliance	Agency Level of Compliance	Audited by
Governance (Core Standard)	Substantive (75% - 99%)	Substantive (92%)	Internal Audit
Risk Management (Core Standard)	Substantive (75%- 99%)	Substantive (90%)	Internal Audit
Financial Management (Core Standard)	Substantive (75% - 99%)	Substantive (84%)	Internal Audit

Standard	DHSSPS Expected Level of Compliance	Agency Level of Compliance	Audited by
Buildings, Land, Plant and Non-Medical Equipment	Substantive (75% - 99%)	Substantive (83%)	Internal Audit
Purchasing and Supply	Substantive (75% - 99%)	Substantive (84%)	Self-Assessed
Environmental Management	Substantive (75% - 99%)	Substantive (78%)	Self-Assessed
Waste Management	Substantive (75% - 99%)	Substantive (87%)	Self-Assessed
Health and Safety	Substantive (75% - 99%)	Substantive (86%)	Self-Assessed
Information Management	Substantive (75% - 99%)	Substantive (78%)	Self-Assessed
Security Management	Substantive (75% - 99%)	Substantive (82%)	Self-Assessed
Human Resources	Substantive (75% - 99%)	Substantive (95%)	Self-Assessed
Fire Safety	Substantive (75% - 99%)	Substantive (89%)	Self-Assessed
Information & Communications Technology	Substantive (75% - 99%)	Substantive (83%)	Self-Assessed

NIMDTA will continue to develop its controls and procedures to ensure substantive compliance with all relevant controls assurance standards.

8. Sources of Independent Assurance

NIMDTA obtains independent assurance from the following sources:

8.1 Internal Audit

NIMDTA has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the organisation is exposed and annual audit plans are based upon this analysis. In accordance with the audit plan for 2014/15 Internal Audit conducted the following audit assignments:

Finance Audits

Finance audits were conducted and the level of assurance provided as follows:

Financial Review

Internal Audit carried out a Financial Review in February 2015. The focus of the audit was to review and test the systems in place for the following areas:

- Non-Pay Expenditure
- Payroll
- Bank and Cash
- Contract Management

NIMDTA received a limited level of assurance primarily due to the incomplete roll out of the new Finance, Procurement and Logistics (FPL) system. Four Priority 1 and 6 Priority 2 weaknesses were identified. Eighteen recommendations were made by Internal Audit in relation to these control issues, all of which have been accepted and an action plan has been put in place for full implementation of all recommendations.

Corporate Risk Based Audits

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

Quality Management

Internal Audit carried out an audit of quality management processes and systems in October 2014. NIMDTA received a satisfactory level of assurance and two Priority 2 weaknesses were identified. The recommendations in relation to these control weaknesses have now been fully implemented.

Allocation of Junior Doctors and Dentists

Internal Audit carried out an audit of the allocation of junior doctors and dentists in November/December 2014. NIMDTA received a satisfactory level of assurance and four Priority 2 and one Priority 3 weaknesses were identified. NIMDTA is in the process of implementing these control weaknesses.

Governance Audits

Controls Assurance Verification

Internal Audit confirmed that NIMDTA had met the required level of compliance with four controls assurance standards (Governance, Risk Management, Financial Management and Buildings, Land, Plant and Non-Medical Equipment).

Information Governance

Internal Audit carried out an audit of Information Governance in September 2014. The audit reviewed the arrangements in place to ensure that information in NIMDTA was adequately managed. NIMDTA received a satisfactory level of assurance with two Priority 2 and one Priority 3 weaknesses identified. Four recommendations were made by Internal Audit, one of which is no longer applicable. The recommendations have been accepted by NIMDTA and an action plan put in place for full implementation.

Risk Management

Internal Audit carried out an audit assignment in March 2015 to provide assurance as to NIMDTA's compliance with the processes and guidance contained within the Risk Management controls assurance standard. NIMDTA received a satisfactory level of assurance with one Priority 2 and one Priority 3 weakness. Two recommendations were made by Internal Audit, both of which have been accepted and an action plan put in place for their implementation.

Year End Follow up on Outstanding Internal Audit Recommendations

During March 2015 Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had passed. Seventy-five per-cent of the 55 recommendations examined were fully implemented, 20% partially implemented and 5% were not yet implemented as follows:

Area of Review	Recommendations	Fully Implemented	Partially Implemented	Not Implemented	No longer applicable
Financial Review 2012/13	8	7	1	0	0
Migration to FPL 2013/14	11**	8	1	2	1
Financial Review 2013/14	10**	6	3	1	4
Procurement and Contracts Management 2013/14	15	11	4	0	0
Quality Management 2014/15	2	2	0	0	0
Information Governance 2014/15	2**	1	1	0	1
Allocation of Junior Doctors and Dentists 2014/15	7	6	1	0	0

** These audit reports contain one or more recommendations that have also been included in a previous audit report. These recommendations have only been counted once in the table above in the oldest report. The more recent report/reports contain a reference back to the earlier report in the follow up report.

An action plan is in place to ensure full implementation of all recommendations in 2015/16.

Overall Opinion of Head of Internal Audit

In accordance with HSS(F) 51/2007 issued by the DHSSPS 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 control, which, in turn, will assist in the completion of the Governance Statement. The opinion expressed does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation.

The Head of Internal Audit's overall opinion for the year ended 31 March 2015 concluded that there was a satisfactory system of internal control designed to meet NIMDTA's objectives. However, the use of the new financial systems requires further embedding.

Shared Service Audits

A number of audits were conducted in BSO Shared Services as part of the BSO Internal Audit Plan. As NIMDTA is a customer of BSO Shared Services the final reports were shared with NIMDTA. Limited assurance was provided in respect of the Payroll Shared Service Centre and a significant number of Priority 1 findings and recommendations were reported in the following areas: variance checking; management and reporting of overpayments; authorisation and processing of additional payments; management of and assurance over supplier access and responsibilities and HRPTS access controls and privileges.

Limited assurance was initially provided in September 2014 in respect of the Payments Shared Service Centre but following improvements in processes and controls satisfactory assurance was provided late in 2014/15. However limited assurance was specifically provided in relation to the management of duplicate payments.

8.2 External Audit

The Comptroller and Auditor General is responsible for the audit of NIMDTA's financial statements and for assessing the economy, efficiency and effectiveness with which public money has been deployed. The external audit function operates in line with auditing standards and is required to take into account the work of the Internal Auditor.

8.3 General Medical Council

NIMDTA, as the Northern Ireland Deanery, is required to demonstrate compliance with the GMC standards and must satisfy itself that the Local Education Providers (LEPs), primarily the Health and Social Care Trusts, deliver postgraduate medical education and training to the standards required. NIMDTA carries out its 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 submit a Dean's Report twice yearly to the GMC (April and October). The Dean's Reports are 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.

The GMC in its response to the April 2014 NIMDTA Dean's Report described the standard of the report as being high and easy to understand given the clear layout and explanation for each item. The GMC agreed with 100% Red Amber Green (RAG) ratings (range across deaneries 60-100%; average 91%) and 94% status updates (range across deaneries 69-100%; average 89%). In its response to the October 2014 Dean's Report, the GMC indicated that the high standard of NIMDTA's Dean's Report, its clear layout and the explanation for each item made it easy to understand. The GMC agreed with 96.9% of RAG ratings (range across deaneries 67-100%; average 92%) and 95% status updates (range across deaneries 67-100%; average 90%). Any risks or areas of concern identified within the Dean's Reports relating to the quality of training or patient safety were further reviewed against the results of the GMC's annual National Trainee Survey which measures the quality of training. The 2014/15 National Training Survey opened on 24 March 2015 and closes on 6 May 2015.

The GMC also acknowledged four areas of good practice in the NI Deanery which have been developed into case studies for consideration and publication by the GMC.

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. Three enhanced monitoring visits were carried out by the GMC in conjunction with NIMDTA during 2014/15. Details of the issues being monitored in this fashion are published on the Enhanced Monitoring section of the GMC website.

<http://www.gmc-uk.org/education/27111.asp>

The next scheduled GMC visit to the NI Deanery will take place in 2017.

8.4 Regulation Quality and Improvement Authority (RQIA)

There were no reports from RQIA during 2014/15.

9. Review of Effectiveness of the System of Internal Governance

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

10. Internal Governance Divergences

10.1 Prior year control issues which have now been resolved

A number of control weaknesses were identified arising from the Internal Audit Reports on the processes in place for the management of courses and also for the management of doctors in difficulty and requiring support. All recommendations have now been implemented.

Issues were raised by External Audit in relation to a Learning and Development Agreement (LDA) with the Belfast HSC Trust which remained unsigned. This has subsequently been signed and a policy put in place for the monitoring of the LDA and escalation to NIMDTA's Sponsor Branch.

10.2 Prior year control issues which continue to be considered control issues

Outstanding issues remain in relation to the uploading of transactions and journals onto the new Finance, Procurement and Logistics (FPL) System. This has resulted in NIMDTA not meeting its prompt payment target for 2014/15. NIMDTA is working with the BSO to ensure full implementation of FPL and improve compliance with Prompt Payment Policy.

There is currently one Board position which is unfilled and has been since April 2013. NIMDTA awaits the appointment by Public Appointments of the medical member of the Board to ensure a full complement of Board members to support the governance framework.

10.3 New control issues

Provision of Limited Assurance with regard to Financial Processes

Internal Audit provided limited assurance with regard to financial processes examined for Payroll, Non-pay Expenditure, Bank and Cash and Contract Management.

The following Priority 1 findings were identified:

User Access

There is no system in place for monitoring super user activity. Finance staff were unable to provide a complete list of FPL users and their access to the FPL system.

Contract Monitoring and Governance

Expenditure monitoring against contract is not yet available on FPL and a formal process of monitoring contract expenditure is not undertaken at NIMDTA.

Roles and Responsibilities

The Service Level Agreement between the BSO and NIMDTA requires further development going forward into 2015/16. The KPIs in respect of Payroll remain in draft format. NIMDTA has received no duplicate payment reports from BSO Payments Shared Services since the transfer of the payments function. Staff are not fully aware of the responsibilities and key controls that should be in place.

Knowledge of Systems

Finance staff within NIMDTA received training on FPL in September 2013 when the system was initially deployed within the organisation. In the interim period until December 2014 the Exchequer system continued to be used. Staff have not received any training and since the full utilisation of FPL, staff are unsure of different aspects of reporting and the full functionality of FPL. Audit also noted that all aspects of MSS are not being used by Managers. These include processing new starts, amendments and leavers. Both systems are in a period of being embedded and their use developed within the organisation.

An action plan has been put in place for the implementation of all audit recommendations.

Compliance with Departmental timeline for submission of Annual Report and Accounts

It has been necessary for NIMDTA to re-assess its position in relation to the preparation and submission of the Annual Report and Accounts in the light of NIMDTA's failure to meet the Departmental timeline for the year ended 2013/14, due to the absence of a key member of finance staff. As a consequence of this NIMDTA reviewed the Accounts production process and commissioned the Business Services Organisation (BSO) to complete the year-end financial statements. More recently, again due to the absence of a key staff member, it

has been necessary for the BSO to take responsibility for the production of the monthly management accounts and financial accounts in compliance with the May deadline.

Compliance with Breakeven Target

A surplus of £802,155 was identified at a late stage during the preparation of the accounts which resulted in NIMDTA failing to meet its breakeven target. Whilst a surplus of £346,000 was brought to the attention of the Chief Executive on 2 April 2015 and an easement of £268,000 was subsequently made to the DHSSPS, a further surplus was not predicted or brought to the attention of the Board or Senior Management Committee.

Confusion within the finance department over the accounting treatment of a large sum of money received by NIMDTA at the end of February 2015 may have resulted in incorrect financial forecasting in the month 11 monitoring return and may, therefore, have contributed to NIMDTA failing to meet its breakeven target. As the Finance Manager remains on long term sick leave, it has not been possible to determine with any certainty what went wrong with the budgetary/forecasting control process other than to conclude that the financial information received was unreliable. In light of this, the quality of the financial information provided to the Board has been identified as a significant risk to the organisation and reflected in NIMDTA's Corporate Risk Register. NIMDTA has also sought approval from the DHSSPS to conduct an investigation in an attempt to establish what went wrong with the financial forecasting process.

To assist in the aim of achieving a financial breakeven for 2015/16, NIMDTA has commissioned the services of the BSO.

Prompt Payment Performance

NIMDTA failed to meet the prompt payment target of 95%. This was primarily due to the absence of staff in the Finance Department, due to long term sick leave, and the increased workload for staff resulting from the implementation of the new Finance Procurement and Logistics (FPL) system and the move to Shared Services Payroll. At year end the compliance percentage was 83.29%. As required by the DHSSPS, the Board set a performance target of 50% of commercial payments to be made within 10 working days and 38.93% of payments met this target. NIMDTA continues to review the prompt payment reports on a monthly basis and has put additional controls in place to achieve compliance in 2015/16.

Review of Post-registration Education and Training

Uncertainty continues as to the impact of the Review of NIMDTA, and any organisational change, on the delivery of its core functions and business objectives. It had been the intention of the DHSSPS to establish a project management structure to oversee the Review of Post-registration Education and Training by July 2015 and secure Ministerial decisions by May 2016. However it has been confirmed that this timeframe will not be achievable due to ongoing resource constraints within the Department. The review remains a priority for the Department and NIMDTA will be notified once a project team has been established.

11. 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. In maintaining and reviewing the effectiveness of the system of internal governance, the Board has put in place a framework for reporting on all areas of risk to the organisation and for keeping the Board up to date with NIMDTA's performance against set targets and planned developments.

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 of 2014/15.

Chief Executive  Date 01 07 15
Northern Ireland Medical and Dental Training Agency

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

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

I certify that I have audited the financial statements of the Northern Ireland Medical and Dental Training Agency for the year ended 31 March 2015 under the Health and Personal Social Services (Northern Ireland) Order 1972. The financial statements comprise the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

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

Scope of the audit of the financial statements

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

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

Opinion on regularity

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

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Northern Ireland Medical and Dental Training Agency 's affairs as at 31 March 2015 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

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


Matters on which I report by exception

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

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

Report

I have no observations to make on these financial statements.


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

28 July 2015

Northern Ireland Medical & Dental Training Agency

STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	2015 £	2014 £
Expenditure			
Staff costs	3.1	(4,949,970)	(4,629,377)
Depreciation	4	(21,332)	(47,365)
Other expenditures	4	(10,434,017)	(11,060,905)
		<u>(15,405,319)</u>	<u>(15,737,647)</u>
Income			
Income from activities	5.1	431,925	777,996
Other Income	5.2	-	-
Deferred Income	5.3	-	-
		<u>431,925</u>	<u>777,996</u>
Net Expenditure		<u>(14,973,394)</u>	<u>(14,959,651)</u>
Revenue Resource Limits (RRL's) issued (to)			
Belfast HSC Trust		(18,766,983)	(18,473,353)
South Eastern HSC Trust		(5,218,083)	(5,180,573)
Southern HSC Trust		(4,841,596)	(4,784,176)
Northern HSC Trust		(5,235,972)	(5,184,829)
Western HSC Trust		(5,286,140)	(5,236,712)
Total RRL issued		(39,348,774)	(38,859,643)
Total commissioner resource utilised		(54,322,168)	(53,819,294)
Revenue Resource Limit (RRL) received from DHSSPS	25.1	55,124,323	53,844,432
Surplus/(Deficit) against RRL		<u>802,155</u>	<u>25,138</u>
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2015 £	2014 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	6.1/10/6.2/10	6,693	-
Net gain/(loss) on revaluation of intangibles	7.1/10/7.2/10	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of available for sale financial assets		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2015		<u>(14,966,701)</u>	<u>(14,959,651)</u>

The notes on pages 118 to 149 form part of these accounts

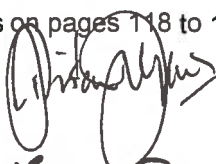
Northern Ireland Medical & Dental Training Agency

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2015

	NOTE	2015 £	£	2014 £	£
Non Current Assets					
Property, plant and equipment	6.1/6.2	96,648		91,018	
Intangible assets	7.1/7.2	-		1,764	
Financial assets	8	-		-	
Trade and other receivables	12	-		-	
Other non current assets	12	-		-	
Total Non Current Assets			96,648		92,782
Current Assets					
Assets classified as held for sale	9	-		-	
Inventories	11	4,000		6,250	
Trade and other receivables	12	130,277		1,249,068	
Other current assets	12	51,038		93,266	
Financial assets	8	-		-	
Cash and cash equivalents	13	1,216,256		22,117	
Total Current Assets			1,401,571		1,370,701
Total Assets			1,498,219		1,463,483
Current Liabilities					
Trade and other payables	14	(3,582,344)		(3,337,507)	
Other Liabilities	14	-		-	
Total Current liabilities			(3,582,344)		(3,337,507)
Non Current Assets plus/less Net Current Assets/Liabilities			(2,084,125)		(1,874,024)
Non Current liabilities					
Provisions	16	-		-	
Other payables > 1 year	14	-		-	
Financial liabilities	8	-		-	
Total Non Current Liabilities			-		-
Assets Less Liabilities			(2,084,125)		(1,874,024)
Taxpayers' equity					
Revaluation reserve		4,730		(1,963)	
SoCNE reserve		(2,088,855)		(1,872,061)	
			(2,084,125)		(1,874,024)

The notes on pages 118 to 149 form part of these accounts

Signed



(Chairman)

Date

01-07-15

Signed



(Chief Executive)

Date

01 07 15

Northern Ireland Medical & Dental Training Agency

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	2015 £	2014 £
Cash flows from operating activities			
Net expenditure after interest		(14,973,394)	(14,959,651)
Adjustments for non cash costs		33,696	48,127
(Increase)/decrease in trade & other receivables		1,161,019	(47,072)
(Increase)/decrease in inventories		2,250	(2,586)
(Decrease)/increase in trade payables		244,837	312,191
<i>less movements in payables relating to items not passing through the NEA</i>			
movements in payables relating to the purchase of property, plant and equipment		(20,269)	-
movements in payables relating to the purchase of intangibles		-	-
Use of provisions	16	-	-
Net cash outflow from operating activities		(13,551,861)	(14,648,991)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6	-	(30,930)
(Purchase of intangible assets)	7	-	-
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		-	(30,930)
Cash flows from financing activities			
Grant in aid		14,746,000	14,633,060
Net financing		14,746,000	14,633,060
Net increase (decrease) in cash & cash equivalents in the period		1,194,139	(46,861)
Cash & cash equivalents at the beginning of the period	13	22,117	68,978
Cash & cash equivalents at the end of the period	13	1,216,256	22,117

The notes on pages 118 to 149 form part of these accounts

Northern Ireland Medical & Dental Training Agency

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2015

	Note	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 1 April 2013		(1,559,470)	(1,963)	(1,561,433)
Changes in Taxpayers' Equity 2013-14				
Grant from DHSSPS		14,633,060	-	14,633,060
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)	4	(14,959,651)	-	(14,959,651)
Non cash charges – auditor's remuneration	4	14,000	-	14,000
Balance at 31 March 2014		(1,872,061)	(1,963)	(1,874,024)
Changes in Taxpayers' Equity 2014-2015				
Grant from DHSSPS		14,746,000	-	14,746,000
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(14,973,394)	6,693	(14,966,701)
Non cash charges – auditor's remuneration	4	10,600	-	10,600
Balance at 31 March 2015		(2,088,855)	4,730	(2,084,125)

The notes on pages 118 to 149 form part of these accounts

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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

1.1 Accounting convention

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

1.2 Currency

These accounts are presented in UK Pounds sterling.

1.3 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation – Professional Standards in so far as these are consistent with the needs of the HSC sector.

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is part of the Department of Finance and Personnel. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard. Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

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

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use
- Specialised buildings – depreciated replacement cost
- 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

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

Assets Under Construction (AUC)

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

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Agency expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Leasehold Property	Remaining period of lease
IT Assets	5 years
Intangible assets	5 years
Other Equipment	10 years

1.5 Impairment loss

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

1.6 Subsequent expenditure

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

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

1.7 Intangible assets

Intangible assets 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 asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. 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
- 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 Agency's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Agency; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve.

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

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value.

1.10 Income

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

Grant in aid

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

1.11 Investments

The Agency does not have any investments.

1.12 Other expenses

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

1.13 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.

1.14 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.

Agency as lessee

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

Operating lease payments are recognised as an expense on a straight-line basis over the lease term.

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

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

Where a lease is for land and buildings, the land and building components are separated. Leased land 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.

Agency as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Agency'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 the Agency'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.

1.15 Private Finance Initiative (PFI) transactions

The Agency had no PFI transactions during the year.

1.16 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value.

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.17 Provisions

In accordance with IAS 37, provisions are recognised when the Agency has a present legal or constructive obligation as a result of a past event, it is probable that the Agency will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation its carrying amount is the present value of those cash flows using DFP's discount rate of 2.2% in real terms (2.8% for employee early departure obligations).

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

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

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

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

1.18 Contingencies

The Agency has no contingent assets or liabilities.

1.19 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 Agency 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 determined using actual staff numbers and costs applied to the actual unused leave balances as at 31 March 2015. It is not anticipated that the level of unused leave will vary significantly from year to year. Unused flexi leave is estimated to be immaterial to the Agency and has not been included.

Retirement benefit costs

The Agency participates in the following defined benefit schemes:

HSC Superannuation Scheme

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2012 valuation for the HSC Pension scheme will be used in 2014/15 accounts.

The University Superannuation Scheme

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

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

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.21 Value Added Tax

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

1.22 Third party assets

The Agency did not hold any third party assets at either 31 March 2015 or 31 March 2014.

1.23 Government Grants

The Agency did not receive any Government Grants in either the year ended 31 March 2015 or the year ended 31 March 2014.

1.24 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 Agency 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.

1.25 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 IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014.

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

The impact on the consolidation boundary of NDPB's and trading funds will be subject to review, in particular, where control could be determined to exist due to exposure to variable returns (IFRS 10), and where joint arrangements need reassessing.

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 & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

ANALYSIS OF NET EXPENDITURE BY SEGMENT

NOTE 2

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 & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

	2015			2014
	Permanently employed staff £	Others £	Total £	Total £
Staff costs comprise				
Wages & Salaries	4,348,598	116,661	4,465,259	4,118,142
Social security costs	177,371	-	177,371	217,895
Other pension costs	307,340	-	307,340	293,340
Sub-Total	4,833,309	116,661	4,949,970	4,629,377
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	4,833,309	116,661	4,949,970	4,629,377
Less recoveries in respect of outward secondments			(23,968)	(27,272)
Total net costs			4,926,002	4,602,105

Staff costs charged to capital projects during the year were £Nil (2014: £Nil).

Recoveries in respect of outward secondments relate to Professor Keith Gardiner being employed by Belfast HSC Trust. Further details are included in Note 23.

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for resource accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

The Universities Superannuation Scheme is a multi-employer defined benefit scheme with employer contributions of 16% gross pay. The most up to date actuarial valuation was carried out at 31 March 2011. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.2 Average number of persons employed

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

		2015		2014
	Permanently employed staff No.	Others No.	Total No.	Restated Total No.
Medical and dental	7	21	28	26
Administrative and clerical	49	3	52	51
Total net average number of persons employed	56	24	80	77
Less average staff numbers relating to capitalised staff costs	-	-	-	-
Less average staff numbers in respect of outward secondments	-	-	-	-
	56	24	80	77

The average number of persons employed for 2013/14 has been restated to reflect inclusion of the Chairman and four Non Executive Board members previously excluded from this disclosure.

3.3 Senior Employees' Remuneration

Refer to Remuneration Report contained within the Annual Report section on page 84.

3.4 Report of early retirement and other compensation scheme – exit packages

There were no early retirement or compensation scheme – exit packages

3.5 Staff Benefits

Refer to Remuneration Report contained within the Annual Report section on page 84.

3.6 Retirements due to ill-health

There were no retirements due to ill health either in the year ending 31 March 2015 or 31 March 2014.

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 4 OPERATING EXPENSES

4.0 Operating Expenses are as follows:-

	2015	2014
	£	£
Junior Doctors' Salaries	8,442,922	8,561,019
Junior Doctors' Study Leave	561,773	768,355
Establishment	592,317	581,267
Premises	165,658	144,824
Training Courses	380,096	472,946
Recruitment	109,306	357,861
Miscellaneous	11,278	10,071
Rentals under operating leases	158,303	163,800
Total Operating Expenses	10,421,653	11,060,143
Non-cash items		
Depreciation	21,332	47,365
Amortisation	1,764	1,762
Notional Costs – IT Services	-	-
Provisions provided for in year	-	(15,000)
Auditor's remuneration	10,600	14,000
	33,696	48,127
Total	10,455,349	11,108,270

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 5 INCOME

5.1 Income from Activities

	2015	2014
	£	£
Other Public Bodies:		
Business Services Organisation	97,529	458,710
Other Sources:		
Course Fees	334,396	319,286
Total	431,925	777,996

5.2 Other Operating Income

The Agency had no other operating income in either the year ending 31 March 2015 or 31 March 2014.

5.3 Deferred income

	2015	2014
	£	£
Income released from conditional grants	-	-
Total	-	-

TOTAL INCOME

431,925	777,996
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Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.1 Property, plant & equipment - year ended 31 March 2015

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2014	-	283,079	-	-	-	-	140,336	138,626	562,041
Indexation	-	21,783	-	-	-	-	-	-	21,783
Additions	-	-	-	-	-	-	20,269	-	20,269
Donations / Government grant / Lottery funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2015		304,862	-	-	-	-	160,605	138,626	604,093
Depreciation									
At 1 April 2014	-	260,951	-	-	-	-	74,462	135,610	471,023
Indexation	-	15,090	-	-	-	-	-	-	15,090
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	5,764	-	-	-	-	13,860	1,708	21,332
At 31 March 2015	-	281,805	-	-	-	-	88,322	137,318	507,445

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.1 (continued) Property, Plant & Equipment - year ended 31 March 2015

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2015	-	23,057	-	-	-	-	72,283	1,308	96,648
At 31 March 2014	-	22,128	-	-	-	-	65,874	3,016	91,018
Asset financing									
Owned	-	23,057	-	-	-	-	72,283	1,308	96,648
Finance Leased	-	-	-	-	-	-	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2015	-	23,057	-	-	-	-	72,283	1,308	96,648

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 in respect of assets held under finance leases or hire purchase contracts is £nil (2014: £Nil).

The fair value of assets funded from Donations / Government grant / Lottery funding during the year was £Nil (2014: £Nil).

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.2 Property, plant & equipment – year ended 31 March 2014

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2013	-	283,079	-	-	-	-	109,406	138,626	531,111
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	30,930	-	30,930
Donations / Government grant / Lottery funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2014	-	283,079	-	-	-	-	140,336	138,626	562,041

Depreciation

At 1 April 2013	-	255,419	-	-	-	-	46,365	121,874	423,658
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	5,532	-	-	-	-	28,097	13,736	47,365
At 31 March 2014	-	260,951	-	-	-	-	74,462	135,610	471,023

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.2 (continued) Property, Plant & Equipment - year ended 31 March 2014

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2014	-	22,128	-	-	-	-	65,874	3,016	91,018
At 1 April 2013	-	27,660	-	-	-	-	63,041	16,752	107,453

Asset financing

Owned	-	22,128	-	-	-	-	65,874	3,016	91,018
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2014	-	22,128	-	-	-	-	65,874	3,016	91,018

Asset financing

Owned	-	27,660	-	-	-	-	63,041	16,752	107,453
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 1 April 2013	-	27,660	-	-	-	-	63,041	16,752	107,453

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.1 INTANGIBLE ASSETS – year ended 31 March 2015

	Software licenses	Information Technology	Total
Cost or Valuation	£	£	£
At 1 April 2014	148,135	-	148,135
Indexation	-	-	-
Additions	-	-	-
Donations / Government grant / Lottery funding	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve	-	-	-
Disposals	-	-	-
At 31 March 2015	148,135	-	148,135
Amortisation			
At 1 April 2014	146,371	-	146,371
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged the revaluation reserve	-	-	-
Disposals	-	-	-
Provided during the year	1,764	-	1,764
At 31 March 2015	148,135	-	148,135
Carrying Amount			
At 31 March 2015	-	-	-
At 31 March 2014	1,764	-	1,764
Asset financing			
Owned	-	-	-
Finance Leased	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-
Carrying Amount			
At 31 March 2015	-	-	-

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

The fair value of assets funded from Donations / Government grant / Lottery funding during the year was £Nil (2014: £Nil).

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.2 INTANGIBLE ASSETS - year ended 31 March 2014

Cost or Valuation	Software licenses £	Information Technology £	Total £
At 1 April 2013	148,135	-	148,135
Indexation	-	-	-
Additions	-	-	-
Donations / Government grant / Lottery funding	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve	-	-	-
Disposals	-	-	-
At 31 March 2014	148,135	-	148,135
Amortisation			
At 1 April 2013	144,609	-	144,609
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve	-	-	-
Disposals	-	-	-
Provided during the year	1,762	-	1,762
At 31 March 2014	146,371	-	146,371
Carrying Amount			
At 31 March 2014	1,764	-	1,764
At 1 April 2013	3,526	-	3,526
Asset financing			
Owned	1,764	-	1,764
Finance Leased	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-
Carrying amount			
At 31 March 2014	1,764	-	1,764
Asset financing			
Owned	3,526	-	3,526
Finance Leased	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-
Carrying amount			
At 1 April 2013	3,526	-	3,526

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 8 FINANCIAL INSTRUMENTS

The Agency did not have any financial instruments at either 31 March 2015 or 31 March 2014.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The Agency did not hold any assets classified as held for sale at either 31 March 2015 or 31 March 2014.

NOTE 10 IMPAIRMENTS

The Agency had no impairments in either 31 March 2015 or 31 March 2014.

NOTE 11 INVENTORIES

	2015 £	2014 £
General supplies	4,000	6,250
Total	4,000	6,250

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12.1 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2015 £	2014 £
Amounts falling due within one year		
Trade receivables	130,277	1,249,068
Deposits and advances	-	-
VAT recoverable	-	-
Other receivables - not relating to fixed assets	-	-
Other receivables - relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	<u>130,277</u>	<u>1,249,068</u>
Prepayments and accrued income	51,038	93,266
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	<u>51,038</u>	<u>93,266</u>
 Amounts falling due after more than one year		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
Trade and other receivables	<u>-</u>	<u>-</u>
Prepayments and accrued income	-	-
Other current assets falling due after more than one year	<u>-</u>	<u>-</u>
 TOTAL TRADE AND OTHER RECEIVABLES	 <u>130,277</u>	 <u>1,249,068</u>
 TOTAL OTHER CURRENT ASSETS	 <u>51,038</u>	 <u>93,266</u>
 TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	 <u>181,315</u>	 <u>1,342,334</u>

The Agency had no bad debts provided for at 31 March 2015 or 31 March 2014.

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

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

	Amounts falling due within 1 year 2014/15 £	Amounts falling due within 1 year 2013/14 £	Amounts falling due after more than 1 year 2014/15 £	Amounts falling due after more than 1 year 2013/14 £
Balances with other central government bodies	97,529	-	-	-
Balances with local authorities	-	-	-	-
Balances with NHS /HSC Trusts	24,947	1,228,201	-	-
Balances with public corporations and trading funds	-	-	-	-
Intra-Government Balances	122,476	1,228,201	-	-
Balances with bodies external to government	58,839	114,133	-	-
Total Receivables & other current assets at 31 March	181,315	1,342,334	-	-

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 13 CASH AND CASH EQUIVALENTS

	2015	2014
	£	£
Balance at 1st April	22,117	68,978
Net change in cash and cash equivalents	1,194,139	(46,861)
Balance at 31st March	1,216,256	22,117

The following balances were held at	2015	2014
	£	£
Commercial banks and cash in hand	1,216,256	22,117
Balance at 31st March	1,216,256	22,117

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 Trade payables and other current liabilities

	2015 £	2014 £
Amounts falling due within one year		
Other taxation and social security	229,502	198,385
VAT payable	-	-
Bank overdraft	-	-
Trade capital payables – property, plant and equipment	20,269	-
Trade capital payables – intangibles	-	-
Trade revenue payables	1,920,117	*3,139,122
Payroll payables	3,010	-
RPA payables	-	-
BSO payables	-	-
Other payables	-	-
Accruals and deferred income	1,409,446	-
Accruals and deferred income – relating to property, plant and equipment	-	-
Accruals and deferred income – relating to intangibles	-	-
Trade and other payables	3,582,344	3,337,507
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	-	-
Total payables falling due within one year		
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Finance leases	-	-
Imputed finance lease element of on balance sheet (SoFP) PFI other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	3,582,344	3,337,507

*The 2013/14 balance of trade revenue payables included other taxation and social security creditors and accruals which have been analysed in detail in the 2014/15 year.

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

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

	Amounts falling due within 1 year 2014/15 £	Amounts falling due within 1 year 2013/14 £	Amounts falling due after more than 1 year 2014/15 £	Amounts falling due after more than 1 year 2013/14 £
Balances with other central government bodies	296,845	198,385	-	-
Balances with local authorities	2,878	9,894	-	-
Balances with NHS /HSC Trusts	842,072	927,713	-	-
Balances with public corporations and trading funds	-	-	-	-
Intra-Government Balances	1,141,795	1,135,992	-	-
Balances with bodies external to government	2,440,549	2,201,515	-	-
Total Payables and other liabilities at 31 March	3,582,344	3,337,507	-	-

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.3. Loans

The Agency did not have any loans payable at either 31 March 2015 or 31 March 2014.

NOTE 15 PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

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

	2015 Number	2015 Value £	2014 Number	2014 Value £
Total bills paid	2,561	1,316,442	2,918	1,616,363
Total bills paid within 30 day target	2,133	1,037,731	2,585	1,495,709
% of bills paid within 30 day target	83.3%	78.8%	88.6%	92.5%
Total bills paid	2,561	1,316,442	2,918	1,616,363
Total bills paid within 10 day target	997	497,420	1,533	958,265
% of bills paid within 10 day target	38.9%	37.8%	52.5%	59.3%

15.2 The Late Payment of Commercial debts Regulations 2002

The amount included within the Interest Payable arising from claims made by small business under this legislation are as follows:

	£
Total	-

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES

The Agency had no provisions for liabilities and charges at either 31 March 2015 or 31 March 2014.

NOTE 17 CAPITAL COMMITMENTS

The Agency had no capital commitments at either 31 March 2015 or 31 March 2014.

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

	2015	2014
	£	£
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 1 year	136,080	142,157
Later than 1 year and not later than 5 years	442,260	578,340
Later than 5 years	-	-
	<hr/>	<hr/>
	578,340	720,497
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	-	-

18.2 Finance Leases

The Agency had no finance leases at either 31 March 2015 or 31 March 2014.

18.3 Operating Leases: Commitments under Lessor Agreements

The Agency had not issued any operating leases at either 31 March 2015 or 31 March 2014.

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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

The Agency had no commitments under PFI Schemes at either 31 March 2015 or 31 March 2014.

NOTE 20 OTHER FINANCIAL COMMITMENTS

The Agency did not have any other financial commitments at either 31 March 2015 or 31 March 2014.

NOTE 21 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The Agency did not have any financial guarantees, indemnities and letters of comfort at either 31 March 2015 or 31 March 2014.

NOTE 22 CONTINGENT LIABILITIES

The Agency did not have any contingent liabilities at either 31 March 2015 or 31 March 2014.

NOTE 23 RELATED PARTY TRANSACTIONS

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

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

In addition to his employment as NIMDTA Chief Executive Professor Keith Gardiner was an employee of the Belfast HSC Trust. His services were provided to the Trust as required during the year and Belfast HSC Trust paid £23,968 to the Agency under this arrangement. This sum includes employer's costs of £4,946, in respect of national insurance contributions.

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 2014/15. Set out below are details of the amount paid to these organisations during 2014/15. In none of these cases listed did the Executive/Non Executive Directors have any involvement in the decisions to procure the services from the Organisation concerned

	Payments to Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Queens University, Belfast	77,993	-	438,511	-
Salisbury Medical Centre	8,752	-	6,058	-

Interests in the above organisations were declared by the following Board members:-

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

Dir. Claire Loughrey is a sessional GP at Salisbury Medical Centre and her husband Dir. Paul Loughrey is a G.P. Trainer at same practice.

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 24 THIRD PARTY ASSETS

The Agency held no assets at either 31 March 2015 or 31 March 2014 belonging to third parties.

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for the year ended 31 March 2015 is calculated as follows:

	2015	2014
	Total	Total
	£	£
HSCB	1,290,331	1,160,161
PHA	-	-
SUMDE & NIMDTA	-	-
DHSSPS (excluding non cash)	53,800,296	52,636,144
Other Government Departments	-	-
Non cash RRL (from DHSSPS)	33,696	48,127
Total agreed RRL	55,124,323	53,844,432
Adjustment for Income received re Donations/ Government grant / Lottery funding for non current assets	-	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	55,124,323	53,844,432

25.2 Capital Resource Limit

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

	2015	2014
	Total	Total
	£	£
Gross capital expenditure	20,269	30,930
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	20,269	30,930
Capital Resource Limit	21,961	31,038
Overspend/(Underspend) against CRL	(1,692)	(108)

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

25.3 Financial Performance Targets

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

	2015	2014
	£	£
Net Expenditure	(54,322,168)	(53,819,294)
RRL	55,124,323	53,844,432
Surplus / (Deficit) against RRL	802,155	25,138
Break Even cumulative position(opening)	934,277	909,139
Break Even cumulative position (closing)	1,736,432	934,277

Materiality Test:

	2015	2014
	%	%
Break Even in year position as % of RRL	1.46%	0.05%
Break Even cumulative position as % of RRL	3.15%	1.74%

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26 LOSSES AND SPECIAL PAYMENTS

Type of loss and special payment	2014-15		2013-14
	Number of Cases	£	£
Cash losses			
Cash Losses - Theft, fraud etc	-	-	-
Cash Losses - Overpayments of salaries, wages and allowances	-	-	-
Cash Losses - Other causes	-	-	-
Claims abandoned			
Waived or abandoned claims	-	-	-
Administrative write-offs			
Bad debts	-	-	-
Other	-	-	-
Fruitless payments			
Late Payment of Commercial Debt	-	-	-
Other fruitless payments and constructive losses	-	-	-
Stores losses			
Losses of accountable stores through any deliberate act	-	-	-
Other stores losses	-	-	-
Special Payments			
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
TOTAL	-	-	-

Northern Ireland Medical & Dental Training Agency

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26 LOSSES AND SPECIAL PAYMENTS

26.1 Special Payments

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

26.2 Other Payments

There were no other payments made during the year.

26.3 Losses and Special payments over £250,000

There were no losses or special payments over £250,000 made during the year.

NOTE 27 POST BALANCE SHEET EVENTS

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

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 28 July 2015.

List of Abbreviations

ACF	Academic Clinical Fellow
ACL	Academic Clinical Lecturer
ADEPT	Clinical Leadership Fellows Programme
AGCAS	Association of Graduate Careers Advisory Services
AKT	Applied Knowledge Test
APCE	Association of Primary Care Education
ARCP	Annual Review of Competence Progression
BDA	British Dental Association
BLG	Board Liaison Group
BMA	British Medical Association
BMAT	Biomedical Admissions Test
BSO	Business Services Organisation
C&AG	Comptroller & Auditor General
CCT	Certificate of Completion of Training
CSA	Clinical Skills Assessment
DCT	Dental Core Training
CATC	Clinical Academic Training Committee
CMO	Chief Medical Officer
CoDeFaLe Group	Colleges, Deaneries, Faculties and LETBs Group for Out of Programme Training
COGPED	Committee of General Practice Education Directors
COPDEND	Committee of Postgraduate Dental Deans and Directors
COPMeD	Conference of Postgraduate Medical Deans
CPD	Continuing Professional Development
CVTNI	Committee for Vocational Training In Northern Ireland
DARP	Dental Assessment Review Panel
DFT	Dental Foundation Training
DHSSPS	Department of Health, Social Services and Public Safety
EPM	Educational Performance Measures
GMC ELO	General Medical Council Employer Liaison Officer
FCS	Foundation Clinical Supervisors
FES	Foundation Educational Supervisors
FPAS	Foundation Programme Application System
FPD	Foundation Programme Director
FDG	Faculty Development Group
FPL	Finance, Procurement and Logistics
FTSTA	Fixed Term Specialty Training Appointment
GAMSAT	Graduate Australian Medical School Admissions Test
GDC	General Dental Council
GDP	General Dental Practitioners
GMC	General Medical Council
GMP	Good Medical Practice
GMS	General Medical Services
GP	General Practitioner
GP Appraisal	General Practice Appraisal
GP OOH	General Practice Out of Hours
GP Performers' List	General Practice Performers' List
GDC	General Dental Council

List of Abbreviations (continued)

HEE	Health Education England
HE NW	Health Education North West
HSC Trusts	Health and Social Care Trusts
HSCNI	Health and Social Care Northern Ireland
HSC Leadership Centre	Health and Social Care Leadership Centre
HSC Safety Forum	Health and Social Care Safety Forum
HSCB	Health and Social Care Board
HR Manager	Human Resources Manager
HRPTS	HR, Payroll, Travel and Subsistence
IFST	Inter Foundation School Transfers
JNF	Joint Negotiating Forum
LATs	Locum Appointments for Training
LETBs	Local Education Training Board's
LDA	Learning & Development Agreement
LEP	Local Education Provider
L&T course	Learning and Teaching Course
LTFT	Less Than Full Time training
MD	Doctor of Medicine
MDRS	Medical & Dental Recruitment and Selection
MEPG	Medical Education Policy Group
MRCGP exam	Member of the Royal College of General Practitioners examination
NACT	National Association of Clinical Tutors
NIAO	Northern Ireland Audit Office
NIFS	Northern Ireland Foundation School
NIMDTA	Northern Ireland Medical and Dental Training Agency
NIPEC	Northern Ireland Practice & Education Council for Nursing & Midwifery
NIGALA	Northern Ireland Guardian Ad Litem Agency
NISCC	Northern Ireland Social Care Council
NES	National Health Service Education for Scotland
NCAS	National Clinical Assessment Service
NTN	National Training Number
NTS	National Training Survey
OOPR	Out of Programme for Research
PCC	Patient Client Council
PGDD	Postgraduate Dental Dean
PHA	Public Health Agency
PhD	Doctorate of Philosophy
PMPL	Primary Medical Performer's List
PPI	Patient and Public Involvement
PRET	Post Registration Education and Training
QMG	Quality Management Group
QUB	Queens University Belfast
RAG	Red, Amber, Green ratings
RITA	Record of In Training Assessment
RO	Responsible Officer
RQIA	Regulation and Quality Improvement Authority
RCGP	Royal College of General Practitioners
RSG	Revalidation Steering Group

List of Abbreviations (continued)

SJT	Situational Judgement Test
SMC	Senior Management Committee
STA	Single Tender Action
SpR	Specialist Registrar
StRs	Specialty Trainees
STATUS	NI Recognised Trainers Programme
TPDs	Training Programme Directors
TSRG	Trainee Support Review Group
UKCAT	UK Clinical Aptitude Test
UKFPB	United Kingdom Foundation Programme Board
UKFPO	United Kingdom Foundation Programme Office
UMS	Ulster Medical Society
WPBA	Workplace-Based Assessment