



NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

Annual Report and Accounts

FOR THE YEAR ENDED 31 MARCH 2017

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

On

7 July 2017

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Foreword from the Chair

Once again, it is my privilege to present NIMDTA's Annual Report which highlights our performance against agreed business objectives and outlines what we regard as some of our key achievements during the 2016-17 year. As an organisation we have again made significant progress in delivering high quality education and training to the future generation of fully trained Doctors and Dentists.

As always, it is important to acknowledge the dedication, commitment and professionalism of staff throughout our team, but to particularly highlight the leadership of the Chief Executive/Post Graduate Dean and the Senior Management Committee who have worked tirelessly to enhance NIMDTA's standing across the Health and Social Care sector, not only within Northern Ireland but throughout the UK. This has been evidenced by the increasing strength of our partnerships with an even wider range of other bodies, many of whom support us through the consistent delivery of the essential clinical, leadership and interpersonal skills training. The on-going development of these important partnership arrangements continues to be a priority for every member of our team.

In addition to this key objective of strengthening partner relationships, there were a number of achievements during the year of which we are particularly proud:

- The successes of trainees at both national and international levels;
- The continuing success of the Clinical Leadership Fellows Programme;
- Further development of staff engagement through an effective programme of workshops and regular briefings;
- Significant progress within the areas of Simulation and Human Factors;
- The development and implementation of our "VALUED" initiative and enhanced engagement with trainees;
- Excellent progress in terms of the Recognising Trainers initiative;
- A positive outcome from the GMC Regional inspection visit, acknowledging good practice in a significant number of key areas; and
- Finalisation of our new Strategic Plan (2017-22) following an in-depth review of all areas of our service.

Of course, our focus has remained on the recruitment of the highest possible calibre of medical and dental graduates and on ensuring that they receive the best possible education and training outcomes in order to develop a future workforce which will "provide and continuously improve the quality of health care delivery to the population of Northern Ireland". The application of these high standards which are nationally defined will inevitably result in vacancies within our programmes since there are insufficient candidates of the right calibre to be appointed. There can, however, be no compromise on the standard of those who are regarded as appointable simply to increase numbers.

As always, the coming year will present us with a range of even more difficult challenges, the most significant of which will be the continuing number of such vacancies. As is the case throughout other regions of the United Kingdom, vacancies have been increasing over recent years and this is the area which we have continuously highlighted to our various HSC partners. It is in this area that we face our biggest challenge. At the outset, there are insufficient applicants in 2017 to fill the number of Foundation posts which currently exist. This is further compounded at the end of the Foundation Programme because many doctors on completion of F2 choose not to enter into Specialty Training immediately (a reduction in F2 trainees aiming to enter specialty training by just over 20% in a five year period). Research highlights a range of reasons why this is happening linked to alternative financial options, career uncertainty, life-style, travel opportunities, feelings of not being valued within training environments and greater career opportunities in other areas. Whilst we have and will continue to make every effort to fill vacancies, the numbers of available posts when compared to the numbers of trainees appointed make this impossible under current configurations.

Other challenges will centre on the process and speed of the changes which were announced by the former Health Minister following the Bengoa Report, on the current uncertainty regarding future budgets and possible financial cuts and on Northern Ireland's ability to attract, develop and retain the highest possible calibre of medical and dental practitioners possible. We will continue to be a highly responsive organisation which will react quickly and flexibly to changing circumstances. In addition, however, all HSC organisations must urgently engage with one other in order to make others aware that Northern Ireland is an attractive place in which to live, train and, subsequently, develop their long-term careers.

In terms of internal initiatives going forward, we will:

- Continue to focus on Quality Improvement and excellence in all areas;
- Develop meaningful measures for accrediting all Training Environments; and
- Continue to build strong partnership networks across the health and social care sector, particularly in the training and development field.

We are confident that, throughout our team, we have the skills, commitment and professionalism to deliver the objectives identified in our Strategic and Business Plans. We have an effective Corporate Governance structure in place, managed on a day-to-day basis by our Senior Management Committee, with oversight from the Board and both the Audit Committee and the Governance and Risk Committee.

Margot Roberts, Administrative Director, retired on 30 September 2016. In 1979, Margot joined the NI Council for Postgraduate Medical Education (as NIMDTA was referred to then) as an Executive Officer, ultimately progressing to the post of Administrative Director in

1994. Over the thirty seven years that Margot worked with us she had a tremendous impact on all aspects of postgraduate medical and dental education, providing leadership across the education and corporate aspects of our work, which also included a period as Interim Chief Executive. We wish Margot every happiness in retirement, and would like to take this opportunity to thank her for her dedicated and considerable contribution to NIMDTA.

Finally, I would again acknowledge my Board colleagues for their support and commitment and thank ALL members of staff for their hard work and dedication to the achievements and challenges we have experienced during the past year. Gordon Smyth tendered his resignation from the Board to take up a non-executive role with the Belfast Health & Social Care Trust. We would like to thank Gordon for his valuable contribution to NIMDTA and wish him every success in meeting the future challenges of this key body within the health and social care community.

We are delighted to welcome two new Board Members, Dr Janet Little and Garry McKenna who were both appointed from 1 April 2017.

A handwritten signature in black ink, appearing to read 'Alistair Joynes', is positioned above the name of the signatory.

Alistair Joynes, Chair

22 June 2017

Performance Report

1. Performance Overview

Chief Executive's Statement on Performance

I am satisfied that NIMDTA has performed well in 2016-17. The following key targets have been met:

- a financial break even position, with a surplus against RRL of £65,826 (0.11%) against a target of 0.25%;
- an outturn of 98.28% in relation to thirty day prompt payments against a target of 95%;
- an outturn of 95.13% in relation to ten day prompt payments against a target of 60%;
- substantive levels were attained across all applicable Controls Assurance Standards;
- an absence rate of staff of 1.7% against a target of 5.5%; and
- 95% of KPIs in the 2016-17 Business Plan were achieved.

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

Purpose & Activities

NIMDTA was established in 2004, under the Health and Personal Social Services Act 1990, as a Special Agency, sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional requirements.

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

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses their performance through annual review and appraisal. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular

meetings, trainee surveys and inspection visits. It works in close partnership with Local Education Providers (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.

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 is accountable to the GMC for ensuring that the standards they set 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 Committee of Postgraduate Dental Deans and Directors (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.

Engagement with Training Partners and Stakeholders

To carry out its 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.

Representatives from the QUB Centre for Medical Education regularly attended NIMDTA's Quality Management Group and NIMDTA representatives attended the QUB Centre for Medical Education's Quality Management Group meetings.

NIMDTA participated in a number of collaborative meetings, events and initiatives including:

- Northern Ireland Confederation (NICON) conference (Calling all Clinicians – Dare to Compete Leadership session);
- GMC National Training Surveys Group;
- GMC Prior Attainment Stakeholder Group;
- GMC Pearson Review of Revalidation;
- GMC Flexibility Review;
- DoH Attributes Framework Level 3 Design Workshop;
- DoH Improvement Institute Design Workshop; and
- Reform of UK Health Professionals Regulation Workshop;

In 2016-17, NIMDTA has joined the DoH Duty of Candour Group, DoH Workforce Strategy Steering Group, GMC Responsible Officer Reference Group, GMC Equality and Diversity Advisory Group, GMC Education and Training Advisory Board, Medical Education UK Reference Group, Executive of the Foundation Programme Board and participated in the Faculty of Medical Leadership and Management (FMLM) Regional Conference Organising Committee and in meetings of the Improvement Network of Northern Ireland.

NIMDTA continues to be involved in established DoH Groups (Medical Education Policy, Medical Leaders' Forum, Central Medical Advisory Committee, Revalidation Delivery Board, Responsible Officer Forum, Death Certification Implementation Working Group, Medical Library Advisory Committee, Privacy Advisory Committee, Employer Liaison Group), GMC Groups (NTS Surveys Group, Quality Leads, UK Advisory Forum, SCAR) and national education committees (COPMED, COPDEND, COGPED, Senior Manager's Group, Academy Education Committee) and their sub-groups. NIMDTA provides Lead Dean advice nationally for Rehabilitation Medicine.

During 2016-17, the Postgraduate Dental Dean has participated in the Review of Dental Services in Northern Ireland, I have participated in an external review of the Medical Directorate in NHS Education for Scotland and the Foundation School Director has been appointed as President Elect of the Ulster Medical Society. The Director of General Practice

Education continued in her role as Chair of National Committee of GP Educators and Directors (COGPED).

NIMDTA Educators led on Quality 2020 'Improving Patient Safety through Multi-disciplinary simulation and human factors training', working in close collaboration with nursing and pharmacy colleagues.

NIMDTA hosted visits from the Minister of Health (DoH), Deputy Secretary Health Care Policy (DoH), Director of Workforce Policy (DoH), Director of Transformation (DoH), President and Vice-Presidents of the Royal College of Surgeons of Edinburgh, Head of Education Policy and Quality Assurance (GDC), Equality and Diversity Manager (GMC), Head of NI Affairs (GMC), Head of Clinical Education Centre (BSO) and Director of the NI Centre for Pharmacy Learning and Development (QUB).

The GMC carried out a National Review of medical education in NI in February – March 2017 visiting the five HSC Trusts and NIMDTA with a visit to QUB at the start of April 2017. The GMC felt the visit to NIMDTA was a positive experience highlighting in particular the impressive Lay Representative group, the ADEPT Clinical Leadership Programme, ARCP processes, close working relationships with QUB, use of patient safety reports and the culture of valuing and supporting its educators. NIMDTA was encouraged to continue its work on engaging trainees in understanding equality and diversity issues, in its strategies to address rota gaps in particular being involved in service transformation groups and in working with HSC Trusts to encourage the timely resolution of undermining issues.

NIMDTA educators took part in panel discussions at the GMC Annual Conference, acted as session chairs at NICON Annual Conference and NICON breakfast meetings as well as being guest speakers at the Ulster Society of Obstetrics and Gynaecology, the Belfast Health & Social Care Trust (BHSCT) STEP event and BHSCT Clinical Director Forum. In addition, NIMDTA supported the Faculty of Medical Leadership & Management (FMLM) NI Regional Conference, the inaugural conference of the NI Simulation and Human Factors Network, Royal College of Surgeons of England NI Research Day, Ulster Medical Society, UK Clinical Leadership Fellows Summit, and QUB consultative conference on Simulation.

Quality Management

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

NIMDTA, which is also referred to as the Northern Ireland Deanery, has a crucial role in assuring that the postgraduate training of doctors and dentists is consistent with the

delivery of safe care and that doctors are trained to the standards set by the GMC (Quality Management). 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.

NIMDTA's Quality Management Group oversees this area of work and is chaired by the Director of Hospital Specialty Training. NIMDTA's Quality Management Team led by NIMDTA's Quality Manager coordinates NIMDTA visits and surveys, reports and responses to the GMC.

NIMDTA assesses the performance of training units in LEPs against GMC Standards for Medical Education and Training and against COPDEND's Standards for Quality Development. During 2016-17, NIMDTA carried out six specialty reviews, seven cyclical visits (including hospital dentistry), five follow-up visits, zero triggered visits, 52 visits to general medical practices (11 new practice visits; 41 reaccreditation visits) and 16 visits to general dental practices acting as training practices during 2016-17. NIMDTA was involved in visits to six units under Enhanced Monitoring by the GMC.

Each year, NIMDTA reviews, modifies and improves existing policies and guidance and develops new policies and guidance in response to new requirements. This has particularly been necessary at the start of 2016 when the new GMC Standards 'Promoting Excellence' came into effect (January 2016) as did a new Gold Guide for specialty training in medicine (February 2016) and for specialty training in dentistry (Updated June 2016). During 2016-17 NIMDTA reviewed existing processes and guidance and developed new policies in line with this new guidance. The GP Specialty Training Committee reviewed GP-specific policies and guidance.

NIMDTA is required to report concerns to the GMC in real time and this is done through Online Dean's Reporting through GMC Connect. Dean's concerns 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.

NIMDTA effectively promoted trainee engagement and response to the GMC National Training Survey (which was published in June 2016) with a final trainee response rate of 99.6%. Fifteen patient safety concerns but no undermining concerns were raised by trainees through the survey and these were followed up with the Local Education Providers. The GMC re-introduced a Trainer Survey during 2016-17 and 48.7% trainers in NI responded to this survey.

Revalidation

During 2016-17, the Revalidation Operational Group reviewed GMC guidance, the minutes of the regular Four Nations Trainee Revalidation Oversight Group and COPMED Revalidation Steering Group meetings, revised the Terms of Reference of the Group and NIMDTA Revalidation Operational Policy, agreed a process for implementation of the national changes to revalidation made by the GMC in April 2016, agreed a process for real time reporting of concerns between HSC Trusts and NIMDTA, discussed and influenced national guidance on the Causes of Concern, Form R and ARCP Outcome Forms, liaised with Trainee Representatives for feedback on matters relating to the reporting of incidents and the level of support received, national terminology, and issues relating to revalidation for trainees planning to spend time out of programme.

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 2016-17, a positive recommendation was made for 418 doctors in training (85 for GP trainees and 333 for Hospital Specialty Trainees) bringing the total of positive recommendations for doctors in training in NI since revalidation began to 924. There were 298 requests for deferral of the recommendation made for doctors in training. These were due to reasons such as their Certificate of Completion of Training (CCT) date having moved from the time they were first appointed to their programme, or 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.

During 2016-17, NIMDTA ARCP and Revalidation processes were audited by the Internal Audit function of the BSO. A satisfactory level of assurance was reported. There was a Priority 2 finding related to lapsed membership of the group of the trainee and Lay Representative. The audit recommendation for this finding was immediately implemented.

Recruitment and Selection

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 2016 the Medical Foundation Programme achieved a fill rate of 98.6% (99.4% in 2015-16, 98.8% in 2014-15, and 98.6% in 2013-14;) and Medical Specialty Training a fill rate of 73.9% (88.9% in 2015-16, 91.2% in 2014-15, and 94.5% in 2013-14;). At 3 August 2015,

there were a total of 155 training posts that were unfilled spread across many specialties but with the largest number of vacancies occurring in Core Surgery, Core Medicine, Paediatrics, Obstetrics and Gynaecology and Core Psychiatry. This figure increased to 227 by the end of March 2017 due to resignations, maternity leave, sick leave and out of programme training.

In Dentistry, all 32 Foundation posts were filled and 22 dentists were appointed to Dental Core Training.

In 2015-16 the Minister announced an increase of 20 posts in General Practice, to the 65 posts that had been previously been recruited to training on an annual basis. A subsequent announcement stated there would expansion to this figure by a further twelve training posts to start in August 2017, and as a result 97 posts will be recruited. There has also been an expansion in Foundation posts. NIMDTA has increased recruitment in these programmes and has been involved in planning for this expansion in cooperation with HSC Trusts and GP practices.

From August 2016, the following specialties expanded their training programmes: Core Medical Training (1), Neurology (2), Acute Medicine (1), Gastroenterology (1), Geriatric Medicine (1), Respiratory Medicine (1), Paediatric Rheumatology (1), Radiology (3), Emergency Medicine (6) and Trauma & Orthopaedic Surgery (2). It is anticipated that the Clinical Radiology training programme will further expand in August 2017.

Delivery of Curriculum and Provision of Additional Training Opportunities

NIMDTA worked with LEPs to deliver programmes of training and was supported by its Medical and Dental Foundation and Specialty Schools in ensuring that the curricula were implemented to the standards required.

NIMDTA delivers generic skills programmes for Foundation and Specialty (iQuest) trainees as well as formal education sessions and examination preparation courses in specialty programmes. Each year this formal education provision is updated in response to changing training requirements. In August 2016, NIMDTA core surgical trainees had a one-day Enhanced Induction (Boot Camp) as a group and this is going to be extended to two full days in August 2017.

NIMDTA's VALUED initiative, in cooperation with QUB/HSC Library, strongly promoted library facilities and educational resources available to all trainees through information leaflets, trainee newsletters and website resources/links as well as the development of Current Awareness Bulletins for trainees in multiple specialties.

NIMDTA works in partnership with QUB to promote opportunities for clinical trainees to undertake academic training, to be involved in scholarly activity and to present their research work. During 2016-17, two new opportunities have become available with the development of the Wellcome sponsored Irish Clinical Academic Training (ICAT) programme and the Wellcome sponsored Institutional Strategic Support Fund (ISSF). One NIMDTA trainee has been appointed to the prestigious ICAT programme which starts in August 2017 and provides 4-year funding for a trainee to undertake clinical research training. There are also opportunities for Foundation and specialty NIMDTA trainees to undertake a four month placement in Moorfields Eye Hospital or the Royal Brompton Hospital to undertake research in Ophthalmology or Respiratory Medicine respectively. Once again NIMDTA partnered with QUB to run an all-day workshop 'Using Evidence' as part of the iQuest programme in September 2016. In partnership with QUB and UMS, NIMDTA organised a very successful Research Day for Trainees in October 2016 informing trainees about opportunities to undertake research as well as providing the stage for trainees to present their research through oral and poster presentations. There were nine appointments to the Clinical Academic Training Programme at Foundation level and three appointments at Specialty level during 2016-17.

The GP Department has run a Dermatology training programme using the ECHO platform during 2016-17 and this work was awarded the Irwin Prize at the AUDGPI Annual Conference in Limerick in March 2017. The first full year of the GP Quality Improvement training programme (EQUIP) for Specialty Training Year 2 (ST2) trainees ran through 2016-17 and was featured in RCGP news. A celebratory end of year event will be held on Thursday 1 June 2017. During 2016-17, the GP Department delivered 359 courses and training events for GP trainees.

NIMDTA's first cohort of ADEPT Clinical Leadership Fellows completed their programme at the start of August 2016. These Fellows had taken a year out of their training programmes to 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. Fellows had an opportunity to present their work to a distinguished panel at NIMDTA's inaugural Educational Excellence Day in June 2016 at the La Mon Hotel. All of these Fellows have been successful in achieving a Level 7 Certificate in Leadership from the Institute of Leadership and Management. The ADEPT programme featured in the Royal College of Surgeons of Edinburgh Surgeons News as well as in an article published in the Ulster Medical Journal.

The second cohort of ADEPT Fellows commenced in August 2016 and they have been based in RQIA, HSC Safety Forum, HSC Leadership Centre, HSC Trusts and NIMDTA. As was the case during 2015-16, one of the Fellows is co-sponsored by the Royal College of Surgeons of Edinburgh. These Fellows participated in a National Induction with all the clinical leadership

fellows from England, Scotland and Wales in September 2016. In addition to receiving formal leadership training, undertaking leadership insight visits, editing trainee newsletters, these Fellows have participated in the NI Simulation and Human Factors Network Conference, Delivering Safer Care Conference, GMC UK Advisory Forum, the NI Regional FMLM Conference and the Summit of UK Clinical Leadership Fellows at Stormont. Eight trainees have now been selected to the third cohort of ADEPT Fellows who will commence in post from August 2017.

NIMDTA also participated in the Royal College of Physicians' pilot Chief Registrar Scheme during 2016-17 with two Chief Registrars being appointed in the Belfast and Northern HSC Trusts. This scheme is a healthcare leadership and management development role and the appointees contribute to quality improvement, education, local service re-design and workforce transformation activity.

NIMDTA's Simulation team has supported the development of a Simulation and Human Factors Network, helped to organise the inaugural NI Simulation and Human Factors Conference in October 2016, developed a programme of Simulation Faculty Development courses and is leading a Quality 2020 Task 'Improving Patient Safety through Multi-disciplinary simulation and human factors training'.

During 2016-17, NIMDTA initiated a new leadership and quality improvement programme (ENGAGE) for final year trainees in GP and Hospital Specialty training in collaboration with the HSC Leadership Centre. Twenty-nine senior trainees enrolled on this ENGAGE programme which has eight modules which run on Monday evenings between December 2016 and June 2017. These modules seek to develop in trainees the mindset and strength to lead improvement and change within their healthcare environment.

NIMDTA held its inaugural Educational Excellence Day on Wednesday 15 June 2016 with the keynote address being delivered by the Chief Medical Officer who also presented awards for excellence in research, medical/dental education, quality improvement, examinations, national awards and outstanding contributions to Society. The ADEPT Clinical Leadership Fellows made presentations to a distinguished panel consisting of the Chief Medical Officer, the Director of Public Health, and the Director QUB Centre for Medical Education. The ADEPT AlumNI programme was also launched at this event. This AlumNI programme seeks to enable previous ADEPT Clinical Leadership Fellows to maintain and develop their leadership skills.

Progression of Trainees

NIMDTA rigorously assesses the performance of trainees through annual review and appraisal. In 2016-17, a total of 1,100 trainees were assessed in specialty training using the

ARCP process, and in addition one trainee was assessed through the Record of In Training Assessment (RITA) process. Of these 1,101 trainees assessed, 178 trainees completed their training, 705 achieved satisfactory progress, 174 had unsatisfactory outcomes and 44 trainees were out of programme. A further 97 trainees were not assessed during this reporting period mainly due to sick leave, maternity leave, resignations or having spent insufficient time in the posts. There was one appeal against ARCP Outcome 7.3 (Inadequate progress by the trainee – additional training time required) in Hospital Specialty training during 2016-17 which was subsequently withdrawn by the trainee. In the Foundation programme, 521 out of 526 trainees underwent Annual Review of Competence Progression (ARCP).

In General Practice, 68 trainees finished their training during 2016-17. The ARCP process showed that 149 trainees achieved satisfactory progress, 14 had unsatisfactory outcomes and 26 trainees were Out of Programme due to maternity leave.

The Dental Department participated in a pilot to standardise Dental Foundation assessment across the UK in preparation for the introduction of mandatory 'Satisfactory Completion' during 2016-17. In Dentistry, appraisals were carried out for all Dental Core Trainees and seven of eight Specialty Registrars progressed satisfactorily at Annual Review (One trainee was out of programme on maternity leave).

Professional Support

The Professional Support Unit (PSU) at NIMDTA is led by the Associate Dean for Careers and Professional Support, Dr Camille Harron, and the Professional Support Development Officer, Mrs Elaine Fugard. The Unit provides one-to-one support and guidance to medical and dental trainees experiencing difficulty or seeking career advice. Trainees may be referred by trainers or self-refer to the unit. Referrals are discussed at monthly Trainee Review Group meeting which are chaired by the Associate Dean. The work of the PSU was audited by Internal Audit of the BSO in December 2016, and received a 'satisfactory' level of assurance.

A Professional Support Committee has been set up to oversee strategy and delivery of Professional Support. This committee is chaired by the Professional Support Manager, Ms Roisin Campbell and meets five times yearly. Initiatives overseen by the committee this year have included development of website resources, electronic feedback by users on PSU services and introduction of demographic monitoring.

A total of 41 new referrals for professional support were received in 2016-17. As of March 2017, there are 116 trainees active on the professional support database. Reasons for referral were similar to previous years and included health, conduct, performance and

environment. Of the new referrals, nine were from the Foundation Programme. There were five referrals for dental trainees. Twelve trainees were seen for one-to-one careers counselling.

The Professional Support Unit contributes to Faculty & Trainee development events. These include organisation of the Annual Professional Support Faculty Development day, Trainee Support courses for Recognition of Trainers delivered both by NIMDTA and within Trusts and development of Resilience training for Foundation doctors via a pilot Generic Skills module. Careers Education includes provision of careers talks to Foundation One doctors on Trust sites, delivery of generic skills modules on career decision-making to all Foundation Two doctors and delivery of an iQUEST module on CV development and Resilience.

Other projects within Professional Support include development of a Mentoring Scheme (currently being piloted with Foundation doctors in the Northern Trust), contribution to the joint QUB and NIMDTA Professional Wellbeing and Resilience Group and involvement in the development and launch of the VALUED strategy through shared supervision of an ADEPT Fellow.

Trainee Engagement

NIMDTA engages with its trainees through welcome evenings, induction events, Formal Education sessions, Deanery visits, ARCP panels, one-to-one meetings, focus groups, publication of information on NIMDTA's website, email announcements, School Boards and Training Committee, Trainee Fora, Trainee Surveys and Trainee newsletters. In August 2016, NIMDTA Trainee Forum and educators in collaboration with the BMA, GMC and the Belfast Visitor Centre put on a highly successful welcome evening for specialty trainees new to NI (Café NIMDTA).

NIMDTA has developed a VALUED initiative (Voice, Acclaim, Life-work balance, Up-to-date training, Enhanced opportunities, Distinctive) to attract, welcome, support and encourage doctors to remain in NI. The Strategy has been discussed with and will be taken forward with partner organisations including the BMA's Junior Doctor Committee. This is being officially launched at the second NIMDTA Educational Excellence Day on Wednesday 14 June 2017, at which the NIMDTA Trainee Ambassadors will be introduced also.

NIMDTA engaged with prospective trainees at the BMJ Careers Fair in London 21-22 October 2016 and through the production of a promotional video with the Royal Society of Medicine and ITN (Doctors of the Future) and a GoAnimate video about VALUED. These videos are on the NIMDTA website and have been used at NIMDTA engagement events.

Flagship Trainee Engagement events during 2016-17 were the welcome evenings (Foundation - July; Specialty - August), Trainee Research Day (October), Educational Excellence Day (June), Next Steps Careers Evening (November), ADEPT Open Night (January) and Mentoring launch (January).

Trainee success is celebrated on the NIMDTA website and in NIMDTA trainee newsletters. During 2016-17, Medical Foundation, Core Medicine, Paediatrics, GP and Hospital Specialty have all sent out regular newsletters to trainees.

Educational Faculty and Faculty Development

NIMDTA continued to be very active in developing its Faculty of Educators during 2016-17 with a wide range of workshops (ARCP, Recruitment and Selection, Leadership Skills, Facilitation Skills, Unconscious Bias), its annual Advanced Trainee Support Workshop in November 2016 and the flagship Clinical Education Day (with QUB) in September 2016. At the Clinical Education Day there were invited contributions from Bond University Australia (by videolink), Winchester, and Liverpool Universities, University College London, from the Chief Medical Officer, the GMC Assistant Director of Education, the Royal Colleges of General Practice and Royal College of Surgeons in Ireland with particular focuses on Quality Improvement, Equality and Diversity, Differential Attainment and Simulation.

NIMDTA supports its educators through the Lead Educator newsletter (launched in April 2015) and through the Lead Educators' Forum (Hospital Specialty), GP Training Programme Director training days and through the Foundation Programme Directors Group.

During 2016-17, NIMDTA supported 24 educators and trainers working towards university level qualifications in clinical education (twelve GP; eight Dental; and four Hospital Foundation/Specialty).

Recognised Trainers

NIMDTA has continued to work on the full implementation of the NI Recognised Trainers Programme (STATUS) during 2016-17. At the end of March 2017, 809 out of a total of 926 trainers are fully recognised (87%).

NIMDTA has been successful in achieving funding from the DoH of £1,600k during 2016/17 to support the Time to Train initiative which has sought to provide trainers, through top-up funding, with 1 hour of education-related activities/trainee per week.

A Recognised Trainer newsletter was launched in February 2017. NIMDTA has appointed a Trainee and Trainer Engagement Coordinator and will be appointing an Associate Dean for Recognised Trainers in April 2017.

Continuing Education and Career Development

Continuing professional development is provided for trained dentists and dental care professionals at various locations throughout Northern Ireland. During 2016-17, 1,408 educational opportunities were offered through NIMDTA's Continuing Education Calendar courses. In addition, a series of 'In-practice' training events were provided which received very positive feedback. During 2016-17, NIMDTA ran a successful Practice Management Programme, accredited by The Institute of Leadership and Management (ILM). Continuing Professional Development was also offered on a 'bespoke' basis for practices during the 2016-17 year.

The GP Department, in collaboration with the Health and Social Care Board, has been working to implement schemes to recruit, retain, and induct GPs into the NI workforce. During 2016-17, five doctors completed the Returner Scheme. Two doctors continue in the Returner Scheme, and one doctor has completed the Induction & Refresher Scheme. There are currently 25 doctors participating in the Retainer Scheme.

GP Appraisal

NIMDTA co-ordinates and manages appraisal for all General Medical Practitioners in NI underpinned by a Service Level Agreement with the Health and Social Care Board. The NIMDTA Appraisal team meets with the HSCB revalidation team quarterly. NIMDTA organised two full day GP Appraisal Conferences during 2016-17 (June and November 2016) which received very good feedback. In addition, Lead Appraisers have had one training day during the year.

Appraisal was provided for all 1,575 GPs in Northern Ireland in 2016-17 who requested it. Appraisal is a requirement to remain on the GP Performers' List. The GP Department works closely with the HSCB to facilitate the flow of information to the Responsible Officer in the HSCB. A table overleaf the details the appraisal that have been conducted.

Status	Total†
Partner	852
Sessional in GMS	300
Part Time Partner	248
Salaried GP	113
Retainee	3
Solely Out Of Hours	47
Assistant/Associate	5
Do not know	4
No longer on PMPL* at 31.03.15	3
TOTAL †	1575

*Primary Medical Performer's List (PMPL)

†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.

Post-Registration Education and Training (PRET Review)

Although NIMDTA had been informed in April 2015 of the DoH's intention to establish a project management structure to oversee the (PRET) review, NIMDTA has received no further written communication about the review during 2016-17.

Performance Report

2. Performance Analysis

NIMDTA's Corporate Goals and Business Objectives, as defined in the 2016-17 Business Plan are below:

NIMDTA STRATEGIC PLAN 2016/19			
VISION	"TO EQUIP, DEVELOP AND INSPIRE DOCTORS AND DENTISTS IN TRAINING TO PROVIDE AND CONTINUOUSLY IMPROVE THE QUALITY OF HEALTH CARE DELIVERY TO THE POPULATION OF NORTHERN IRELAND".		
GOALS	POSTGRADUATE TRAINING 'to promote excellence in training'	TRAINED WORKFORCE 'to enhance patient care'	CORPORATE FUNCTIONS 'to demonstrate substantive systems of governance and internal control'
STRATEGIC OBJECTIVES	1. To promote the highest standards of professionalism and excellence among doctors and dentists in training to enhance patient care and treatment	10. 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	13. To value, develop, support and train our staff
	2. To uphold the value of training, trainers and trainees to the HSC	11. To enhance the standard and safety of patient care through the provision of high quality career development for general medical professionals	14. To develop and monitor contingency plans for key operational functions
	3. To attract, welcome and retain high calibre trainees	12. To promote good medical practice, patient safety, and to meet the GMC's requirements for revalidation, through GP Appraisal	15. To develop and use technological tools that empower the work of our staff and improve the quality of training
	4. To engage constructively with training partners to ensure the provision of high quality postgraduate training for doctors and dentists in NI		16. To review administrative structures to ensure that skills and knowledge of staff are effectively utilised
	5. To provide a high standard of regional teaching and maximise the value of study leave funding		17. To manage financial allocations within stable, open and transparent financial arrangements
	6. To effectively communicate with, and engage with and support trainees		18. To continually improve internal controls, and monitor the application of these across all functions
	7. To enhance academic, research, simulation, leadership and quality improvement opportunities for trainees		19. To promote a culture of professional excellence and continuous improvement
	8. To develop, support and retain talented dental and medical trainers		20. To promote diversity, equality and patient involvement
	9. To actively participate in workforce planning for the HSC		
	MISSION	ENHANCING PATIENT CARE THROUGH TRAINING	

Enhancing Patient Care through Training

Performance Against Key Performance Indicators

Performance against the Key Performance Indicators as set out in the NIMDTA 2016-17 Business Plan was as follows:

POSTGRADUATE TRAINING

Strategic Objective

- 1. To promote the highest standards of professionalism and excellence among doctors and dentists in training to enhance patient care and treatment**

KPIs	Status
That 95% of newly appointed Trainees sign a Trainee's Agreement.	ACHIEVED
That 90% of Foundation and Specialty trainees will have their progress discussed by an ARCP Panel.	ACHIEVED
That 10% of ARCP outcomes will be reviewed by a lay and external representative.	ACHIEVED

Strategic Objective

- 2. To uphold the value of training, trainers and trainees to the HSC**

KPIs	Status
To communicate the achievements in training within the Annual Quality Report.	ACHIEVED

Strategic Objective

- 3. To attract, welcome and retain high calibre trainees**

KPIs	Status
That 70% of feedback for annual welcome events for foundation and specialty trainees is in the good to excellent range.	ACHIEVED
That 70% of feedback for the Annual Educational Excellence Day is in the good to excellent range.	ACHIEVED

POSTGRADUATE TRAINING [CONTINUED]

Strategic Objective

4. To engage constructively with training partners to ensure the provision of high quality postgraduate training for doctors and dentists in NI

KPIs	Status
That 80% of postings will be disseminated to LEPs within six weeks of the post start date.	ACHIEVED
That LEPs will receive six weeks notification for 95% of cyclical visits.	ACHIEVED
To ensure that Learning & Development Agreements are circulated to LEPs by September.	ACHIEVED

Strategic Objective

5. To provide a high standard of regional teaching and maximise the value of study leave funding

KPIs	Status
That 100% of Foundation 2 doctors will be given the opportunity to attend the Generic Skills Programme.	ACHIEVED
That 95% of planned Formal Education Training Events for General Medical Practitioner Trainees are delivered in year.	ACHIEVED
That 70% of feedback from Medical and Dental Trainees will rate the regional training provided within the good to excellent range.	ACHIEVED

Strategic Objective

6. To effectively communicate with, and engage with and support trainees

KPIs	Status
That the Foundation Update is published weekly and circulated to Foundation Trainees.	ACHIEVED
That at least eight Specialty Trainee Newsletters are published per annum and circulated to Trainees.	ACHIEVED
That 90% of trainees that are referred to the Professional Support Team are offered an appointment to be seen within two weeks.	ACHIEVED

POSTGRADUATE TRAINING [CONTINUED]

Strategic Objective

7. To enhance academic, research, simulation, leadership and quality improvement opportunities for trainees

KPIs

Status

That modules on Quality Improvement and Leadership are delivered as part of the Foundation Generic Skills Programme, iQuest and GP Training Programme.	ACHIEVED
That opportunities for Academic Fellow and Lecturers will be provided annually.	ACHIEVED
That opportunities are provided annually for trainees to find out more about research and to present their research work.	ACHIEVED

Strategic Objective

8. To develop, support and retain talented dental and medical trainers

KPIs

Status

That 100% of GP & Dental Trainers appointed for more than one year will be offered the opportunity to commence the Certificate in Medical Education within two years of being appointed to post.	ACHIEVED
That an Annual Educational Day will be held.	ACHIEVED
That six Lead Educator Newsletters will be published per annum and circulated to Specialty Educators.	ACHIEVED

Strategic Objective

9. To actively participate in workforce planning for the HSC

KPIs

Status

That there will be NIMDTA representation on each workforce planning task group that we are invited to participate on.	ACHIEVED
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TRAINED WORKFORCE

Strategic Objective

10. 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

KPIs

Status

That 100% of recommended core subjects, as identified by the GDC and priorities identified by DoH and HSCB are covered within the dental continuing education courses provided.

ACHIEVED

Strategic Objective

11. To enhance the standard and safety of patient care through the provision of high quality career development for general medical professionals

KPIs

Status

That all requests in relation the GP Career Development Scheme are met provided the resources available.

ACHIEVED

Strategic Objective

12. To promote good medical practice, patient safety, and to meet the GMC's requirements for revalidation, through GP Appraisal

KPIs

Status

That an opportunity for annual appraisal has been provided for 100% of the general medical practitioners on the Performer's list.

ACHIEVED

That information in relation to GPs on the performers list who do not request an appraisal is forwarded to the HSCB.

ACHIEVED

CORPORATE FUNCTIONS

Strategic Objective

13. To value, develop, support and train our staff

KPIs	Status
That 90% of staff have had an annual appraisal of their performance during 2015/16 and an agreed personal development plan for 2016/17.	NOT ACHIEVED [Seasonal working patterns that relate to the education year, make it difficult to meet this target that is aligned to the financial year. Actions are in place to improve performance]
That a quarterly Staff Briefing and or Workshops are held for Staff, [with 50% of these be attended by the Board].	ACHIEVED

Strategic Objective

14. To develop and monitor contingency plans for key operational functions

KPIs	Status
That there are contingency plans in place for key functions in each department and that these are tested quarterly [Note: Head Knowledge documented].	ACHIEVED
That the absence rate of staff is less than 5.5%.	ACHIEVED

Strategic Objective

15. To develop and use technological tools that empower the work of our staff and improve the quality of training

KPI	Status
That 90% of trainee data and ARCP outcomes are posted on Intrepid by 1 September.	ACHIEVED

CORPORATE FUNCTIONS [CONTINUED]

Strategic Objective

16. To review administrative structures to ensure that skills and knowledge of staff are effectively utilised

KPIs	Status
That SMC review the staffing structures on a monthly basis.	ACHIEVED
To ensure there is a mechanism whereby outputs from staff appraisals are collated and training needs reviewed and met where they fit the strategic direction of NIMDTA.	ACHIEVED

Strategic Objective

17. To manage financial allocations within stable, open and transparent financial arrangements

KPIs	Status
That the 30 day (95%) and 10 day (70%) prompt payment rates are met.	ACHIEVED
That breakeven is achieved within the limits identified by DoH ($\pm 0.25\%$).	ACHIEVED
That 90% of staff travel and subsistence claims are approved within ten working days.	ACHIEVED

Strategic Objective

18. To continually improve internal controls, and monitor the application of these across all functions

KPIs	Status
That 95% of required reports and Departmental returns are submitted within the identified timeframe.	ACHIEVED
That substantive compliance is achieved in all applicable controls assurance standards.	ACHIEVED
That 80% of internal audit recommendations are implemented within the agreed time frame.	NOT ACHIEVED [60% (3 out of 5) achieved. Due to the low number of recommendations, and the phasing of some of the timings it was not possible to deliver all in year]
That all GMC timelines for reporting will be met.	ACHIEVED

CORPORATE FUNCTIONS [CONTINUED]

Strategic Objective

19. To promote a culture of professional excellence and continuous improvement

KPIs	Status
That the outcomes and action plan arising from the Staff Satisfaction Survey are discussed annually at a Staff Workshop.	ACHIEVED
That the outcomes from relevant external reviews relating to NIMDTA are discussed by SMC with action plans being developed.	ACHIEVED

Strategic Objective

20. To promote diversity, equality and patient involvement

KPIs	Status
That 95% of NIMDTA policies that are approved by the Board will have been equality screened.	ACHIEVED
That the Annual Review of Progress to the Equality Commission is submitted by September.	ACHIEVED
That 95% of lay rep reports are reviewed and considered in relation to quality management.	ACHIEVED

Finance

During 2016-17, NIMDTA achieved a financial break even position, with a surplus against RRL of £65,826 (0.11%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 24.3 within the accounts.

DoH 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 98.28% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (60%) was 95.13%. Further details of compliance with the Better Payments Practice code are given in Note 14 within the accounts.

There were no bad debts written off in the year.

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.

Human Resources

NIMDTA recognises the importance of timely and ongoing communication with its staff.

During this period NIMDTA held three Staff Engagement sessions and three Staff Briefings. The views of employees were sought at these sessions as well as through departmental staff meetings and through staff surveys.

NIMDTA places high value on supporting its Health and Wellbeing and Staff Development Strategy. A Health and Wellbeing and Staff Development Group meets on a quarterly basis to plan Health and Wellbeing events and Staff Development events.

During this year Staff Development sessions were provided on Time Management, Interview Skills, Leadership Skills and Strategic and the Business Plans. Health and Well Being events were provided on Mood Matters, Drugs and Alcohol. NIMDTA continues to facilitate employees to take part in a weekly exercise programme and this has been enhanced with a workplace challenge with the aim of 10,000 steps per day. Volunteering workshops were also provided by the SOS Bus and Ten Foundations. NIMDTA staff were also entertained by the Staff Choir which has been introduced as a wellbeing initiative.

NIMDTA supports staff in their own personal development. During this period two members of staff were supported to undertake professional coaching qualifications. One member of staff is being supported in undertaking a Level 5 Chartered Institute of Personnel and Development (CIPD) qualification and one member of staff is being supported in undertaking an Open University degree course.

During 2016-17, there were 1,691 hours lost due to sickness within NIMDTA. This represents a loss rate of 1.7%. This is well below the DoH target of 5.5%.

NIMDTA appointed fourteen Education Management staff across GP, Dental, Hospital Specialty, Foundation and Quality Management departments.

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 16.3% of gross pay under the HSC Superannuation Scheme. Further information in relation to how this is treated in the Accounts is provided in the Remuneration Report (pp59 -60).

Throughout 2016-17 NIMDTA has worked in close partnership with colleagues from the HSC Agencies and Special Bodies Consortium (co-ordinated by the BSO Equality Unit) in the implementation of its statutory equality duties.

Corporate Governance

NIMDTA met the DoH requirement for substantive compliance with the HSC Controls Assurance Standards of Governance, Risk Management, Financial Management, and Human Resources 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.

A full overview of the governance framework in operation within NIMDTA is provided within the Corporate Governance Statement (p35 onwards).

NIMDTA published its Annual Quality Report in November 2016. This report is available online at the following link:

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

Social & Community Issues

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

Personal refers to service users, patients, carers, consumers, customers or any other term to describe people who use 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.

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 2016-17, NIMDTA co-ordinated this area of work through its Environmental Management Policy.

Factors affecting NIMDTA Performance

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

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

Data Breaches

There was one data related incident reported during 2016-17 and this was associated with a dental e-portfolio system. This incident was outside of NIMDTA's control and assurance was provided that immediate action had been taken to resolve the incident. NIMDTA was not required to report this incident to the Information Commissioners Office (ICO) as it was not the data controller responsible for the incident.

Register of Interests

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

Long Term Expenditure Trends

The following trends will impact future budgetary considerations:

- The lack of a budget from the Northern Ireland Assembly makes financial planning difficult;
- The introduction of the Apprenticeship Levy will mean that NIMDTA incurs recurrent expenditure in this regard without a commensurate increase in allocation from the Department;
- The 1% uplift in relation to staff salary will have to be absorbed within NIMDTA's budget as there is not a commensurate increase in allocation from the Department,
- The costs associated with the BSO Service Level Agreement and Service Offering for the provision of shared services continue to rise;
- Year on year the costs associated with GP Trainee Salaries continue to rise;
- The 1% uplift in relation to employee salary and benefits will impact employer contributions and costs, the implementation of this for the incoming period has not yet been decided;
- The DoH initiative in relation to increased intake to GP training will increase salary costs, and costs associated with training such as Study Leave, Trainer Grants, etc;
- Similarly, the DoH initiative in relation to increased intake to Medical Foundation training will increase salary costs, and costs associated with training such as Study Leave, Recognised Trainer Costs, etc; and
- The exit of the United Kingdom from the European Union may have an impact on budgetary issues in future periods.

Cost of Audit

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2017 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 2017 was £10,500. A payment of £1,261 was made to NIAO with respect to the National Fraud Initiative.

Accounts Direction

The accounts for the year ended 31 March 2017 have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's (DoF) Financial Reporting Manual (FRM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

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

Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

22 June 2017

Accountability Report

1) Governance Report

a) Director's Report

The Role of the Board

The NIMDTA Board is responsible for the strategic direction and control of NIMDTA's activities and comprises a non-executive Chair and five non-executive members (three lay members, one medical member and one dental member). The non-executive medical position has been vacant since 30 April 2013. An appointment to this post has been made in year and will take effect from 1 April 2017. A second appointment has been made to replace a further non-executive vacancy, which will also take effect from 1 April 2017.

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

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

Name	Role	External Interests
Mr Alistair Joynes	Non-Executive Chair	Alistair Joynes Associates, Management Consultancy
Mr Deane Morrice MBE	Non-Executive Lay Member	Independent Non-Executive Member of the Northern Ireland Housing Executive Audit Committee Member of the QUB Investment Committee
Mr Lee Wilson	Non-Executive Lay Member	Non-Executive Board Member of Northern Ireland Social Care Council NI Chest, Heart and Stroke (Volunteer)
Mr Gordon Smyth [resigned 4 April 2016]	Non-Executive Lay Member	Non-Executive (Financial) Board Member of Northern Ireland Fire and Rescue Service Development Manager - Ulster Federation of Credit Unions
Dr Derek Maguire	Non-Executive Dental Member	DJ Maguire & Associates Ltd, Dental Practice (Partner with wife)

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.

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

Governance and Risk Sub-Committee

The Governance and 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.

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

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.

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

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. During 2016-17 the membership of the Senior Management Committee was as follows:

Name	Role
Prof Keith Gardiner	Chief Executive/Postgraduate Medical Dean
Ms Margot Roberts	Administrative Director [retired 30 September 2016]
Dr Claire Loughrey	Director of General Practice Postgraduate Education
Ms Brid Hendron	Postgraduate Dental Dean
Dr Ian Steele	Director of Hospital Specialty Training
Ms Angela Carragher	Director of Foundation School
Ms Roisin Campbell	Professional Support Manager
Mr Mark McCarey	Governance, IT and Facilities Manager
Ms Paula Black	Business Manager [effective from 1 November 2016]
Ms Denise Hughes	Education Manager [effective from 16 January 2017]

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

Reportable Data Breaches

There have been no reportable data breaches.

Statement of Disclosure to Auditors

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

b) Statement of Accounting Officer Responsibilities

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed the Northern Ireland Medical and Dental Training Agency to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an 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 cash flows 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 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 Northern Ireland Medical and Dental Training Agency will continue in operation;
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Northern Ireland Medical and Dental Training Agency; and
- Pursue and demonstrate value for money in the services the Northern Ireland Medical and Dental Training Agency provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated 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 keeping proper records and for safeguarding the Northern Ireland Medical and Dental Training Agency's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health.

c) Corporate 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 responsible in accordance with the responsibilities assigned to me by the Department of Health (DoH).

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 DoH, is subject to twice yearly Accountability Reviews with the Permanent Secretary and quarterly bi-lateral meetings with its Sponsor Branch (Workforce Policy Directorate). On the 22 December 2016, DoH issued the Medical and Dental Training Directions (Northern Ireland) 2016. The Directions state that NIMDTA is to exercise DoH's training function in relation to postgraduate training programmes for medical and dental clinicians. Further, a Management Statement and associated Financial Memorandum between DoH and NIMDTA sets out the strategic control framework within which NIMDTA is required to operate.
- NIMDTA is accountable to the 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 practicing 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 license to practice will continue.

In addition, NIMDTA meets with the Health and Social Care Board (HSCB) and Public Health Agency (PHA) on a quarterly basis to discuss any potential patient safety issues, areas of concern or service pressures. NIMDTA also meets at least annually with each of the five 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 QUB regarding the governance of the Foundation Training Programme, academic training, quality management, faculty development and professional support.

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

NIMDTA has 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 services, internal audit, equality, procurement, information technology services, human resources, corporate services and shared services for accounts payable, accounts receivable and payroll. A report on performance against the SLA is provided to NIMDTA on a monthly basis and the SLA is subject to annual review.

2. Compliance with Corporate Governance Best Practice

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

- A clearly articulated strategic plan supported by an annual business plan;
- Regular reports to the Board on performance against key performance indicators and objectives;
- A clear definition of the roles and responsibilities of the Board and the scheme of delegation which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing Orders and Standing Financial Instructions;
- Clear procurement regulations set out in the Standing Financial Instructions and supported by detailed procedures;
- An established structure of standing committees of the Board with clearly defined remits including the Audit Committee, Governance & Risk Committee and Remuneration Committee;
- A comprehensive programme of internal audit review;
- A Whistleblowing Policy and Complaints Policy and regular reporting of complaints to the Board;
- An induction programme for all new Board members and provision of development opportunities;

- Clear channels of communication with all stakeholders including Accountability Review meetings with DoH;
- Evaluation of the Board’s performance through annual appraisal;
- A Board Governance Self-Assessment Tool; and
- An Audit Committee Self-Assessment Checklist.

The Board conducted a self-assessment for the year ended 31 March 2017 and assessed itself to be compliant with the Corporate Governance Code in all areas with no red flags identified.

The National Audit Office Audit Committee 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.

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 DoH is kept informed of any changes which are likely to impact on the strategic direction of NIMDTA or on the attainability of its targets, and determine the steps needed to deal with such changes;
- Ensure that the Board receives and reviews regular financial information concerning financial management; is informed in a timely manner about any concerns about financial activities; and to provide positive assurance to DoH that appropriate action has been taken on such concerns;
- Establish the overall strategic direction of NIMDTA within the policy and resources framework agreed with DoH;
- Ensure that NIMDTA’s performance fully meets its aims and objectives as efficiently and effectively as possible;
- Ensure that any statutory or administrative requirements for the use of public funds are complied with, that the Board operates within the limits of its statutory authority and any delegated authority agreed with DoH, and in accordance with any other conditions relating to the use of public funds;

- Ensure that, in reaching decisions, the Board has taken into account any guidance issued by DoH and any other relevant organisations, such as the Department of Finance (DoF), the Equality Commission or the Human Rights Commission;
- In the development of significant new policies, the Board consults with DoH and other relevant organisations as is considered appropriate; and
- Appoint the Chief Executive and, in consultation with DoH, set remuneration terms for that post.

The Board

The Board, as constituted, is composed of the Chair and five non-executive members, including one medical member and one dental member. The medical appointment is currently vacant. This position has been vacant since April 2013. An appointment to this post has been made in year and will take effect from 1 April 2017. A second appointment has been made to replace a further non-executive vacancy, which will also take effect from 1 April 2017.

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 eight occasions, and there were also three Board workshops.

Attendance of members of the Board at formal Board meetings was as follows:

Board Member	% Attendance
Mr Alistair Joynes (Chairman)	100% [8 of 8]
Mr Deane Morrice MBE	100% [8 of 8]
Mr Lee Wilson	75% [6 of 8]
Mr Gordon Smyth [Resigned from post 4 April 2016]	100% [1 of 1]
Dr Derek Maguire	75% [6 of 8]

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 three remaining Board members during 2016-17.

The Audit Committee

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of NIMDTA's activities. The Audit Committee which is chaired by a member of the NIMDTA Board met four times during 2016-17. The attendance rate was as follows:

Member	% Attendance
Mr Deane Morrice MBE (Chairman)	100% [4 of 4]
Mr Lee Wilson	75% [3 of 4]
Mr Gordon Smyth [Resigned from post 4 April 2016]	n/a [0 of 0]
Dr Derek Maguire	75% [3 of 4]

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

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

The Governance and Risk Committee

The Governance and Risk Committee oversees NIMDTA's governance structures and processes, ensuring that processes are in place for the effective monitoring of identified risks. The Governance and Risk Committee, which is chaired by a member of the NIMDTA Board, met five times during 2016-17.

The attendance rate was as follows:

Member	% Attendance
Mr Lee Wilson (Chairman)	80% [4 of 5]
Mr Deane Morrice MBE	80% [4 of 5]
Mr Gordon Smyth [Resigned from post 4 April 2016]	n/a [0 of 0]
Dr Derek Maguire	60% [3 of 5]
Mr Alistair Joynes	100% [5 of 5]

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

- Review of the Corporate and departmental Risk Registers;
- Assessment and grading of risks;
- Review and approval of new and revised policies and procedures;
- Review of the Standing Orders of the Board and Sub-Committees and associated Schedules;
- Discussion and grading of complaints and incidents including data related incidents;
- Review of information requests; and
- 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 four times during 2016-17, and its recommendations were ratified by the Board. The attendance rate was as follows:

Member	% Attendance
Mr Alistair Joynes (Chairman)	100% [4 of 4]
Mr Deane Morrice	100% [4 of 4]
Mr Gordon Smyth [Resigned from post 4 April 2016]	n/a [0 of 0]
Dr Derek Maguire	75% [3 of 4]
Mr Lee Wilson	75% [3 of 4]

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 43 times during 2016-17.

4. Business Planning and Risk 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 Planning

The Business Plan for 2016-17 was approved by the Board in April 2016. The Senior Management Committee met in October 2016 to agree strategic objectives and put in place a five year Corporate Strategy for 2017-2022. 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 DoH at Accountability Review meetings and an end of year position report provided to NIMDTA's Sponsor Branch on DoH requirements.

Risk Management

NIMDTA's risk management arrangements are embedded within its performance management framework. Identified risks are aligned to each of the key strategic and business objectives and corrective actions to deliver objectives and minimise risk are regularly monitored and assessed. The system is based on an ongoing process designed to identify and prioritise risks to the achievement of NIMDTA's aims and objectives. Responsibility for operational risk management sits with the Senior Management Committee and risks to the organisation are discussed at Senior Management Committee meetings.

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. Risk registers are 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, at least quarterly, 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.

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; and
- Engender, reinforce and replicate good practice in risk management.

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

Leadership

Committed leadership in the area of risk management is essential to maintaining sound systems of internal control required to manage risks. Leadership for risk management is provided through the Senior Management Committee and the Governance and Risk Committee. The Chief Executive has overall responsibility for the implementation of the risk management strategy and for ensuring that NIMDTA has in place the necessary controls to manage identified risks and provide overall assurance to the Board. A system of internal governance, which complies with DoH guidance, has been in place for the year ended 31 March 2017 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 DoH in October 2016.

Training

All new staff members are provided with an overview of key policies as part of the induction process, as well as access to these on the intranet. All staff members are actively encouraged to use NIMDTA's incident reporting form to report incidents, and training was provided on this in year. Members of the Board and Senior Management Committee have been trained in the principles and 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 2016-17 there were six complaints received of which three were assessed as insignificant and three as minor. All complaints were

responded to within the required timeframe. Twelve incidents were reported all of which were assessed as either insignificant or minor.

Learning

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

NIMDTA remains alert to all risks which could impact on the delivery of patient care and has in place an Escalation Policy for the reporting of significant areas of concern relating to DoH, 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 DoH to discuss the outcomes of Deanery visits, including patient and trainee safety issues and the impact of unfilled training posts.

NIMDTA is responsible for the educational governance of all approved Foundation 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 2016-17 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 Business Support Committee is responsible for monitoring and reviewing NIMDTA's fire safety and health and safety arrangements. Risk assessments are completed and reviewed at least annually.

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

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 Governance, IT and Facilities Manager is the Senior Information Risk Owner (SIRO) and is responsible for ensuring that information risks within NIMDTA are accurately identified and managed with appropriate assurance mechanisms and for ensuring that any breaches of information security are reported to the Board. Information risks are assessed on an ongoing basis and recorded in the Business Support Risk Register which is the subject of review by both the Governance & Risk Committee and the Business Support Committee. The Governance, IT and Facilities Manager is supported in his role by the IT and Records Management Officer and departmental Team Leaders who are NIMDTA's nominated Information Asset Owners

(IAOs). The Governance, IT and Facilities Manager is responsible for providing assurances to DoH that actions relating to the management of information risks have been implemented.

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

There was one data related incident reported during 2016-17 and this was associated with a dental e-portfolio system. This incident was outside of NIMDTA's control and assurance was provided that immediate action had been taken to resolve the incident. NIMDTA was not required to report this incident to the Information Commissioners Office (ICO) as it was not the data controller responsible for the incident.

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 of NIMDTA processes and to give assurance that they are consistent with the delivery of high quality safe patient care.

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

7. Assurance

The Board receives regular assurance from a range of sources which include internal audit, sub-committee reports, and reports from each member of the Senior Management Committee. The quality of the data presented by members of senior management 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 DoH policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. In 2016-17 the Standing Financial Instructions and Standing Orders were revised to clarify financial management responsibilities at Senior Management and Board level.

The Senior Management Committee continues to review and improve the efficient and effective use of resources with a view to securing best value for money.

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

Controls Assurance Standards

NIMDTA assessed its compliance with the applicable Controls Assurance Standards which were defined by DoH and achieved the following levels of compliance for 2016-17:

Standard	DOH Expected Level of Compliance	NIMDTA Level of Compliance	Reviewed by
Governance (Core Standard)	>75% Substantive	90% Substantive	Internal Audit
Risk Management (Core Standard)	>75% Substantive	89% Substantive	Internal Audit
Financial Management (Core Standard)	>75% Substantive	86% Substantive	Internal Audit
Information Management	>75% Substantive	83% Substantive	Self -Assessed
Buildings, Land, Plant and Non-Medical Equipment	>75% Substantive	83% Substantive	Self -Assessed
Management of Purchasing	>75% Substantive	84% Substantive	Self-Assessed
Environmental Management	>75% Substantive	78% Substantive	Self-Assessed
Waste Management	>75% Substantive	87% Substantive	Self- Assessed
Health and Safety	>75% Substantive	86% Substantive	Self- Assessed
Security Management	>75% Substantive	82% Substantive	Self-Assessed
Human Resources	>75% Substantive	84% Substantive	Internal Audit
Fire Safety	>75% Substantive	89% Substantive	Self-Assessed
Information & Communications Technology	>75% Substantive	83% Substantive	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:

1. Internal Audit;
2. GMC; and
3. RQIA.

8.1 Internal Audit

NIMDTA utilised an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the organisation is exposed and annual audit plans are based upon this analysis. In 2016-17 Internal Audit reviewed the following systems:

Finance Audits

Internal Audit carried out an audit of financial systems in January 2017. NIMDTA received a satisfactory level of assurance. One Priority 1 finding was identified and four Priority 2 findings were identified. The priority one finding related to the fact that goods had been purchased from a supplier, above the permitted threshold; without a contract being in place. An action plan has been developed in order to implement the identified recommendations.

Corporate Risk Based Audits

Two corporate risk based audits were conducted in 2016-17:

Annual Review of Competency Progression and Revalidation Processes

Internal Audit carried out an audit of the controls in place in regard to the Annual Review of Competency Progressions and Revalidation processes in August 2016. NIMDTA received a satisfactory level of assurance with two Priority 2 findings identified. An action plan has been put in place to implement the recommendations identified in this report.

Trainee Support Mechanisms

Internal Audit carried out an audit in December 2016 of the processes in place for dealing with medical and dental trainees who may be in difficulty due to health, conduct or performance issues. NIMDTA received a satisfactory level of assurance with three Priority 2 findings identified. All of the recommendations have now been fully implemented.

Governance Audits

Two governance audits were conducted in 2016-17:

Risk Management

Internal Audit carried out a review of risk identification, recording, management reporting and monitoring of risks in March 2017. NIMDTA received a satisfactory level of assurance with two Priority 2 findings identified. An action plan has been put in place to implement the recommendations identified in this report.

Performance Management and Complaints

Internal Audit carried out a review of controls and processes in place with regard to Performance Management and Complaints Management systems and associated reporting arrangements in February 2017. NIMDTA received a satisfactory level of assurance. A Priority 1 finding was identified in relation to Performance Management, this related to the visibility and clarity of key performance data. The Complaints Management Review identified one Priority 1 finding that related to the classification of complaints, how these are reported, and the availability of complaints literature beyond the policy.

Controls Assurance Verification

Internal Audit confirmed that NIMDTA had met the required level of compliance with the four controls assurance standards that it verified (Governance, Risk Management, Financial Management and Human Resources).

Year End Follow up on Outstanding Internal Audit Recommendations

During March 2017 Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had now passed. These reviews included follow up on outstanding recommendations that had not previously been implemented at the time of the last Internal Audit Follow up Review in September 2016.

Three (60%) of the five recommendations examined were fully implemented with the remaining two (40%) partially implemented at the time of review.

An action plan is in place to ensure full implementation of all recommendations in 2017-18.

Overall Opinion of Head of Internal Audit

In accordance with HSS(F) 51/2007 issued by DoH, 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.

In their annual report, the Internal Auditor reported that the system of internal control designed to meet NIMDTA' objectives was satisfactory.

Shared Service Audits

BSO Internal Audit conducted a programme of Shared Services audits as part of the BSO Internal Audit Plan during 2016-17. As NIMDTA is a customer of BSO Shared Services the following reports were shared with NIMDTA and presented to NIMDTA's Audit Committee.

Shared Service Audit	Assurance
Payroll Shared Service (August 2016)	Limited
Payroll Shared Service (March 2017)	Unacceptable - Payroll System and Function stability Limited – Payroll Processing
Recruitment Shared Service (August 2016)	Limited
Recruitment Shared Service (February 2017)	Limited
Business Services Team	Satisfactory
Accounts Payable Shared Services	Satisfactory
Income Shared Services	Satisfactory
FPL Upgrade (Ongoing work)	N/A

The BSO has put an action plan in place to address the control weaknesses and NIMDTA will monitor progress in these areas.

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

Any risks or areas of concern identified by the Deanery relating to the quality of training or patient safety were further reviewed against the results of the GMC's annual National Trainee Survey which provides feedback on trainee's perception of the quality of their training.

The GMC, as part of its quality assurance processes, conducts scheduled visits to Postgraduate Deaneries and designated LEPs. It also carries out enhanced monitoring visits to LEPs if there are any significant areas of concern. There are currently four cases subject to this process within Northern Ireland. 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 GMC visited the NI Deanery in March 2017, and the report of its findings is scheduled to be published in September 2017. The visiting GMC Team held an exit meeting with the Senior Management Committee and advised that no areas of serious concern had been identified.

8.3 Regulation and Quality Improvement Authority (RQIA)

A review of NIMDTA's whistleblowing arrangements was carried out by the RQIA in February 2016 which was based on the National Audit Office's eight assessment criteria. NIMDTA scored excellent for four of the National Audit Office assessment criteria and satisfactory for four other criteria.

The RQIA published its findings in September 2016, and this contained a number of recommendations for HSC organisations. A report on progress against these recommendations was provided to the NIMDTA Board in March 2017, with all actions either being achieved or on target to be achieved during 2017-18.

8.4 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.

In the Report to Those Charged with Governance (RTTCWG) for the year ended 31 March 2016, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity of NIMDTA's accounts.

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

10. Internal Governance Divergences

10.1 Prior year control issues which have now been resolved

Membership of the NIMDTA Board

One Board position (non-executive medical member) had remained vacant since April 2013. An appointment has been made to this post that will take effect from 1 April 2017.

Review of Post-registration Education and Training

NIMDTA's Sponsor Branch has confirmed that proposals for a Review of Post-registration Education and Training is currently on hold.

10.2 New control issues identified during the year

The following control issues have arisen during 2016-17:

- Internal Audit found a Priority 1 finding in the Financial Review, Performance Management and Complaints audits (further details are provided at pp49-50);
- A loss was made of £63 arising out of a fraud investigation (further details are provided at p72);
- There remains uncertainty as to the treatment of the 1% pay increase for staff; and
- The outlook for 2017-18 is increasingly constrained, particularly in respect of resource funding. In a statement to the House of Commons on 24 April 2017 the Secretary of State for Northern Ireland outlined an indicative Budget position for NI departments. This position was based on the advice of the Head of the NI Civil

Service (NICS) in conjunction with the NICS Board. The purpose of this statement was to provide clarity to departments as to the basis for departmental allocations in the absence of an Executive, so that Permanent Secretaries can plan and prepare to take more detailed decisions in that light. The departmental allocations set out by the Secretary of State provide the basis on which departments are now planning for 2017-18. However, the Secretary of State was clear that the indicative budget position did not constrain the ability of an incoming Executive to adjust its priorities during the year. He also advised that some £42m Resource DEL and £7m Capital DEL was left unallocated in order to maintain flexibility for a new Executive to allocate resources to meet further priorities as they deem appropriate. Therefore, while there is the potential for an incoming Executive to adjust these plans and also to allocate the unallocated resources, individual departments cannot anticipate any additional funding at this stage until such decisions are made.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2017-18 financial plan is ongoing between NIMDTA and the DoH. However, as with other financial years NIMDTA remains committed to achieving financial break-even.

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.

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 2016-17.



Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

22 June 2017

Accountability Report

2) Remuneration & Staff Report

Remuneration Report

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

Remuneration Committee

The Board of NIMDTA, as set out in its Standing Orders, has delegated certain functions to the Remuneration Committee, which met four times in 2016-17. The membership of this committee during 2016-17 was as follows:

Name	Role
Mr. Alistair Joynes	Chair
Mr. Deane Morrice, MBE	Non-Executive Lay Member
Mr. Lee Wilson	Non-Executive Lay Member
Mr. Gordon Smyth [Resigned from post 4 April 2016]	Non-Executive Lay 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 DoH.

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

Contracts

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

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

Executive Directors

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

Ms A. Carragher was appointed as Foundation School Director on 1st March 2005;

Ms B. Hendron was appointed as Postgraduate Dental Dean on 1st February 2016;

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

Ms M. Roberts was appointed as Administrative Director on 1st January 1994 and retired on 30 September 2017; and

Dr I. Steele was appointed as Director of Hospital Specialty Training on 1st June 2013.

Non-Executive Directors

Mr. A. Joynes was appointed (as Chairman) on 20th June 2011 (for a period of 2 years until 19th June 2013, further extended to 19th June 2017, and further extended to 19th June 2018);

Mr. D. Morrice was appointed on 25th July 2011 (for a period of 2 years until 24th July 2013, further extended to 24th July 2017, and further extended to 24th July 2018);

Mr. L. Wilson was 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 was appointed on 24th January 2013 (for a period of 2 years until 23rd January 2015 and further extended to 23rd January 2019) and resigned with effect from 4 April 2016; and

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

Notice period

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

Termination Payments

Statutory provisions only apply as detailed in contracts. There were no payments made to Directors in respect of compensation for loss of office during 2016-17.

Retirement Age

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

Compensation for Premature Retirement

In accordance with DoH circular HSS (S) 11/83 and subsequent supplements, there is provision within the HSC Superannuation Scheme for premature retirement with immediate payment of superannuation benefits and compensation for eligible employees on the grounds of:

- efficiency of the service;
- redundancy; and
- organisational change.

Employers who retire staff early on any of the above grounds must pay the following:

- the basic pension plus increases up to normal retirement age;
- the enhancement element of the pension plus increases for as long as this remains in payment;
- the enhancement element of the lump sum; and
- the actuarial charge for payment of the basic lump sum before normal retirement age.

There is also provision within the scheme for early retirement with benefits on health grounds subject to confirmation of permanent incapacity by HSC medical advisors.

There were no early retirements or payments of compensation for other departures relating to Senior Managers or Directors during 2016-17.

Salary

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

Benefits in Kind

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

Bonuses

Bonuses are based on performance levels attained and are made as part of the appraisal process. Bonuses relate to the performance in the year in which they become payable to the individual. No bonus payments were made in 2016-17 or in 2015-16.

Retirement Benefit costs

- HSC Superannuation Scheme

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

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

In respect of Directors, there are no provisions for the cost of early retirement included in the 2016/17 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 as at 31 March 2012 was certified in February 2015 and is used in the 2016-17 Pension Scheme accounts.

Employee contributions are determined by the level of pensionable earnings.

The employee contribution rates for the 2016-17 year are as follows for members of the HSC Superannuation Scheme:

Annual pensionable earnings (full-time equivalent basis)	Contribution rate before tax relief from 1 April 2016
Up to £15,431	5.0%
£15,432 - £21,477	5.6%
£21,478 - £26,823	7.1%
£26,824 - £47,845	9.3%
£47,846 - £70,630	12.5%
£70,631 - £111,376	13.5%
£111,377 and over	14.5%

- University Superannuation Scheme

NIMDTA also participates in the University Superannuation Scheme. This is a defined benefit scheme with employer contributions of 16% of gross pay. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). The most up to date actuarial was carried out at 31 March 2015. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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

Salary and Pension Entitlements (Audited)

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

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

Senior Management Remuneration (Audited)

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

	Salary £000s	Bonus Performance Pay £000s	2016/17 Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s	Salary £000s	Bonus Performance Pay £000s	2015/16 Benefits in Kind (Rounded to nearest £100)	Pension Benefit £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) [Resigned April 2016]	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr D Maguire (Non-Executive Director)	0-5	-	300	-	0-5	0-5	-	-	-	0-5
Executive Members										
Prof K Gardiner (Chief Executive & Postgraduate Dean)	175-180	-	200	23	195-200	175-180	-	300	15	190-195
Dr C Loughrey (Director of General Practice Education)	115-120	-	-	14	130-135	115-120	-	-	19	135-140
Prof D Hussey (Postgraduate Dental Dean) [Retired January 16]	-	-	-	-	-	45-50 [FTE 65-70]	-	100	(8)	40-45
Ms M Roberts (Administrative Director) [Retired September 16]	35-40 [FTE 65-70]	-	-	-	35-40 [FTE 65-70]	65-70	-	-	22	85-90
Dr I Steele (Director of Hospital Specialty Training)	105-110	-	-	30	135-140	105-110	-	-	13	120-125
Ms A Carragher (Director of Foundation School)	115-120	-	-	22	130-140	110-115	-	-	12	120-125
Ms B Hendron (Postgraduate Dental Dean)	100-105 [FTE 65-70]	-	100	13	60-65 [FTE 110-115]	80-85 [FTE 110-115]	-	-	34	115-120 [FTE 110-115]

Fair Pay Statement

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

Following application of the guidance contained in circular HSC (F) 23/2012, the following can be reported:

Fair Pay (Audited)	2016-17	2015-16
Band of Highest Paid Director's	175-180	175-180
Total Remuneration		
Median Total Remuneration	86,068	81,807
Ratio	2.1	2.1

Pensions of Senior Management (Audited)

	Real increase in pension and related lump sum at pension age £000s	Total accrued pension at pension age and related lump sum £000s	CETV at 31/03/16 £000s	CETV at 31/03/17 £000s	Real increase in CETV £000s
Executive Members					
Prof Keith Gardiner Chief Executive/ Postgraduate Dean	0-2.5 Plus lump sum of 5-7.5	50-55 Plus lump sum of 160-165	1123	1202	43
Dr Claire Loughrey Director of GP Education	0-2.5 Plus lump sum of 2.5-5	30-35 Plus lump sum of 100-105	641	690	29
Ms Margot Roberts [Retired Sept 2016] Administrative Director	-	-	-	-	-
Dr Ian Steele Director of Hospital Specialty Training	0-2.5 Plus lump sum of 0-2.5	35-40 Plus lump sum of 105-110	666	713	26
Ms Angela Carragher Director of Foundation School	0-2.5 Plus lump sum of 2.5-5	50-55 Plus lump sum of 150-155	1084	1159	38
Ms Brid Hendron Postgraduate Dental Dean	0-2.5 Plus lump sum of Nil	5-10 Plus lump sum of Nil	59	71	10

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

Cash Equivalent Transfer Value

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

their own cost. CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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

Pension contributions deducted from individual employees are dependent upon the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

Staff Report

Staff Profile

At 31 March 2017, there were 135 employees (49 male and 86 female) on NIMDTA’s payroll, including four Non-Executive Directors. In addition there were 131 employees (85 male and 46 female) on the payroll of HSC Trusts and six agency staff (zero male and six female).

The breakdown was as follows:

	Male	Female
Non –Executive Directors		
Board Members	4	0
Total	4	0
Medical and Dental		
Consultant (Chief Executive/Postgraduate Dean)	1	0
GP00	3	6
GP01	20	34
GP02	6	1
GP03	6	4
GP06	0	2
Total	36	47
Administrative and Clerical		
AFC Band 3	3	4
AFC Band 4	3	21
AFC Band 5	1	5
AFC Band 6	0	6
AFC Band 8A	1	2
AFC Band 8B	1	1
Total	9	39
Medical Programmed Activities Re-charges		
Consultant	85	46
Total	85	46
*Agency Staff		
AFC Band 2	0	2
AFC Band 3	0	4
Total	0	6

**Agency staff replaced NIMDTA staff who were on sick leave, maternity leave and career breaks.*

Sickness Absence

The cumulative sickness absence rate for NIMDTA for 2016-17 was 1.7% which was below the 5.5% corporate target set by NIMDTA and a decrease of 7.2% on the rate for 2015-16 (8.9%).

Disabled Employees

It is the policy of NIMDTA to provide employment equality for all, irrespective of, for example, disability, religious belief, political opinion, gender and marital status, sexual orientation, disability, race or ethnic origin, domestic responsibility, trade union membership and age. NIMDTA has in place a Disability Action Plan and operates the guaranteed interview scheme for disabled applicants.

NIMDTA is committed to promoting Equality of Opportunity, as well as a good and harmonious working environment in which all employees are treated with dignity and respect. NIMDTA's Staff Handbook and Equality of Opportunity Policy sets out the commitments made in this regard. These policies ensure that disabled employees can access training, career development and promotion.

Public Sector appointees and Staff Resources not on Payroll

Under DOH circular reference: HSC (F) 21-2014 Departmental ALBs are required to disclose in the Annual Reports the details of 'off-payroll' engagements at a total cost of over £58,200 per annum that were in place during 2016-17. This does not apply to staff or public sector appointees within respective organisations, contracted through employment agencies and self-employed, including through personal service companies.

NIMDTA had no off-payroll engagements during 2016-17.

Consultancy Expenditure

NIMDTA had no consultancy expenditure during 2016-17.

Staff Costs (Audited)

Staff costs comprise	2017			2016
	Permanently employed staff £	*Others £	Total £	Total £
Wages and salaries	2,889,454	3,186,226	6,075,680	4,405,643
Social security costs	209,983	0	209,983	172,371
Other pension costs	425,963	0	425,963	354,626
Sub-Total	3,525,400	3,186,226	6,711,626	4,932,640
Capitalised staff costs	0	0	0	0
Total staff costs reported in Statement of Comprehensive Expenditure	3,525,400	3,186,226	6,711,626	4,932,640
Less recoveries in respect of outward secondments			0	0
Total net costs			6,711,626	4,932,640

**Others include Agency costs (£99,009) and Trust recharges (£3,087,217)*

There were no staff costs charged to capital projects during the year (2016:£Nil)

The increase in total net costs for staff in 2016-17 (£6,711,626) over 2015-16 (£4,932,640) arose due to additional part year funding being provided by DoH in relation to Recognition of Trainers (further information is available at p15).

NIMDTA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both NIMDTA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to DoH. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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 as at 31 March 2012 was certified in February 2015 and is used in the 2016-17 accounts.

The Universities Superannuation Scheme is a multi-employer defined benefit scheme with employer contributions of 16% gross pay. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required 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 2015 valuation is used in the 2016-17 accounts.

Average Number of Persons employed (Audited)

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

	Permanently employed staff No.	2017 Others No.	Total No.	2016 Total No.
Medical and dental	17	26	43	23
Administrative and Clerical	48	4	52	55
Less average staff number relating to capitalised staff costs	0	0	0	0
Less average staff number in respect of outward secondments	0	0	0	0
Total net average number of persons employed	65	30	95	78

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

During 2016-17, NIMDTA had the following early retirements or other compensation schemes/exit packages:

Exit package cost band	*Number of compulsory redundancies		*Number of other departures agreed		Total number of exit packages by cost band	
	2017	2016	2017	2016	2017	2016
<£10,000	0	0	0	1	0	1
£10,000 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	1	0	1
£50,001 - £100,000	0	0	0	2	0	2
£100,001- £150,000	0	0	0	0	0	0
£150,001- £200,000	0	0	0	0	0	0
£200,001-£250,000	0	0	0	0	0	0
£250,001-£300,000	0	0	0	0	0	0
£300,001-£350,000	0	0	0	0	0	0
£350,001-£400,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	0	4	0	4
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	0	200	0	200

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

Staff Benefits

There were no staff benefits paid during 2016-17 or 2015-16.

Retirements due to ill-health

During 2016-17 and 2015-16 there were no early retirements from NIMDTA on the grounds of ill-health.

Accountability Report

3. Accountability and Audit Report

Funding Report

Losses and Special Payments

Types of loss and special payment		2016-17		2015-16
		Number of Cases	£	£
Cash Losses				
	Cash Losses - Theft, fraud etc	1	63	0
	Cash Losses - Overpayments of salaries, wages and allowances	0	0	0
	Cash Losses - Other causes	0	0	0
	Total	1	63	0
Claims abandoned				
	Waived or abandoned claims	0	0	0
	Total	0	0	0
Administrative write-offs				
	Bad debts	0	0	1,041
	Other	0	0	0
	Total	0	0	1,041
Fruitless payments				
	Late Payment of Commercial Debt	0	0	0
	Other fruitless payments and constructive losses	0	0	0
	Total	0	0	0
Stores Losses				
	Losses of accountable stores through any deliberate act	0	0	0
	Other stores losses	0	0	0
	Total	0	0	0
Special Payments				
	Compensation payments			
	- Clinical Negligence	0	0	0
	- Public Liability	0	0	0
	- Employers Liability	0	0	0
	- Other	0	0	0
	Total	0	0	0
	Ex-gratia payments	0	0	0
	Extra contractual	0	0	0
	Special severance payments	0	0	0
TOTAL		1	63	1,041

Losses and Special Payments over £250,000

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

Fees and Charges (Audited)

NIMDTA charged £152,785 in course fees (£200,502 in 2015-16). These fees relate mainly to continuing professional development courses offered to General Dental Practitioners and General Medical Practitioners.

Remote Contingent Liabilities

NIMDTA has no remote contingent liabilities.

Compliance with Regularity of Expenditure Guidance [Audited]

NIMDTA develops a budget that supports the work of its annual Business Plan. This budget is reported on to DoH on a monthly basis, with any variances explained.

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

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

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

Gifts

There were no gifts noted over the limits proscribed in Managing Public Money Northern Ireland.

Financial Targets

During 2016-17 NIMDTA achieved a financial break even position, with a surplus of 0.11% (target of within 0.25%). Further detail in relation to financial breakeven is provided at Note 24.3 within the accounts.

DoH 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 98.28% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (60%) was 95.13%. Further details of compliance with the Better Payments Practice code are given in Note 14 within the accounts.

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

Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

22 June 2017

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 2017 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 and Staff Report and the Assembly Accountability disclosures that are described in those reports and as having been audited.

Respective responsibilities of the Chief Executive 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 2017 and of the net expenditure 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 directions issued thereunder.

Opinion on other matters

In my opinion:

- the parts of the Remuneration and Staff Report and the Assembly Accountability disclosures within the Accountability Report to be audited have been properly prepared in accordance with Department of Finance directions made under the Health and Personal Social Services (Northern Ireland) Order 1972; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

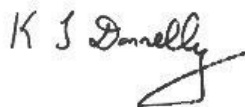
Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Remuneration and Staff Report and the Assembly Accountability disclosures within the Accountability 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'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

7 July 2017

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

**ANNUAL ACCOUNTS FOR THE
YEAR ENDED 31 MARCH 2017**

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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

FOREWORD

The accounts for the year ended 31 March 2017 have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

CERTIFICATE OF THE CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 85-114) which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Northern Ireland Medical and Dental Training Agency and with the accounting standards and policies for HSC bodies approved by the DoH.



Chief Executive

22 June 2017

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 85 to 114) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

22 June 2017



Chief Executive

22 June 2017

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2017

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

	NOTE	2017 £	2016 £
Income			
Income from activities	4.1	152,785	200,502
Other Income (Excluding interest)	4.2	319,865	196,996
Deferred income	4.3	-	-
Total operating income		472,650	397,498
Expenditure			
Staff costs	3	(6,711,626)	(4,932,640)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(39,384)	(34,157)
Provision expense	3	-	-
Other expenditure	3	(11,348,323)	(10,482,772)
Total operating expenditure		(18,099,333)	(15,449,569)
Net Expenditure		(17,626,683)	(15,052,071)
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		(17,626,683)	(15,052,071)
Revenue Resource Limits (RRLs) issued to;			
Belfast HSC Trust		(19,747,132)	(19,566,175)
South Eastern HSC Trust		(5,576,513)	(5,443,136)
Southern HSC Trust		(5,222,919)	(5,000,215)
Northern HSC Trust		(5,626,416)	(5,426,323)
Western HSC Trust		(5,847,588)	(5,496,805)
Total RRL issued		(42,020,568)	(40,932,654)
Total commissioner resources utilised		(59,647,251)	(55,984,725)
Revenue Resource Limit (RRL) received from DoH	24.1	59,713,077	56,061,040
Surplus/(Deficit) against RRL		65,826	76,315
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2017 £	2016 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/8	350	1,715
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	-	-
Net gain/(loss) on revaluation of financial instruments	7/8	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2017		(17,626,333)	(15,050,356)

The notes on pages 85-114 form part of these accounts

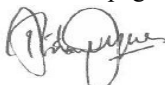
NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY


STATEMENT of FINANCIAL POSITION as at 31 March 2017

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

	NOTE	2017		2016	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	157,665		103,150	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Trade and other receivables	12	-		-	
Other current assets	12	-		-	
Total Non Current Assets			157,665		103,150
Current Assets					
Assets classified as held for sale	9	-		-	
Inventories	10	2,069		4,296	
Trade and other receivables	12	198,631		317,360	
Other current assets	12	104,950		95,756	
Intangible current assets	12	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	11	44,239		47,362	
Total Current Assets			349,889		464,774
Total Assets			507,554		567,924
Current Liabilities					
Trade and other payables	13	(2,015,359)		(1,406,205)	
Other liabilities	13	-		-	
Intangible current liabilities	13	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(2,015,359)		(1,406,205)
Total assets less current liabilities			(1,507,805)		(838,281)
Non Current Liabilities					
Provisions	15	-	-	-	
Other payables > 1 yr	13	-	-	-	
Financial liabilities	7	-	-	-	
Total Non Current Liabilities					-
Total assets less total liabilities			(1,507,805)		(838,281)
Taxpayers' Equity and other reserves					
Revaluation reserve		6,795		6,445	
SoCNE Reserve		(1,514,600)		(844,726)	
Total equity			(1,507,805)		(838,281)

The financial statements on pages 81 to 82 were approved by the Board on (date) and were signed on its behalf by;

Signed  (Chairman) 22 June 2017

Signed  (Chief Executive) 22 June 2017

The notes on pages 85-114 form part of these accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CASHFLOWS for the year ended 31 March 2017

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

	NOTE	2017 £	2016 £
Cashflows from operating activities			
Net surplus after interest/Net operating cost		(17,626,683)	(15,052,071)
Adjustments for non cash costs	3	49,978	44,657
(Increase)/decrease in trade and other receivables	12	109,535	(231,801)
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories	10	2,227	(296)
Increase/(decrease) in trade payables	13	609,154	(2,176,139)
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant & equipment	13	(112,634)	20,269
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
Net cash outflow from operating activities		(16,968,423)	(17,395,381)
Cashflows from investing activities			
(Purchase of property, plant & equipment)	5	-	(59,213)
(Purchase of intangible assets)	6	-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		-	(59,213)
Cash flows from financing activities			
Grant in aid		16,965,300	16,285,700
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		16,965,300	16,285,700
Net increase (decrease) in cash & cash equivalents in the period		(3,123)	(1,168,894)
Cash & cash equivalents at the beginning of the period	11	47,362	1,216,256
Cash & cash equivalents at the end of the period	11	44,239	47,362

The notes on pages 85-114 form part of these accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2017

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2015		(2,088,855)	4,730	(2,084,125)
Changes in Taxpayers Equity 2015-16				
Grant from DoH		16,285,700	-	16,285,700
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(15,052,071)	1,715	(15,050,356)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3.2	10,500	-	10,500
Balance at 31 March 2016		(844,726)	6,445	(838,281)
Changes in Taxpayers Equity 2016-17				
Grant from DoH		16,965,300	-	16,965,300
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(17,626,683)	350	(17,626,333)
Transfer of asset ownership		(18,991)	-	(18,991)
Non cash charges - auditors remuneration	3.2	10,500	-	10,500
Balance at 31 March 2017		(1,514,600)	6,795	(1,507,805)

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Northern Ireland Medical and Dental Training Agency ("NIMDTA"). Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of NIMDTA for the purpose of giving a true and fair view has been selected. NIMDTA'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 entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

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.

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

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

Fair values are determined as follows:

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

Modern Equivalent Asset

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

Assets Under Construction (AUC)

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

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

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

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

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible 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; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 Non-current assets held for sale

NIMDTA has no non-current assets held for sale.

1.9 Inventories

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

1.10 Income

Operating Income relates directly to the operating activities of NIMDTA 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

NIMDTA 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.

NIMDTA as lessee

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

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

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

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

NIMDTA as lessor

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

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

1.15 Private Finance Initiative (PFI) transactions

NIMDTA had no PFI transactions during the year.

1.16 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value.

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within NIMDTA in creating risk than would apply to a non public sector body of a similar size, therefore NIMDTA is not exposed to the degree of financial risk faced by business entities.

NIMDTA 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 NIMDTA in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.17 Provisions

NIMDTA had no provisions at either 31 March 2017 or 31 March 2016.

1.18 Contingencies

NIMDTA had no contingent assets or liabilities at either 31 March 2017 or 31 March 2016.

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 organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2017. 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 NIMDTA and has not been included.

Retirement benefit costs

HSC Superannuation Scheme

Past and present employees are covered by the provisions of the HSC Superannuation Scheme.

NIMDTA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both NIMDTA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required 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 as at 31 March 2012 was certified in February 2015 and is used in the 2016-17 Pension Scheme 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 2015. Further information on this can be obtained from the Universities Superannuation Scheme Limited. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

1.20 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 other than donated 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

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since NIMDTA has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

1.23 Government Grants

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

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 HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.25 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 were effective with EU adoption from 1st January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

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.

1.26 Impact of implementation of ESA 2010 on research and development expenditure

Following the introduction of the 2010 European System of Accounts (ESA10), there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. In order to reflect this new treatment which was implemented from 2016/17, additional disclosures have been included in the notes to the accounts.

1.27 Goodwill

Due to the manner in which the NIMDTA is funded, the Statement of Financial Position will show a negative position. In line with the FReM, sponsored entities such as the NIMDTA which show total net liabilities, should prepare financial statements on a going concern basis. The cash required to discharge these net liabilities will be requested from the Department when they fall due, and is shown in the Statement of Changes in Taxpayers' Equity.

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The core business and strategic objective of the Northern Ireland Medical & Dental Training Agency is the training of doctors and dentists in Northern Ireland.

NIMDTA's Board acts as the Chief Operating Decision Maker and receives financial information on NIMDTA as a whole and makes decisions on this basis. Hence, it is appropriate that NIMDTA reports on a single operational segment basis.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 3 OPERATING EXPENSES

	2017 £	2016 £
Staff costs ¹ :		
Wages and Salaries	6,075,680	4,405,643
Social security costs	209,983	172,371
Other pension costs	425,963	354,626
IT Programme	-	-
Recharges from other HPSS organisations	-	-
Cost of Sales	-	-
Supplies and services - General	-	-
Establishment	712,984	359,147
Transport	-	-
Premises	271,972	145,166
Bad debts	-	1,041
Rentals under operating leases	158,172	118,926
PFI and other service concession arrangements service charges	-	-
Miscellaneous	8,220	38,447
FTC expenditure	-	-
BSO Services - Regional Interpreter Services	-	-
Junior Doctors Salaries	7,528,877	7,310,054
Junior Doctors Trainer Grants*	1,323,699	1,141,110
Junior Doctors Study Leave	499,327	690,440
Training	575,009	508,454
Recruitment	259,469	159,487
Non cash items		
Depreciation	39,384	34,157
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	94	-
Loss on disposal of intangibles	-	-
Provisions provided for in year	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Other administration	-	-
Auditors remuneration	10,500	10,500
Total	18,099,333	15,449,569

1 Further detailed analysis of staff costs is located in the Staff Report on pages 68-71 within the Accountability Report.

* Junior Doctor trainer Grants were previously disclosed as part of Junior Doctors salaries, prior year comparatives have been amended. During the year the NIMDTA purchased £1,261 of non audit services from its external auditor (NIAO) in relation to National Fraud Initiative. (2016: Nil).

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 4 INCOME

4.1 Income from Activities

	2017	2016
	£000s	£000s
GB/Republic of Ireland Health Authorities	-	-
Business Services Organisation	-	-
Non-HSC:- Private patients	-	-
Non-HSC:- Other	-	-
Course Fees	152,785	200,502
Total	152,785	200,502

4.2 Other Operating Income

	2017	2016
	£000s	£000s
Other income from non-patient services	319,865	196,996
Seconded staff	-	-
Charitable and other contributions to expenditure	-	-
Donations / Government grant / Lottery funding for non current assets	-	-
Profit on disposal of land	-	-
FTC interest receivable	-	-
Interest receivable	-	-
Total	319,865	196,996

4.3 Deferred income

	2017	2016
	£000s	£000s
Research & development income released		
Income released from conditional grants	0	0
Total	0	0

TOTAL INCOME

	472,650	397,498
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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.1 Property, plant & equipment - year ended 31 March 2017

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2016	-	332,040	-	-	-	-	177,955	161,044	671,039
Indexation	-	8,271	-	-	-	-	-	-	8,271
Additions	-	-	-	-	-	-	112,634	-	112,634
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	(21,704)	(21,704)
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(34,643)	-	(34,643)
At 31 March 2017	-	340,311	-	-	-	-	255,946	139,340	735,597

Depreciation

At 1 April 2016	-	313,306	-	-	-	-	115,361	139,222	567,889
Indexation	-	7,921	-	-	-	-	-	-	7,921
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	(2,713)	(2,713)
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(34,549)	-	(34,549)
Provided during the year	-	6,284	-	-	-	-	30,272	2,828	39,384
At 31 March 2017		327,511					111,084	139,337	577,932

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.1 (continued) Property, plant & equipment- year ended 31 March 2017

	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 2017	-	12,800	-	-	-	-	144,862	3	157,665
At 31 March 2016	-	18,734	-	-	-	-	62,594	21,822	103,150

Asset financing

Owned	-	12,800	-	-	-	-	144,862	3	157,665
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2017	-	12,800	-	-	-	-	144,862	3	157,665

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

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2016: £Nil).

NIMDTA had no assets funded from donations, government grants or lottery funding during the year.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.2 Property, plant & equipment - year ended 31 March 2016

	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 2015		304,862	-	-	-	-	160,605	138,626	604,093
Indexation	-	27,178	-	-	-	-	-	824	28,002
Additions	-	-	-	-	-	-	17,350	21,594	38,944
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2016	-	332,040	-	-	-	-	177,955	161,044	671,039
Depreciation									
At 1 April 2015	-	281,805	-	-	-	-	88,322	137,318	507,445
Indexation	-	25,577	-	-	-	-	-	710	26,287
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	5,924	-	-	-	-	27,039	1,194	34,157
At 31 March 2016	-	313,306	-	-	-	-	115,361	139,222	567,889

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2016

	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 2016	-	18,734	-	-	-	-	62,594	21,822	103,150
At 1 April 2015	-	23,057	-	-	-	-	72,283	1,308	96,648

Asset financing

Owned	-	18,734	-	-	-	-	62,594	21,822	103,150
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2016	-	18,734	-	-	-	-	62,594	21,822	103,150

Asset financing

Owned	-	23,057	-	-	-	-	72,283	1,308	96,648
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2015	-	23,057	-	-	-	-	72,283	1,308	96,648

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.1 Intangible assets - year ended 31 March 2017

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Cost or Valuation									
At 1 April 2016	148,135	-	-	-	-	-	-	-	148,135
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(24,429)	-	-	-	-	-	-	-	(24,429)
At 31 March 2017	123,706	-	-	-	-	-	-	-	123,706
Amortisation									
At 1 April 2016	148,135	-	-	-	-	-	-	-	148,135
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(24,429)	-	-	-	-	-	-	-	(24,429)
Provided during the year	-	-	-	-	-	-	-	-	-
At 31 March 2017	123,706	-	-	-	-	-	-	-	123,706

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.1 (continued) Intangible assets - year ended 31 March 2017

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Carrying Amount At 31 March 2017	-	-	-	-	-	-	-	-	-
At 31 March 2016	-	-	-	-	-	-	-	-	-

Asset financing

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2017	-	-	-	-	-	-	-	-	-

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

NIMDTA had no assets funded from donations, government grant or lottery funding during the year.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.2 Intangible assets - year ended 31 March 2016

	Software Licenses	Information Technology	Websites	Development Expenditure	Licences, Trademarks & Artistic Originals	Patents	Goodwill	Payments on Account & Assets under Construction	Total
	£	£	£	£	£	£	£	£	£
Cost or Valuation									
At 1 April 2015	148,135	-	-	-	-	-	-	-	148,135
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2016	148,135	-	-	-	-	-	-	-	148,135

Amortisation

At 1 April 2015	148,135	-	-	-	-	-	-	-	148,135
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	-	-	-
At 31 March 2016	148,135	-	-	-	-	-	-	-	148,135

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.2 (continued) Intangible assets - year ended 31 March 2016

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Carrying Amount At 31 March 2016	-	-	-	-	-	-	-	-	-
At 1 April 2015	-	-	-	-	-	-	-	-	-

Asset financing

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2016	-	-	-	-	-	-	-	-	-

Asset financing

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2015	-	-	-	-	-	-	-	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 7 FINANCIAL INSTRUMENTS

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

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

NOTE 8 IMPAIRMENTS

NIMDTA had no impairments at either 31 March 2017 or 31 March 2016.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

NIMDTA did not hold any assets classified as held for sale at either 31 March 2017 or 31 March 2016.

NOTE 10 INVENTORIES

	2017	2016
	£	£
Office supplies	2,069	4,296
Total	2,069	4,296

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 11 CASH AND CASH EQUIVALENTS

	2017	2016
	£	£
Balance at 1 st April	47,362	1,216,256
Net change in cash and cash equivalents	(3,123)	(1,168,894)
Balance at 31st March	44,239	47,362

The following balances at 31 March were held at

	2017	2016
	£000s	£000s
Commercial Banks and cash in hand	44,239	47,362
Balance at 31st March	44,239	47,362

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2017	2016
	£	£
Amounts falling due within one year		
Trade receivables	198,631	184,443
Deposits and advances	-	-
VAT receivable	-	-
Other receivables – not relating to fixed assets	-	132,917
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	<u>198,631</u>	<u>317,360</u>
Prepayments and accrued income	104,950	95,756
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	<u>104,950</u>	<u>95,756</u>
Carbon reduction commitment	-	-
Intangible current assets	<u>-</u>	<u>-</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><u>198,631</u></u>	<u><u>317,360</u></u>
TOTAL OTHER CURRENT ASSETS	<u><u>104,950</u></u>	<u><u>95,756</u></u>
TOTAL INTANGIBLE CURRENT ASSETS	<u><u>-</u></u>	<u><u>-</u></u>
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	<u><u>303,581</u></u>	<u><u>413,116</u></u>

The balances are net of a provision for bad debts of £Nil (2016: £1,041).

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2017	2016
	£	£
Amounts falling due within one year		
Other taxation and social security	-	-
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	112,634	-
Trade capital payables – intangibles	-	-
Trade revenue payables	314,592	216,074
Payroll payables	1,183	4,886
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	-	-
Other payables	-	-
Accruals and deferred income	1,586,950	1,185,245
Accruals and deferred income – relating to property, plant and equipment	-	-
Accruals and deferred income – relating to intangibles	-	-
Trade and other payables	<u>2,015,359</u>	<u>1,406,205</u>
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	<u>-</u>	<u>-</u>
Carbon reduction commitment	-	-
Intangible current liabilities	<u>-</u>	<u>-</u>
Total payables falling due within one year	2,015,359	1,406,205
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance leases	-	-
Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	<u>-</u>	<u>-</u>
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	<u><u>2,015,359</u></u>	<u><u>1,406,205</u></u>

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 14 PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy - Measure of Compliance

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

	2017 Number	2017 Value £	2016 Number	2016 Value £
Total bills paid	8,194	8,594,859	8,210	10,141,466
Total bills paid within 30 day target	8,053	8,526,555	7,867	9,752,661
% of bills paid within 30 day target	98%	99%	96%	96%
Total bills paid within 10 day target	7,795	8,246,522	7,431	9,354,721
% of bills paid within 10 day target	95%	96%	91%	92%

14.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment(s) being late	-
Amount of interest paid for payment(s) being late	-
Total	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

NIMDTA had no provisions for liabilities and charges at either 31 March 2017 or 31 March 2016.

NOTE 16 CAPITAL COMMITMENTS

NIMDTA had no capital commitments at either 31 March 2017 or 31 March 2016.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

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

	2017	2016
	£	£
Obligations under operating leases comprise		
Land		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	-	-
Buildings		
Not later than one year	136,080	136,080
Later than one year but not later than five years	172,710	34,020
Later than five years	-	-
	<hr/>	<hr/>
	308,790	170,100
Other		
Not later than 1 year	498	498
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	498	498

17.2 Finance Leases

NIMDTA had no finance leases at either 31 March 2017 or 31 March 2016.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

18.1 Off balance sheet PFI and other service concession arrangement schemes.

NIMDTA had no commitments under PFI and other concession arrangement contracts at 31 March 2017 or 31 March 2016.

18.2 On balance sheet (SoFP) PFI Schemes

NIMDTA had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at 31 March 2017 or 31 March 2016.

NOTE 19 OTHER FINANCIAL COMMITMENTS

NIMDTA did not have any other financial commitments at 31 March 2017 or 31 March 2016.

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

NIMDTA did not have any financial guarantees, indemnities and letters of comfort at 31 March 2017 or 31 March 2016.

NOTE 21 CONTINGENT LIABILITIES

NIMDTA did not have any contingent liabilities at 31 March 2017 or 31 March 2016.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 22 RELATED PARTY TRANSACTIONS

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

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

During the year, none of the board members, members of key management staff or other related parties has undertaken any material transactions with the Agency.

Some of the Agency's Non-Executive Directors have disclosed interests with organisations from which the Agency purchased services or supplied services to during 2016/17. Set out below are details of the amount paid to these organisations during 2016/17. In none of these cases listed did the Executive/Non-Executive Directors have any involvement in the decisions to procure the services from the Organisation concerned.

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

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

During 2016-17 Dr Ian Steele was employed also with Belfast HSC Trust.

During 2016-17 Ms Angela Carragher was employed also with South Eastern HSC Trust.

Brid Hendron is also employed by the HSCB.

	Payments to Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Health and Social Care Board***	-	1,661,116	-	161,341
Salisbury Medical Centre	11,265	-	2,188	-
Belfast HSC Trust*	21,332,831	-	4,264	-
South Eastern HSC Trust**	6,128,707	-	6,750	-

*Includes £19,747,132 RRL

**Includes £5,576,513 RRL

***Includes £1,531,240 RRL

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 23 THIRD PARTY ASSETS

NIMDTA held no assets at either 31 March 2017 or 31 March 2016 belonging to third parties.

NOTE 24 Financial Performance Targets

24.1 Revenue Resource Limit

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

The Revenue Resource Limit for NIMDTA is calculated as follows:

	2017	2016
	Total	Total
	£	£
DoH (excludes non cash)	58,000,281	54,593,263
HSCB	1,531,240	1,316,211
PHA	-	106,909
Non cash RRL (from DoH)	49,978	44,657
Total agreed RRL	59,581,499	56,061,040
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Adjustment for Research and Development under ESA10	131,578	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	59,713,077	56,061,040

24.2 Capital Resource Limit

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

	2017	2016
	Total	Total
	£000s	£000s
Gross capital expenditure by NIMDTA	112,634	38,944
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	112,634	38,944
Capital Resource Limit	112,675	38,992
Adjustment for Research and Development under ESA10	-	-
Overspend/(Underspend) against CRL	(41)	(48)

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NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

24.3 Financial Performance Targets

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

	2016-17	2015-16
	£	£
Net Expenditure	(59,647,251)	(55,984,725)
RRL	59,713,077	56,061,040
Surplus/(Deficit) against RRL	65,826	76,315
Break Even cumulative position (opening)	1,812,747	1,736,432
Break Even Cumulative position (closing)	<u>1,878,573</u>	<u>1,812,747</u>

Materiality Test:

	2016-17	2015-16
	%	%
Break Even in year position as % of RRL	<u>0.11%</u>	<u>0.14%</u>
Break Even cumulative position as % of RRL	<u>3.15%</u>	<u>3.23%</u>

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NOTE 25 POST BALANCE SHEET EVENTS

There are no material post balance sheet events.

DATE OF AUTHORISED ISSUE

The Accounting Officer authorised these financial statements for issue on 22 June 2017.