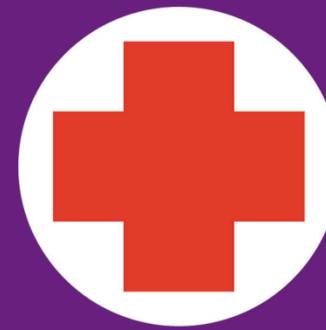




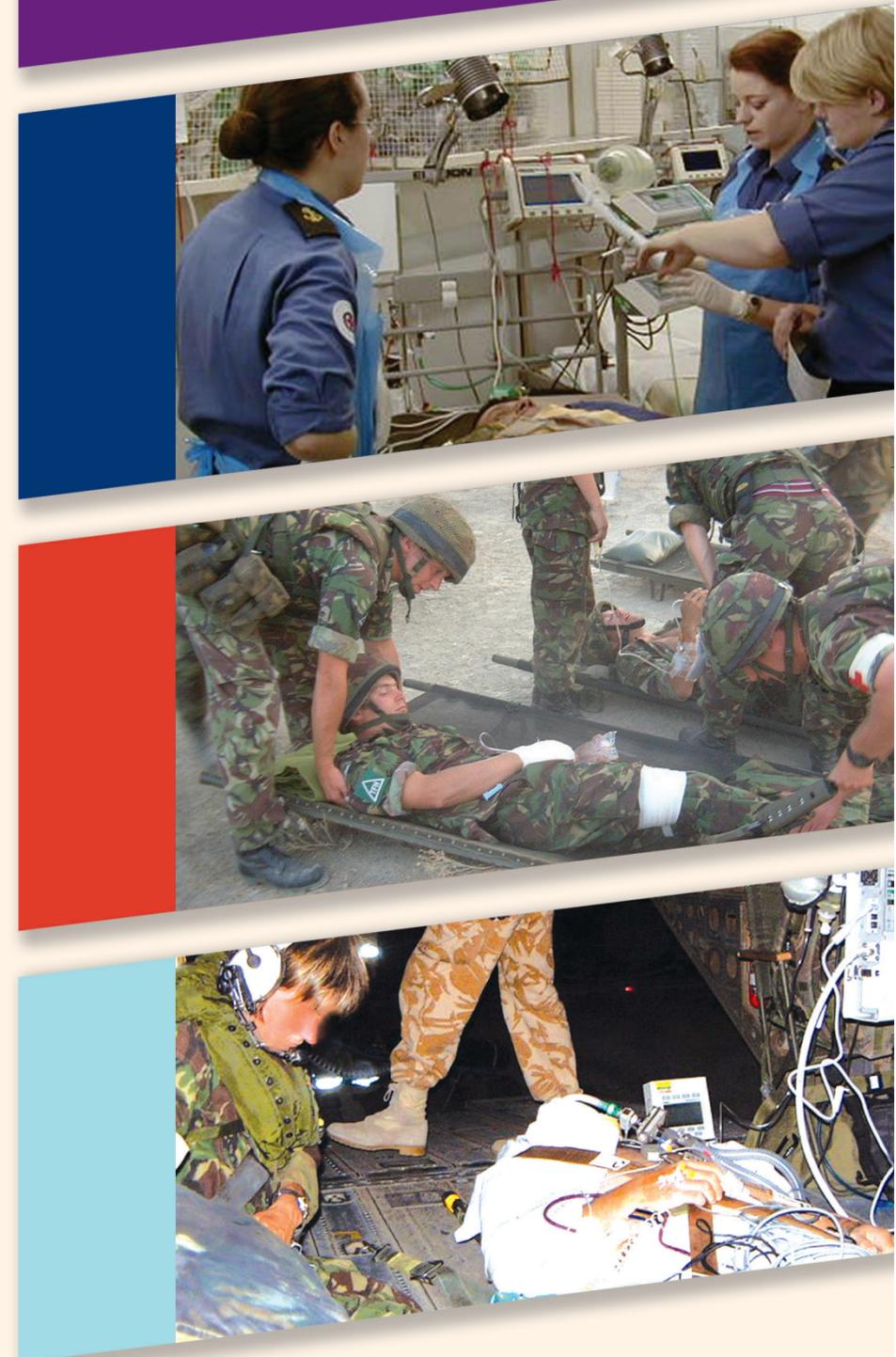
DEFENCE MEDICAL EDUCATION & TRAINING AGENCY

DMETA ANNUAL REPORT 2005-06

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ANNUAL REPORT 2005 - 06



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Defence Medical Education and Training Agency

Annual Report and Accounts 2005-06

Presented to the House of Commons pursuant to section 7
of the Government Resources and Accounts Act 2000.

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Defence Medical Education and Training Agency



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Chief Executive's Overview

In last year's Annual Report I noted that the foundations had been laid to successfully deliver against our aspirations, and those of our customers, for the future. This year, while we have continued to meet the increasing demands of our primary role, (the provision of personnel to meet the Commanders' in Chief requirements for secondary healthcare personnel operational deployments and exercises). I am also pleased to report that the Agency has built on these foundations to further enhance our delivery in other areas.



Surgeon Rear Admiral Raffaelli,
CE DMETA

DMETA deliberately stretched itself with this year's revised Key Targets and has also had a reduced reporting timeline of 9 months in order to meet Ministerial timelines for reporting to Parliament. Key Target 2 (completion of mandatory individual military continuation training) was increased from 80% the previous year to a demanding 90% with the Agency achieving a highly creditable 89% against this in the 9 month reporting period. Similarly, with Key Target 5 (Customer Focus) we achieved a remarkable 4% increase against the Customer Confidence Index baseline score which fell just short of the 5% improvement target for the year. I introduced Key Target 6 (ensuring 100% compliance with Harmony guidelines) to assess the penalty in harmony terms of meeting Key Target 1 (meeting 100% of the operational manpower requirements) in our current state of under-bearing and also to enable us to ensure equity across personnel of all Services in meeting the high operational tempo. Unfortunately, this Key Target is reported as "unknown" due to problems with the data collection software which prevented adequate capture of relevant data. This issue has now been addressed and the Key Target will be fully reported on next year.

In parallel with meeting the operational requirement, DMETA has continued to meet its education and training commitments, including Phase 2 training for all medical personnel and the Continuing Professional Development (CPD) requirements of the single Services. We also remain firmly on course to deliver against our estate rationalisation with both the Military Withdrawal From Haslar (MWFH) and the Medical Training to the Midlands (MT2M) projects progressing satisfactorily.

An important aspect of DMETA is the reception and care of patients aeromedevaced from operational theatres to the Royal Centre for Defence Medicine (RCDM) and the University Hospital Birmingham Foundation Trust (UHBFT) in Birmingham. A recent, holistic, end-to-end review of that associated patient care pathway has demonstrated that the process is sound. We have also set in place, with Director Healthcare at the Defence Medical Services Department (DMSD), the new Defence Medical Rehabilitation Evaluation and Coordination Centre (DMRECC), run from the Defence Medical Rehabilitation Centre (DMRC) at Headley Court, which will better determine and direct military patients' requirements for rehabilitative care.

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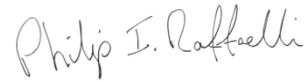
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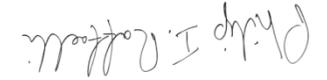
Following the results of the DMSD Continuous Attitude Survey (CAS), we are preparing a further survey of all DMETA nurses and Health Care Assistants (HCAs) to address those professional clinical and military training issues identified within the CAS and to take a snapshot of the 'psychological contract' of military nurses and HCAs working within DMETA. Information gained from this should better enable us to champion their needs and may also inform the AFPRB submission for next year. In addition, CE DMETA has been appointed the Skills Champion for the MoD's civilian health professionals. As such, CE DMETA now looks after the interests of over 1000 staff, across 19 different medical specialisations within MoD, addressing issues such as career development and reward and recognition of these staff to the benefit of the individual and the business.

This Report will highlight many other developments and achievements over the past year and the initiatives we have set to further deliver in the future. DMETA is building and refining its business at a remarkable pace, with appropriately qualified, capable and highly motivated staff, to successfully deliver above and beyond the requirement for the benefit of the Defence Medical Services (DMS), our patients and customers.



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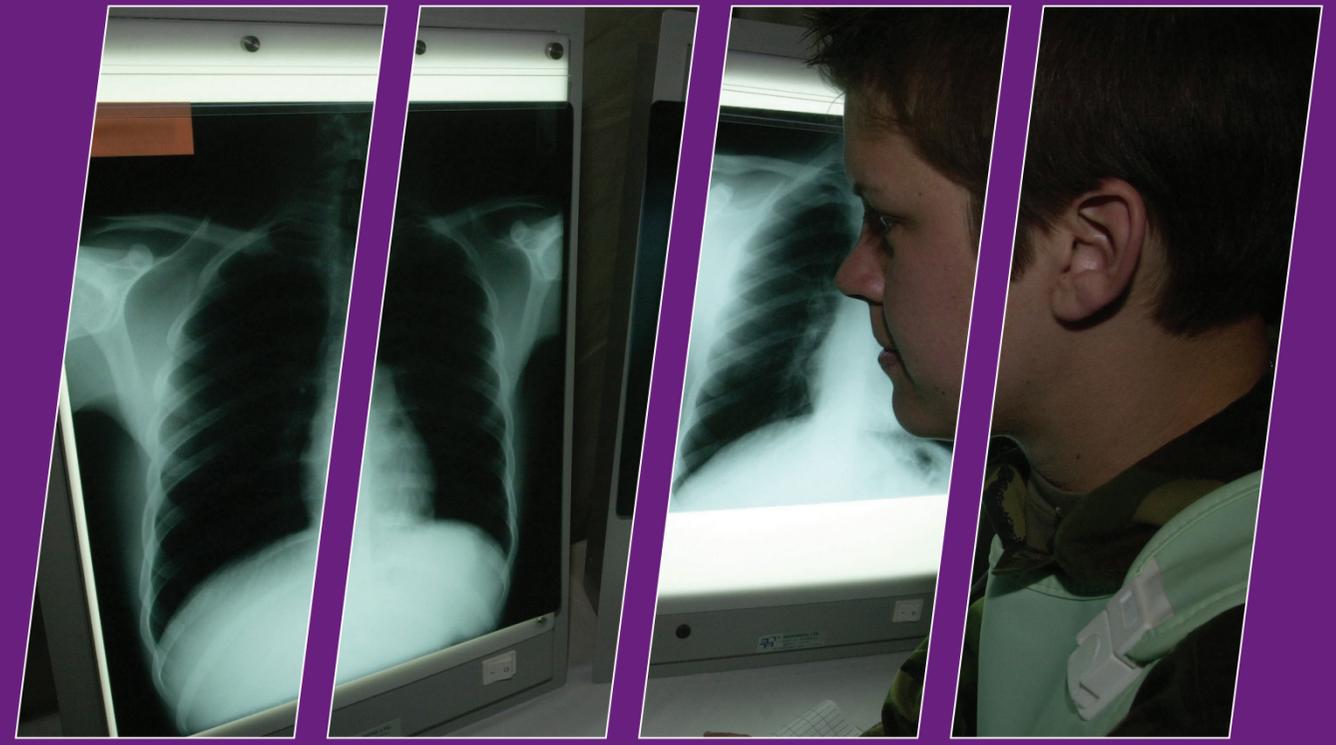


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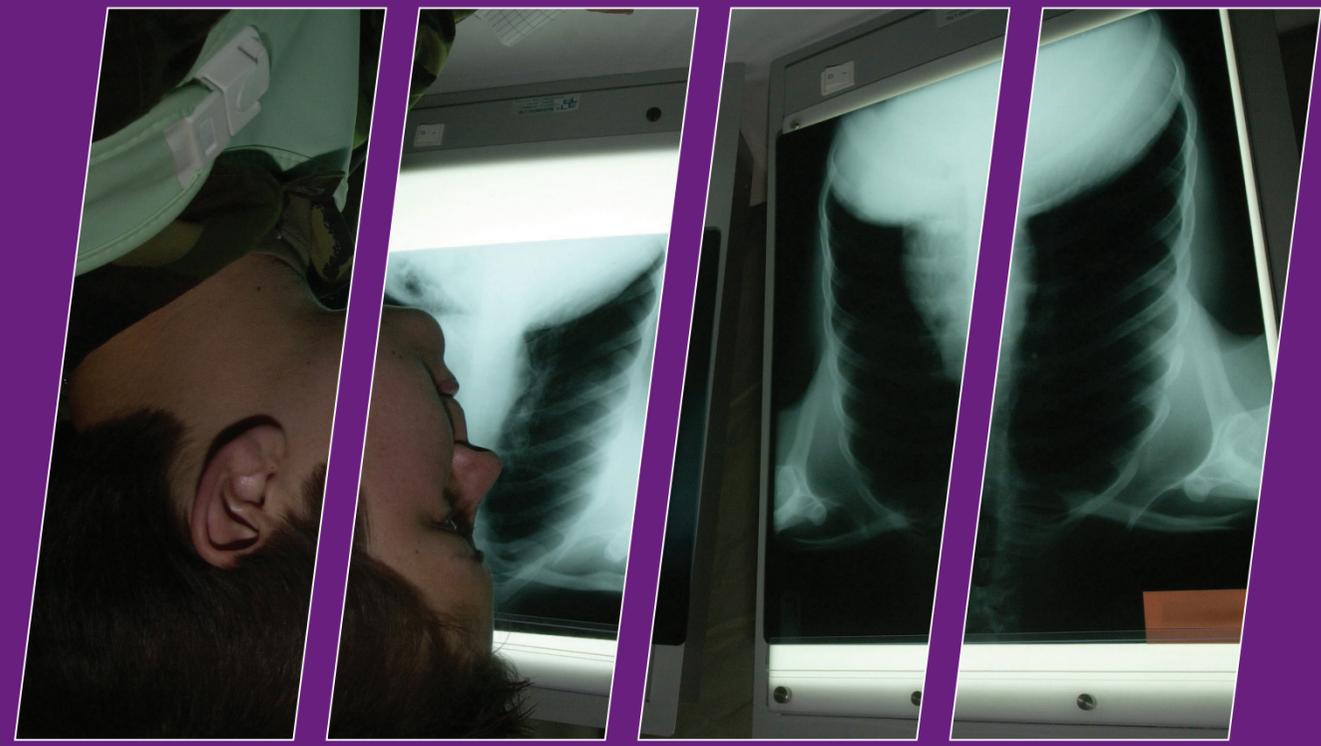
Section 1

About the Agency



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About the Agency

Section



About the Agency

Agency Aim

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Objectives

In achieving its aim, DMETA seeks to meet the following objectives while operating within the framework of the Defence Health Programme and the Deputy Chief of Defence Staff (Health)'s Management Plan –

- a. Make nominated Secondary Care personnel available for deployment;
- b. Provide medical, dental and military education and training to Defence Medical Service and other personnel;
- c. Develop training and training policy in response to change;
- d. Provide worldwide Defence Medical Library Services;
- e. Develop and motivate DMETA's personnel;
- f. Ensure efficiency in business processes;
- g. Ensure financial propriety and regularity;
- h. Provide timely and accurate advice on Defence medical education and training issues to the MoD, single Services, Ministers, Parliament and members of the public.

Personnel

DMETA employs some 2325 staff (73% military and 27% civilian) providing clinical and support services.

Organisation

DMETA operates from ten principal sites across the UK to provide clinical, academic and military education and training for trainees ranging from new Nurse and Combat Medical Technician recruits through to Hospital Consultants –

- a. RCDM, which also has responsibility for DMSTC (Aldershot) and a small, residual training facility at Fort Blockhouse;
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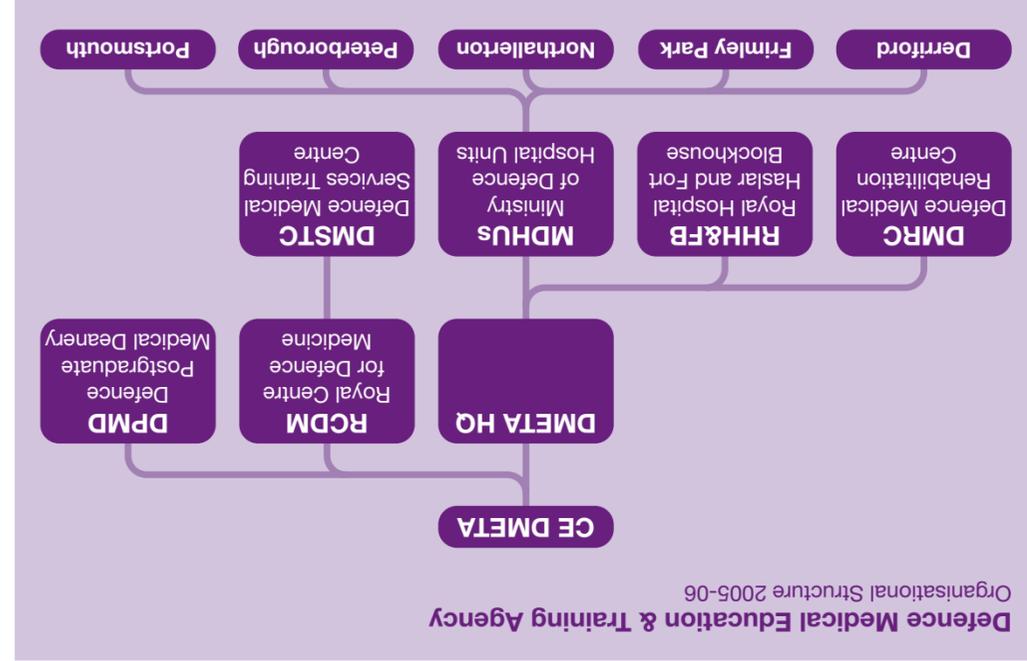
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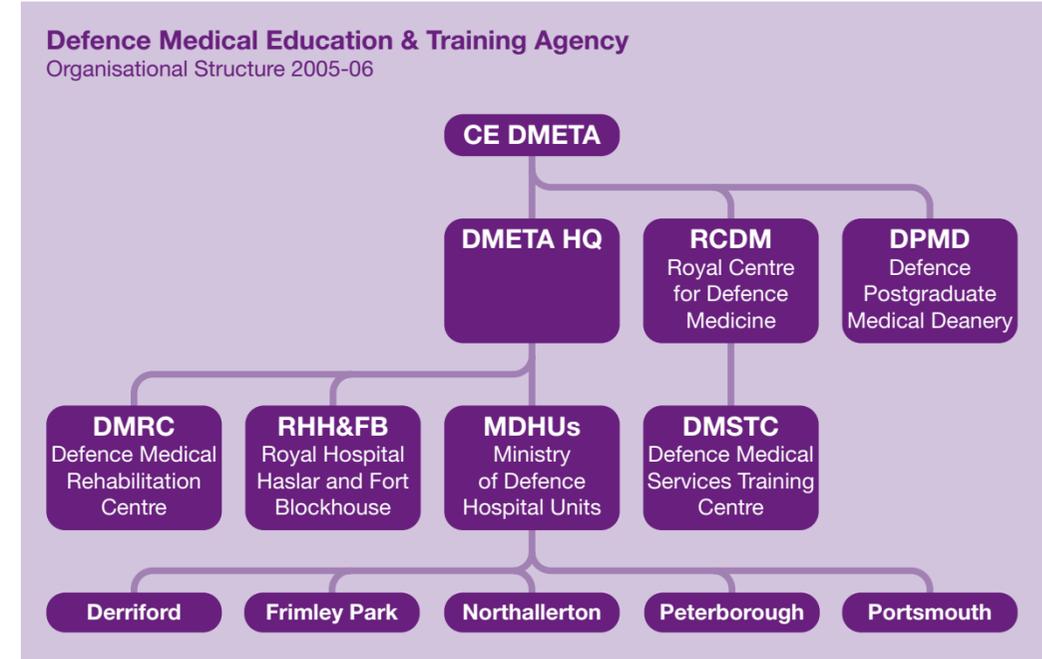
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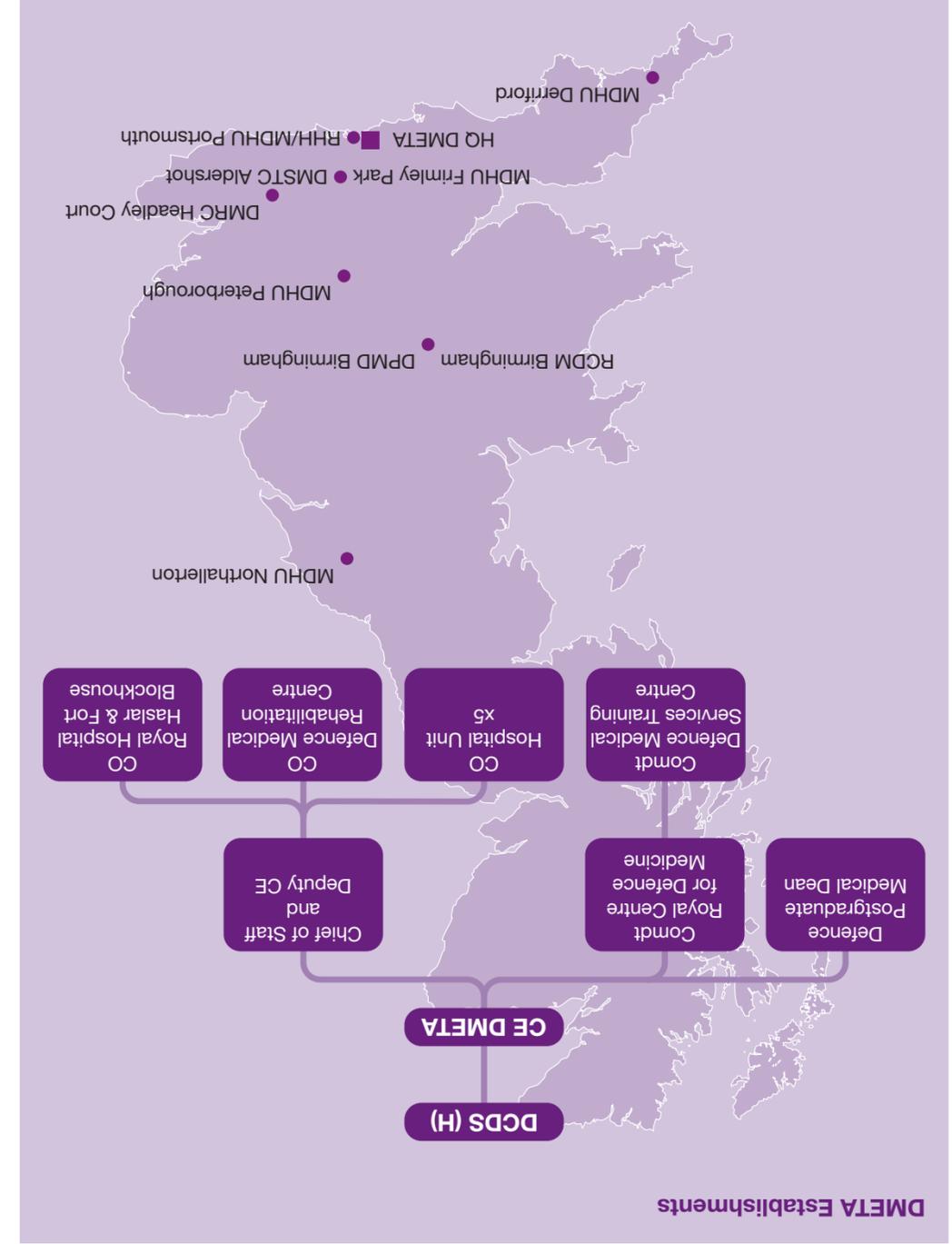
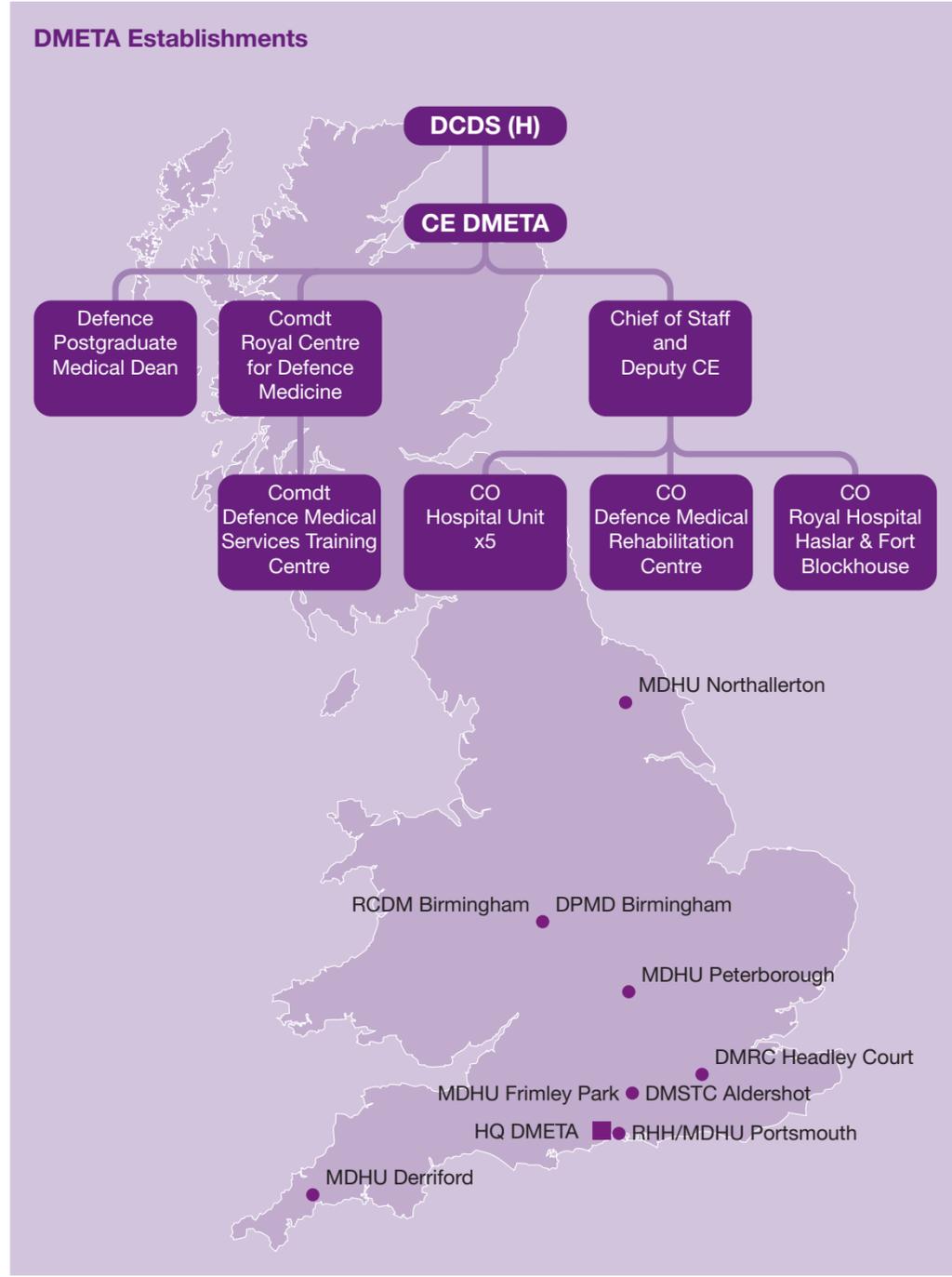
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- e. Agency Headquarters at Fort Blockhouse, Gosport.
- d. A worldwide Defence Medical Library Service (DMLS);
- c. Intermediate and Secondary care delivered from two military establishments: DMRC (at Headley Court), and the RHH (in Gosport). In addition, DMETA personnel provide Secondary Care within more than thirty NHS Hospitals, with large concentrations of staff at Birmingham and the five Ministry of Defence Hospital Units (MDHUs) at Derriford, Plymouth; Frimley Park, Surrey; Northallerton, Yorkshire; Peterborough, Cambridgeshire; and Portsmouth, Hampshire;

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Section 2

DMETA Performance 2005-06



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DMETA Performance 2005-06

Section 2

2005-06 Key Targets

Key Target 1 – Meeting Operational Manpower Requirements:

To meet the Commanders in Chief's requirements for Secondary Care personnel under DMETA command for operational deployments.

Key Target 2 – Individual Military Continuation Training:

To ensure that 90 per cent of all DMETA personnel, whose medical category permits, achieve their Service's annual mandatory individual military training.

Key Target 3 – Medical Professional and Career Training.

- Initial Training (Phase 2)
To provide Initial training (Phase 2) that meets the requirements, professional standards and timescales defined by the single Services.
- Career, Professional and Continuation Training (Phase 3).
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Key Target 4 – Efficiency.

- DMETA Estate.
To ensure the rationalisation and efficient usage of the current DMETA estate, reducing the balance sheet value of the estate as at 1 April 2003 by at least 50 per cent by 2010, thereby reducing the cost of training.
- Cost Measurement.
To comply with centrally led Departmental initiatives in support of the cost of Defence outputs and Resource and Budgeting exploitation.

Key Target 5 – Customer Focus.

To improve upon the Customer Confidence Index baseline score, as assessed at the end of financial year FY2004-05, by 5 per cent.

Key Target 6 – Harmony/Separated Service.

To ensure 100 per cent compliance with the single Services' harmony guidelines for all deployable personnel under DMETA's command.

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Performance against Key Targets

Key Target	2003/04		2004/05		2005/06	
	Target	Achieved	Target	Achieved	Target	Achieved
Key Target 1. To meet 100% of the Commanders in Chief's requirements for Secondary Care personnel under DMETA command for operational deployments	100%	100%	100%	100%	100%	100%
Key Target 2. To ensure that 90% of all DMETA personnel, whose medical category permits, achieve their Service's annual mandatory individual military training.	80%	88%	80%	76%	90%	89%
Key Target 3. a. Initial Training (Phase 2). To provide Initial training (Phase 2) that meets the requirements, professional standards and timescales defined by the single Services.	>95%	97.1%	>95%	96.5% ¹	>95%	94.5%
b. Career, Professional and Continuation Training (Phase 3). To provide Career, Professional and Continuation training (Phase 3) that meets the requirements, professional standards and timescales defined by the single Services.	N/A	N/A	>95%	96%	>95%	95.6%

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Key Target	2003/04		2004/05		2005/06	
	Target	Achieved	Target	Achieved	Target	Achieved
Key Target 1. To meet 100% of the Commanders in Chief's requirements for Secondary Care personnel under DMETA command for operational deployments	100%	100%	100%	100%	100%	100%
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b. Career, Professional and Continuation Training (Phase 3). To provide Career, Professional and Continuation training (Phase 3) that meets the requirements, professional standards and timescales defined by the single Services.	N/A	N/A	>95%	96%	>95%	95.6%

Key Target	2003/04		2004/05		2005/06	
	Target	Achieved	Target	Achieved	Target	Achieved
Key Target 4.						
a. DMETA Estate.	7.3%	7.3%	7.3%	8.2%	7.3%	8.2%
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b. Cost Measurement.	N/A	N/A	N/A	N/A	No set Targets	All requests met
To comply with centrally led Departmental initiatives in support of the Cost of Defence Outputs and RAB exploitation.						
Key Target 5.	N/A	N/A	N/A	60	+5%	62
To improve upon the Customer Confidence Index baseline score, as assessed at the end of FY2005-06, by 5%.						
Key Target 6.	N/A	N/A	N/A	N/A	100%	No reliable data available ²
To ensure 100% compliance with the single Services' harmony guidelines for all deployable personnel under DMETA's command.						

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Performance Highlights

Key Target 1 – Deployable Personnel

2005-06 status: Achieved

Achieved once again, although not without difficulty due to the operational depth and tempo, and to DMS under-manning (numbers having remained almost unchanged since last year).

Key Target 2 – Military Training

2005-06 status: Nearly achieved

There was a substantial increase in attainment from 76% in FY2005-06 to 89%.

However, this was just short of the new, stretched target of 90%. The development of formalised agreements with FLEET, LAND and STRIKE Commands has proved beneficial to the training process, and will be further reviewed during FY2006-07.

Key Target 3 – Medical Professional and Career Training

2005-06 status: Achieved

Agency trainees continue to excel and during the past year 37% of Nursing Students gained a 1st Class Honour whilst a further 40% attained a Distinction in the Nursing Diploma. The Allied Health Professional Disciplines (Environmental Health, Operating Department Practitioners, Radiology and BioMed) are achieving equally impressive results which are significantly better than the national average. The high quality and standard of CMTs and MAs qualifying from DMSTC is also being maintained.

There has been a very slightly reduced performance against KT3a compared with last year. This is primarily related to changes in student numbers. The overall success rate for all Phase 2 and 3 courses remains above the target at 95.2%.

Key Target 4 – Estate

2005-06 status: Achieved

Although there were no disposals during the year, as planned, DMETA remains on target to achieve its estate rationalization. All requests for information in support of the costs of Defence Outputs were met in the required timescales.

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Key Target 5 – Customer Focus

2005-06 status: Customer Confidence Index improved

Following the inaugural DMETA Customer Confidence Index (CCI) survey in FY2005-06, DMETA developed an Action Plan to address the issues raised by its Customers, actively seeking consultation with Customer Agent representatives to ensure the continued relevance of the FY2005-06 questionnaire in measuring key Agency outputs. To meet the requirement to supply DMSD (by end-January 2006) with a Key Target descriptor for FY2006-07, data collection for FY2005-06 was based on 9 months performance. Commitment to year-on-year measurement will continue, ensuring that DMETA remains responsive to declared and agreed Customer requirements and expectations.

Key Target 6 – Harmony/Separated Service

2005-06 status: Unknown

It has not previously been possible to accurately measure Harmony status for DMETA personnel because of the diversity of single Service guidelines and the absence of any common measurement criteria. In response to this, DMETA has had to develop a database which will be able to record the Harmony status of each individual overall compliance report. Due to technical software problems, this was not rolled out until March 2006. However it will provide accurate data for future Reports. Meanwhile, it is perceived that, within pinch-point specialities (Accident & Emergency and Intensive Care nurses), single Service guidelines are being broken as a result of under-manning in these operationally critical specialities.

Financial Review

Background

DMETA was launched as a Defence Agency on 1 April 2003. DMETA is an MoD Executive Agency and an integral part of the DMS under DCDS(H), within the Centre Top Level Budget. It operates from ten sites across the UK and has its Headquarters at Fort Blockhouse in Gosport, Hampshire. These Accounts have been prepared in accordance with a Direction given by HM Treasury in accordance with Section 7(2) of the Government Resources and Accounts Act 2000.

DMETA remains on vote and received its resource funding through the MoD resource allocation. The full cost of services provided by other MoD budget holders was notified to DMETA to allow preparation of its financial accounts. The net cash expenditure for the year was £125,380,000, slightly higher than the budget allocation of £121,229,000. The net operating cost for the year was £192,319,000. Total assets less current liabilities at 31 March 2006 were £140,255,000. The main changes in operating costs over the prior year are a £5.4M (5%) increase in Personnel costs. Of this, about £1M is due to increased numbers and the remainder due to pay increases. There has also been a £1.3M (25%) increase in Accommodation Services, and a £0.8M (30%) increase in Utility costs. The increase in Accommodation Services is mainly due to price increases on the Multi-Activity contract that covers the Royal Hospital Haslar and Fort Blockhouse (RHH&FB).

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Financial Review

Background

It has not previously been possible to accurately measure Harmony status for DMETA personnel because of the diversity of single Service guidelines and the absence of any common measurement criteria. In response to this, DMETA has had to develop a database which will be able to record the Harmony status of each individual overall compliance report. Due to technical software problems, this was not rolled out until March 2006. However it will provide accurate data for future Reports. Meanwhile, it is perceived that, within pinch-point specialities (Accident & Emergency and Intensive Care nurses), single Service guidelines are being broken as a result of under-manning in these operationally critical specialities.

Key Target 6 – Harmony/Separated Service

2005-06 status: Unknown

Following the inaugural DMETA Customer Confidence Index (CCI) survey in FY2005-06, DMETA developed an Action Plan to address the issues raised by its Customers, actively seeking consultation with Customer Agent representatives to ensure the continued relevance of the FY2005-06 questionnaire in measuring key Agency outputs. To meet the requirement to supply DMSD (by end-January 2006) with a Key Target descriptor for FY2006-07, data collection for FY2005-06 was based on 9 months performance. Commitment to year-on-year measurement will continue, ensuring that DMETA remains responsive to declared and agreed Customer requirements and expectations.

2005-06 status: Customer Confidence Index improved

Key Target 5 – Customer Focus

The main changes to the values of assets are as a result of adjustments to reflect the

quinquennial review and there have not been any material additions or disposals of assets. The significant increase in Debtors and Accrued Income has arisen as a result of the protracted negotiations with National Health Service Trusts over the provision of Service Personnel.

Policy on the payment of creditors

The Department's bills, with the exception of some payments to suppliers by units locally and outside Great Britain, are paid through the Defence Bills Agency (DBA). In FY2005-06 the DBA met its target of paying 99.9% of all correctly submitted bills within eleven calendar days, ensuring that the Department is in compliance with its statutory obligation under the Late Payment of Commercial Debts (Interest) Act 1998. Neither DBA nor DMETA incurred any liability under the Late Payment of Commercial Debts (Interest) 1998.

Auditor

The accounts of DMETA are audited by the Comptroller and Auditor General under section 7(3)(b) of the Government Resources and Accounts Act 2000. The notional cost of the statutory audit is £41,000. The Comptroller and Auditor General has not carried out any further audit or assurance work within DMETA.

Future financial agreements

Portsmouth Hospitals NHS Trust (PHT) have confirmed their requirement to continue to use the Royal Hospital Haslar site after military withdrawal from the site in March 2007. Subject to Ministerial approval, work is in hand to reach a financial agreement with PHT to cover the provision of clinical services to PHT and their use of the site. In October 2005 approval was given by the Departmental Investment Approvals Board to enter into a Facilities Agreement with UHBFT. This is due to be signed during FY2006-07 and will take effect sometime in 2010 when the Birmingham New Hospital is opened. During FY2006-07 it is intended to bring together the current Service Level Agreement and the Facilities Agreement with UHBFT into a single overarching agreement.

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DMETA New Key Targets 2006-07

Key Target 1:

To meet 100% of the Commanders in Chief's requirements for Secondary Care personnel under DMETA command for operational deployments

Key Target 2:

To ensure that 90% of all DMETA personnel, whose medical category permits, achieve their Service's annual mandatory individual military training

Key Target 3:

Initial Training (Phase 2): To provide initial training (Phase 2) that meets the requirements, professional standards and timescales defined by the single Services.

Career, professional and Continuation Training (phase 3): To provide career, professional and continuation training (Phase 3) that meets the requirements, professional standards and timescales defined by the single Services.

Key Target 4:

DMETA Estate: To ensure the rationalisation and efficient usage of the current DMETA estate, reducing the agreed Balance Sheet value of the estate as at 01 Apr 03 by at least 50% by 2010, thereby reducing the cost of training.

Cost Measurement: To comply with centrally led Departmental initiatives in support of the Cost of Defence Outputs and RAB exploitation.

Key Target 5:

To improve upon the Customer Confidence index baseline score, as assessed at the end of FY2005-06, by 5%.

Key Target 6:

To ensure 100% compliance with the single Services' Harmony guidelines for all deployable personnel under DMETA's command.

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Section 3

In-year Activity



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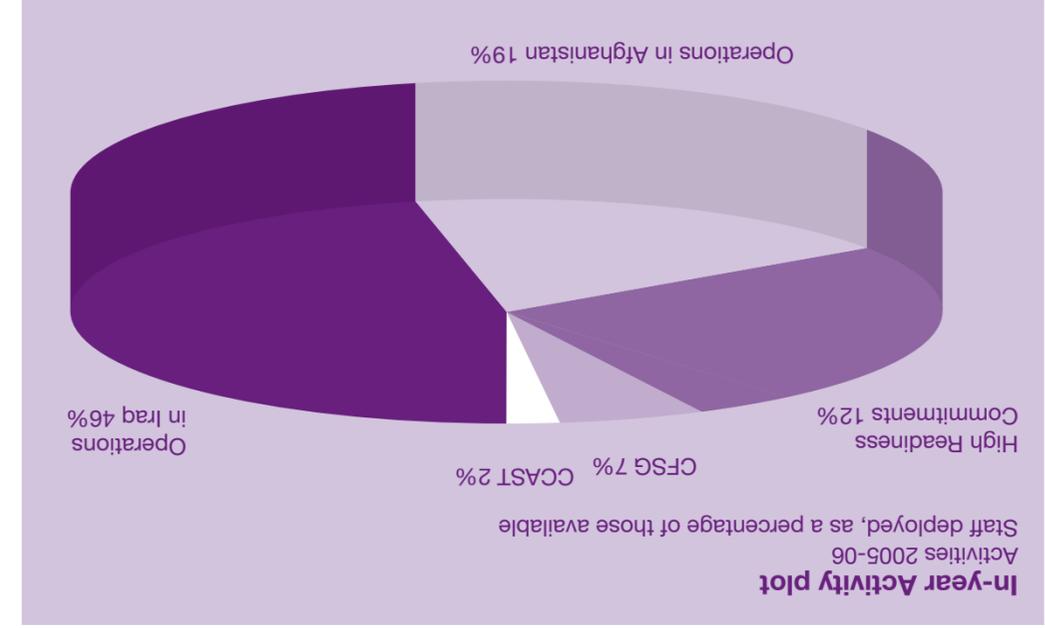
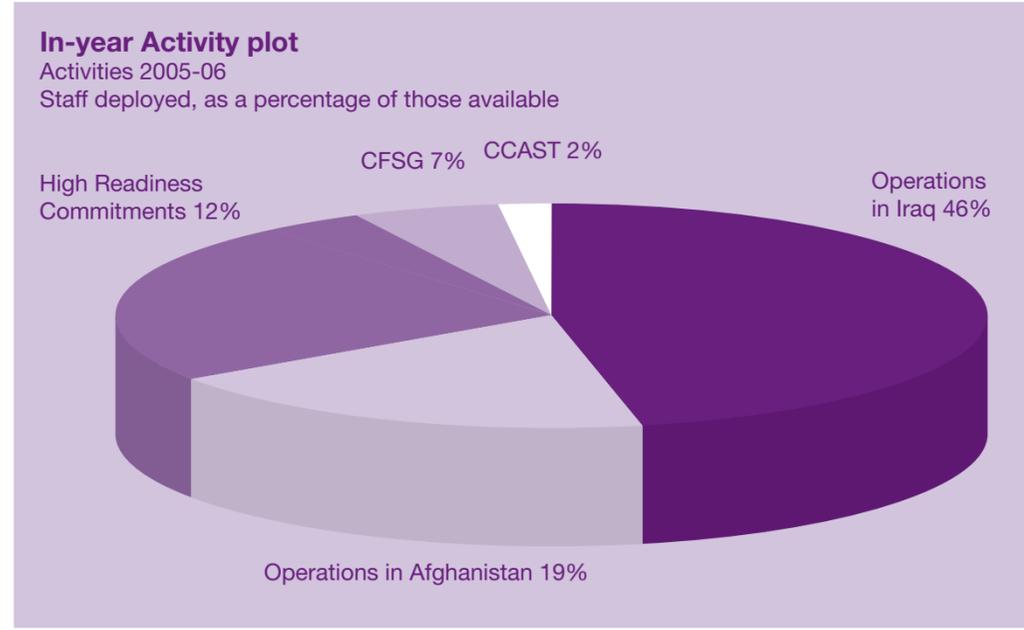
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1. Support to Operations and Exercises

The high rate of deployments this year – not least to operations in Iraq and the Balkans, and latterly an increased presence in Afghanistan, placed unremitting pressure on DMETA clinical resources. Derriford staff (predominantly Royal Navy) provided strong support to Land operations. Substantial numbers of Northallerton staff (predominantly Army) deployed to support operations and exercises such as Ex MEDICAL ENDEAVOUR with Commando Forward Surgical Group (CFSG) in Norway, and the Primary Casualty Receiving Facility (PCRF) aboard RFA ARGUS. Frimley Park personnel deployed in support of Op TELIC and prepared for Op HERRICK, many undertaking more than one tour, or remaining on standby. Peterborough (predominantly RAF) maintained operational support while preparing for the major RAF-heavy medical deployment to Op TELIC 8; RAF Anaesthetist consultants contribute substantially to Critical Care Aeromedical Support Teams (CCAST), and others to the permanent Overseas Joint bases in Gibraltar and Cyprus. The Royal Hospital Haslar (with MDHU Portsmouth) met Operational Support tasking for deployments and major exercises, including on-going PCRF deployment.



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1. Support to Operations and Exercises

training in May 2006. Training Delivery was also responsible for the implementation of DGT&E policies and guidelines generated from the DHALI (Directorate of Operational Capability/House of Commons Defence Committee/Adult Learning Institute) Best Practice Working Group. The implementation of these new policies and guidelines has had a beneficial effect on the management of Phase 2 training within the DMETA TDUs.

The Training Development cell has been successful in the development of, and amendment to, a number of training courses including BATLS, NBC (Nuclear, Biological and Chemical) Training for DMS personnel, First Aid and Acute Care training for medical and non-medical Service personnel and a single Service RN Leading Medical Assistant Promotional Qualification Course (LMAPOC). The effort to formalize guidelines for medical training publications continues, and the inaugural DMETA Education and Training Publications Editorial Committee met in March 2006. In addition, Training Development continues to support other MoD projects including input to the DMSD DG Med Op Cap Study, and the staffing of a post to develop the DMETA Defence Medical Information Capability Programme (DMICP) Business Change and Implementation Project. The Training Analysis Cell (TAC) continue to work closely with single Service training analysts and customers in the production of medical Operational Performance Statements and in the Early Training Analysis for Defence medical training solutions. The tasking of the TAC continues to grow, with the team currently working on eleven projects.

A Training Governance team was formed in October 2005 to manage the governance of training delivered by, and on behalf of, DMETA. An Education and Training Governance Manual has been produced and is shortly to be presented to the Board of Management for formal endorsement prior to promulgation. A Training Governance review of the Examinations and Standards process resulted in the production and introduction of a pan-DMETA Examinations and Standards Policy. An audit programme of the TDUs is due to begin in June 2006.



A DMETA priority – 'professionalising' Combat Medical Technicians and Medical Assistants

Defence Medical Library Service (DMLS)

The Defence Medical Library Service (DMLS) Central Library was successfully assessed under the MoD Libraries Accreditation Scheme during 2005, being placed in the top echelon of MoD Libraries. Subsequently the other professionally-staffed libraries of the DMLS are preparing for assessment.

Several lines of work are currently being developed by the Accreditation team including Medical Assistant MA Professionalisation and Dental Nurse Registration. The Accreditation team also continues to work closely with DMSTC staff to deliver the MA Apprenticeship with the number of Apprenticeship 'completers' now above the national average.

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Corporate Governance: There was progress toward an Agency-wide web based means for informing Units about issues of policy, corporate risk, audit and assurance, an annual audit programme and the Statement of Internal Control, with external links.

A European Foundation for Quality Management (EFQM) survey of DMETA units identified much good practice as well as some need for change. At Unit level change will be driven by local action plans, while a corporate Action Plan addresses strategic concerns, and an all-Agency consensus is being sought. EFQM will underpin future organisational developments, and build links with HR Partnering.

Business Assessment & Audit Unit (BAAU)

Human Resource Management: DMETA Human Resources (HR) Policy and Secretariat team became the Agency HR Business Partner, and ensure civilian staff are fully integrated with MoD's revised 'People Programme' standards for recruitment, reporting, records, and evaluation. They also provide the lead on business output, and advise and support senior Agency personnel on employee relations, Diversity and Equal Opportunities, and Skills Planning, in which they support CE DMETA in his role as Skills Champion. Civilian Health Professionals: DMETA ensured its Civilian Health Professionals were integrated with the new NHS 'Agenda for Change' initiative, adopted by MoD to ensure the terms and conditions of its Civilian Health Professionals reflect those of the NHS.

During this year, BAAU has been reconfigured into Clinical Delivery (CDT) and Business Evaluation (BET) teams, to provide the CE and Audit Committee with *independent* evaluation and assessment of DMETA performance and risk management processes and accompanying systems of internal control.

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The team provided the Agency's coordinating focus for the Investors in People organisation, leading to DMETA's successful bid for accreditation (IIP found that the Agency is 'successfully meeting its requirements for providing secondary care personnel for operational deployments and exercises whilst at the same time meeting the education and training commitments for all medical personnel and CPD for trained personnel.')



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Guardian for the Agency). The aim is to implement a Department of Health-compliant assurance framework and processes for the handling of patient identifiable information.

It is crucial that patients attend their appointments for Secondary Care, and the Agency uses Military Patient Administration Centres (MPACs) within each MDHU to monitor attendance, and has worked with DMSD on a publicity campaign to reinforce awareness across the single Services, and successfully drive down the Did Not Attend (DNA) rates.

Business Evaluation: A wide range of consulting activities was undertaken, including a peer review of the Institute of Naval Medicine, support in development of the new DMETA Business Plan, Balanced Scorecard review, MWFH and DMSD.

Corporate Communications

DMETA aims for best-practice communications with its staff, making full use of the Chain of Command and supporting it with on-line and hard copy information cascades, and maintaining a network of Communications Liaison Officers. A Board of Management 'Core Briefing' to the Units and personnel was established early in the year, and a facility for returning feedback was set in place. The Agency's 'Trainers' house magazine was given a facelift during the year to make it fully compatible with internet distribution, and now appears as an on-line publication to which Units will contribute directly. Corp Comms

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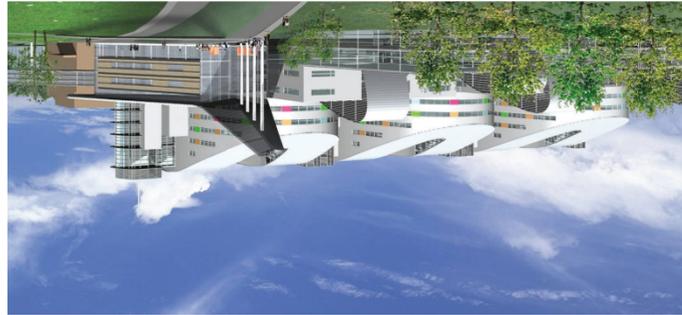
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RCDM

During the period of this Report, RCDM has continued to build on its partnerships with teaching hospitals and top universities in the Birmingham area, where UHBFT is currently in the process of constructing the Birmingham New Hospital Project (BNHP) on the site of the existing Queen Elizabeth Medical Centre (QEMC) by means of an NHS Private Finance Initiative (PFI). BNHP is due for completion in 2010, but with some phases opening earlier, and RCDM will be part of this new state-of-the-art hospital. The new hospital complex will also house RCDM's academic functions, alongside new research and education facilities.



Birmingham New Hospital project – focus for the future of Defence Medicine

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One of this Department's key outputs is post-graduate education for DMS military and civilian GPs. Much of this training reflects that for NHS GPs, but some is Military-specific, including MIMMS (Major Incident Medical Management and Support), and Regional Trauma Centre Medical Management and Primary Care on Military Operations. Many military doctors attended these courses just before deploying on Operations. Training is also provided to other primary healthcare professionals including practice nurses and medical assistants. DMS GPs travel widely and it is not always practical for them to attend the fixed GP Vocational Training system of release courses, so instead they may attend quarterly 'Highlands and Islands' one-week courses. The Joint Committee Post Graduate Training of GPs considers these courses offer 'richness of educational experience'. High operational tempo continues to reduce the availability of military tutors.

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Research activity and output rose with the appointment of a new DMETA Director of Research, who will work to further the research done by all military departments. Late in the year, the Department collocated with other military professorial departments at Birmingham Research Park.

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DMSTC's skills training is vital

Defence Medical Services Training Centre (DMSTC)

This Unit, which is part of RCDM, performed well in a busy year during which many posts were gapped (among them, significantly, that of the Chief Instructor), due to DMS operational commitments. The overall development, updating and delivery of training continued to meet DMETA balanced scorecard planning and commitments, and training backlogs, such as in Combat Med Tech (CMT) training, were successfully addressed.

A new course for 2nd year RCDM student nurses, introducing military command, leadership and management was piloted, and work continued on Team Medic 'Train the Trainer' and both Junior and Senior Medical Administrator courses. Classroom facilities were increased. Regular MORI surveys of student opinion proved their worth with enhancements to welfare and pastoral care arrangements.

Primary and Pre-Hospital Care training continued for Phase 2 and Phase 3 students in line with Military Acute Care principles and new Resuscitation Council guidelines. Regimental CMT training replaced former Regimental Medical Assistant courses, and Army Team Medic courses were launched.

Pharmacy and Medical Supply training benefited from DMETA's negotiation of an increase in the numbers of NHS Trusts ready to accept military pharmacy technician students on placement to undertake NVQs. Army medical supply training was also enhanced by the introduction of an updated medical supply additional qualification course. Following UK surge training, 'Dispensing for Doctors' training was delivered to British Forces Germany; this training is now integral to Phase 2 training for Service Medical Officers.

A range of Environmental and Occupational Health (EOH) courses, ranging from a 2-day EOH course to the 'flagship' 2-year foundation degree course, were delivered, the latter in partnership with Middlesex University. The nature of EOH employment dictates that demand will remain high, and many DMSTC staff have deployed on Ops and exercises.

Phase 2 and Other Ranks Promotion Training (Ph 2 and ORPT) is Tri-Service staffed and managed, but delivered by cells which meet the needs of the single Services.

- Royal Navy training – was updated to incorporate a Naval General Training package, and widened to include a casualty extraction course at the Defence Diving School and an Adventurous Training week in Wales;

This Unit, which is part of RCDM, performed well in a busy year during which many posts were gapped (among them, significantly, that of the Chief Instructor), due to DMS operational commitments. The overall development, updating and delivery of training continued to meet DMETA balanced scorecard planning and commitments, and training backlogs, such as in Combat Med Tech (CMT) training, were successfully addressed.

A new course for 2nd year RCDM student nurses, introducing military command, leadership and management was piloted, and work continued on Team Medic 'Train the Trainer' and both Junior and Senior Medical Administrator courses. Classroom facilities were increased. Regular MORI surveys of student opinion proved their worth with enhancements to welfare and pastoral care arrangements.

Primary and Pre-Hospital Care training continued for Phase 2 and Phase 3 students in line with Military Acute Care principles and new Resuscitation Council guidelines. Regimental CMT training replaced former Regimental Medical Assistant courses, and Army Team Medic courses were launched.

Pharmacy and Medical Supply training benefited from DMETA's negotiation of an increase in the numbers of NHS Trusts ready to accept military pharmacy technician students on placement to undertake NVQs. Army medical supply training was also enhanced by the introduction of an updated medical supply additional qualification course. Following UK surge training, 'Dispensing for Doctors' training was delivered to British Forces Germany; this training is now integral to Phase 2 training for Service Medical Officers.

A range of Environmental and Occupational Health (EOH) courses, ranging from a 2-day EOH course to the 'flagship' 2-year foundation degree course, were delivered, the latter in partnership with Middlesex University. The nature of EOH employment dictates that demand will remain high, and many DMSTC staff have deployed on Ops and exercises.

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DMSTC's skills training is vital

Defence Medical Services Training Centre (DMSTC)

- Army training – was updated with further military and medical field exercises; Junior and Senior Military Qualification Courses were modularized and enhanced; Command Leadership and Management Training Courses are to be updated May 2006; CMTs now complete 1-week Junior and Senior Medical Administration Courses (JMAC and SMAC);
 - RAF training – the exercise phase of RAF training was extended with 1-day and 3-day exercises, designed to practice and combine the medical, administrative and clinical skills learned at DMSTC before being released to Station Medical Centres as MAs. Trade Management Training for all List 1 RAF personnel was completely reviewed at HQ PTC, RAF Innsworth, and a single course is to be offered, replacing previous List 1 courses and delivering a new 4-day course. Physical training remained a priority, with several high-profile sporting events and Adventurous Training on the agenda. All students must take a physical fitness test before leaving DMSTC, and Gym staff continued to deliver 100% of requirement. New technologies are important to the training of today's DMS personnel, and DMSTC greatly enhanced its internet network to provide an additional 15 workstations per classroom.
- The Common Core School developed to reflect the increasing emphasis on student welfare and learning experience, and now has an Administration team and a Training team, the former working closely with Unit Welfare Officers, and the latter introducing a system of mentorship. A learning difficulties coordinator worked to identify trainees in need of assistance to ensure appropriate support is available. Integration of the Foundation Modern Apprenticeship into the School continued, and NVQ completion rates in Health and Social Care improved with every course.
- Officer Training delivered eleven Officer and Warrant Officer courses to Regular and Reserve personnel, with courses ranging from Entry through Intermediate to Senior Officer and the Joint Intermediate Medical Planners (JIMP) course. These courses are revised to reflect the needs of current operations as far as possible, and have been given stronger DMETA and DMSTC identity throughout. Plans are in place to replace JIMP with a Joint Medical Operational Planners course and to introduce a Disaster Relief Operations Course. A staff planning exercise (Ex POPSICLE) is being redesigned in Tactical, Operational and Strategic formats.
- DMSTC Training Development Division has worked closely with the Customers to refine its courses and with DMETA Training Development staff and OC Training Analysis Cell has focused on Tri-Service as well as single Service needs.

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DSHCS Pre-Deployment Training Suite

Defence School for Health Care Studies (DSHCS)

DSHCS is part of RCDM. It is responsible for the Phase 2 training of nurses, ODPs, biomedical scientists, radiographers, clinical physiologists and health care assistants, and during this year has focused on training development and on initiatives to enhance the military and welfare support available to trainees.

Biomedical Science Training Department

Offers a six-month Blood Donor Supply and Storage course, and reports a 100% increase in student numbers from across the spectrum of Service personnel. The pre-deployment course for Biomedical Scientists continued to develop, and dedicated operational training facilities were set up in Fort Blockhouse, in Gosport.

Health Care Assistant (HCA) Training Department, Fort Blockhouse

Identified constraints in the delivery of operationally competent HCAs, and duly re-designed this training, using two key processes: an operational level job analysis of practicing HCAs, which reviewed existing responsibilities, roles and tasks and led to an Operational Performance Statement; this was followed by a strategic level review of the HCA cadre and development of an integrated pathway for future career development. This led to a Formal Training Statement and, after due refinement, approval for a course to fully meet the operational requirement.

Operating Department Practitioners (ODP) Department, DSHCS Birmingham

Curriculum development and design were key issues for this department. Working in close partnership with university colleagues at the University of Central England, staff successfully revalidated the DipHE ODP course in May 05, with parallel approval by the Health Professions Council. The teams also designed and validated an innovative, inter-professional BSc (Hons) Perioperative Practice programme for qualified nurses and ODPs (a UK first, and further success for the DSHCS – UCE partnership).

Pre-Registration Nursing Department, RCDM Trg Div and DSHCS Birmingham

There were mixed emotions for staff and students when the final cohort of student nurses graduated from RCDM Trg Div and the University of Portsmouth in January 2006, after more than 30 years of successful partnership for nursing education in Portsmouth. The event was celebrated by a Graduation Parade presided over by Surgeon General and attended by university and military lecturing staff past and present. Meanwhile, at DSHCS in Birmingham, the key aim was to increase military training opportunities for Phase 2 students. A new course focusing on military command, leadership and management aspects of training was piloted with DMSTC, and is now being formalized for all future courses.



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(COPDEND), the Dental Dean is involved in the development of the national strategy for Modernising Dental Careers and so is providing timely guidance on the implications of a two-year Foundation Programme for both the single Services and HQ-DDS. The first military students are undertaking a new conversion course for the Diploma in Dental Therapy, which will have a fundamental effect on the career development opportunities for the Dental Hygienist cadre and promises to provide a 'skill mix' benefit for the future delivery of military dental care.

Veterinary

The first cohort of Veterinary Officers (VOs) to complete a period of postgraduate vocational training were presented with their certificates by the President of the Royal College of Veterinary Surgeons (RCVS) and the DPMD in a special ceremony in July 05. This is a progressive step for training governance within veterinary training, and a national 'first'. Annual professional appraisal of veterinary officers has been introduced and successfully accomplished at DPMD with all VOs now maintaining personal development plans to facilitate professional development appropriate to their needs and those of the DMS.



Acute care delivered by DMETA-trained medics to the front line

mutual benefit from the arrangements. The revised Command and Control arrangements at MDHUs and the revised hosting arrangements, introduced last year, are bedding-in well. There is good evidence that the new arrangements are protecting clinical skills and expertise, maintaining management expertise, underwriting training, ensuring military commitments. The MDHU command teams ensure that military ethos is maintained through a variety of activities, ranging from participation in field exercises through adventure and leadership training to events, such as museum visits, which remind personnel of their Service heritage. The separation, and adoption, of Military Protected Time and Trust Protected Time has helped clarify the proportion of time which staff are to spend honing their skills in both fields. Preparing individuals for operational deployment is the the main activity of MDHUs. There has been significant improvement in levels of preparatory training and the Agency will seek to build on this trend in the coming year. The units share examples of best practice at the Clinical Units Board which reports, through the Agency Risk Panel, to the Board of Management.

4. DMETA Clinical Units

The primary role of DMETA's clinical units (RCDM Clinical Division DMRC, RHH and the MDHUs) is to support an environment which provides clinical practice and experience for DMETA secondary care personnel. This is done in collaboration with NHS Host Trusts where appropriate.

Senior MDHU staff are integrated with their Host Trust management structures and operational activities are cooperative and professional, with both partners acknowledging

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While the majority of DMS secondary care personnel are employed in MDHUs, if there is a pressing Service requirement which necessitates having singleton staff in another Trust, those individuals are provided administrative support through 'parenting' arrangements with the nearest MDHU. Inevitably this is less effective and resource-demanding.

Clinical and Academic partnerships
Excellent opportunities for staff had been developed by all Units, with military contributions in senior Trust clinical, management and committee roles; for example, the military Visiting Professor at Teesside University is also Director of Academic Emergency Medicine at the James Cook University Hospitals. All senior MDHU staff are integrated with their Trust management structures and initiatives – operational activities are co-operative and professional, both partners acknowledging mutual benefit from the arrangements, and unit commands at the MDHUs are fully embedded within their Trust higher management structures and processes.

Quality of Life and Awareness
Throughout DMETA, every effort is made to nurture personal and team job satisfaction, and enhance military ethos and clinical recognition directly and through good relations with parenting Units (example – MDHU Peterborough with RAF Wittering), as these are crucial to Service ethos. Staff are also encouraged to make the most of their down time and take part in local community sporting or charitable events such as sponsored walks. Positive local public profiles are important, and all Units pursue awareness programmes which may range from Air Shows to Field Gun displays, concerts, charity and other events. Royal Hospital Haslar activity in meeting the challenging demands and timelines of JPA attracted a 'Gold Standard' award from PMA/RAF. In Birmingham, RCDM achieved a major awareness success with its host Trust and beyond, when in September it set up a Field Hospital adjacent to the Selly Oak site. Large numbers of civilian and military visitors visited the hospital and the event included presentations from 202 (TA) Field Hospital, and keynote speeches from the Secretary of State and from the CE of the National Health Service. Adventurous Training remains a key buttress to military ethos at all Units, and in addition to a number of high profile exercises and individual successes in all forms of training and martial arts, a corporate Inter-Unit Sports Day was hosted by Haslar with nine Units competing; DMRC were victors and will host the next event).

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Training

Every DMETA Clinical Unit aims to ensure the training of its staff complies with MoD and NHS requirements, and there is growing emphasis on computing competence. Links to single Service and Academic mentors were consolidated. Clinical excellence is becoming well and widely established: as examples, a Peterborough SNCO RGN has played an instrumental role training host Trust personnel on decontamination, an achievement which has brought the Trust A&E Department recognition from the Royal College of Nursing as a national standard for this area; Northallerton has established nine Foundation One posts under the Modernising Medical Careers initiative, and expects them to significantly increase the uptake of military trainees within its host Trust; at Frimley Park a new Regimental Team concept facilitates training links with other Units and 'tailored training' is being developed; Derriford has an active training team which coordinates its training with local single Service Units; and Portsmouth, which stood up as a Unit in 2005, works with other DMETA Units and the Portsmouth military cadres to ensure its staff achieve their mandated training objectives.



DMRC Headley Court –
centre of rehabilitation excellence

DMRC

Recent developments at the Defence Medical Rehabilitation Centre, including closer integration with Healthcare delivery under the Defence Health Programme, evolution of the role of the Unit within DMETA, and response to the Defence Medical Rehabilitation Plan, have been among the most significant in the Unit's history, and are ensuring DMRC training, research and operational outputs are optimally matched to the rehabilitation needs of DMETA's customers.

Clinical Developments

Polytrauma and complex rehabilitation facilities benefited from an increase in the establishment of the 36-bed Peter Long Unit. DMRC is now the Services' amputee and limb-fitting centre, a vital link in helping the majority of Service patients return to duty. Enhanced liaison with the aeromedevac hub at RCDM, will ensure nominated patients are identified earlier, and their case management and rehabilitation programmes tailored. In readiness, DMRC has set up an administration/ clinical service, both for casualties returning from Operations and overseas, and for those undergoing treatment within the NHS.

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Training

5. Projects and Programmes

Medical Training to the Midlands

DMETA is working to consolidate its command, control and training elements under this strategic programme, to modernise its business and in order to generate efficiency savings. MT2M consists of the current Midlands Medical Accommodation (MMA) and the planned Birmingham Medical Accommodation (BMA) projects. Under MMA, DMETA will benefit from synergy with the Department's long-term commitments to RCDM and to Birmingham, and its aims are to capitalise on RCDM as an international Centre for Clinical Excellence; make significant contributions to MoD's Lyons Review commitment to move 1070 personnel out of the South East; substantially reduce current estate holdings, and develop a suitable environment for its military and civilian personnel (including those who currently serve in Birmingham without access to MoD accommodation or facilities.

MT2M will bring together on one site HQ DMETA, the HQ and deployed TDU components of RCDM, and 33 Field Hospital. It will provide significant benefits, accommodating military training (Basic Combat Fitness Test, weapon training, parade training, leadership training etc) as well as command and control, primary medical and dental care, stores and administrative functions for DMETA assets in the city.

The project is at the initial approval stage and options for the site include RAF Stafford (needs substantial new build or adopting existing facilities) and the ATRA Training Establishment at Lichfield ('Whittington Barracks'), where much of the existing infrastructure could be adopted subject to modernisation and to extra living accommodation, training classrooms and support infrastructure.



DMICP – current health records, any time and anywhere the Armed Forces need them

DMICP

The Defence Medical Information Capability Programme is strongly supported by DMETA; HQ staff have been engaged with a broad range of DMICP fora and Working Groups, and have been working with an independent contractor in the production and quality assurance of Phase 1 and Phase 2A of the Training Needs Analysis. They have also assisted the Integrated Project Team and DMSD with the development of DMICP training. To ensure the

successful roll out of DMICP across the Agency and the establishment of steady state training for the DMS as a whole, HQ DMETA has established a DMICP Change Management and Implementation Working Group, to co-ordinate the conduct of pan-Agency IT Skills and assess the start standard and training numbers as a precursor to the contractor's development of the roll-out training solution.

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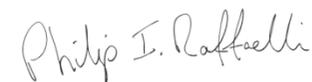
5. Projects and Programmes Medical Training to the Midlands

Business Continuity

Fit for Purpose is a key business indicator, and BAAU has begun a development programme to compile a Business Continuity Planning (BCP) Framework; workshops will develop fit for purpose BCPs across the Agency. An overarching framework, policy and Administrative Instruction is currently being developed in partnership with units. Individual DMETA units will be subject to internal assurance by means of a table-top exercise during FY2006-07 followed by a Defence Internal Audit review of the overarching BCP framework at the end of the year.

DMETA Programme Management Framework

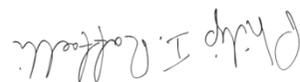
The Defence Health Programme (DHP) has been driving substantial clinical and organisational change across DMS. DMETA has been working with its Customers and Partners, both to embrace and manage such change and to adapt its outputs to meet future requirements. Change management must take account of the interdependencies between the working environment, the organisation, people and supporting technologies and tools. CE DMETA directed the establishment of a Strategic Programme to structure and assist the management and exploitation of these change activities and projects, and programme definition was under way as the year closed.



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DMETA Annual Report & Accounts for the year ending 31 March 2006

Remuneration Report

Composition of the Board of Management

The composition of the Management Board during 2005/06 was:

Chairman

Surgeon Rear Admiral PI Raffaelli Chief Executive DMETA

Brigadier EB Carmichael	Chief of Staff HQ DMETA
Surg Cdre JJW Sykes	DPMD to 4 September 2005
Surg Cdre NS Bevan	DPMD from 5 September 2005
Air Cdre AJ Batchelor	Comdt RCDM
Surg Capt J Campbell	CO RHH&FB
Mr RD Spencer	Director Resources HQ DMETA
Mrs E Ransom	Non Executive Director

Changes in the Board of Management

Surgeon Commodore NS Bevan was appointed Defence Postgraduate Medical Dean on 5 September 2005 in place of Surgeon Commodore JJW Sykes who moved to another appointment.

Remuneration Policy

For service members of the Management Board, pay is determined by the Armed Forces Pay Review Board. For the civilian member of the Management Board, pay is determined as part of the national MoD pay agreement for civilian staff.

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The following sections provide details of the remuneration and pension interests of the members of the Management Board.

‘Salary’ includes gross salary, performance pay or bonuses, overtime, reserved rights to London weighting or London allowances, private office allowances and any other allowance to the extent that it is subject to UK taxation. The monetary value of benefits in kind covers any benefits provided by the employer and treated by the Inland Revenue as a taxable emolument.

	2005-2006		2004-2005	
	Salary £000	Benefits in kind £	Salary £000	Benefits in kind £
Surgeon Rear Admiral PI Raffaelli Chief Executive	135 – 140	–	110 – 115	–
Brigadier EB Carmichael COS DMETA	105 – 110	–	60 – 65	–
Surgeon Commodore JJW Sykes RN DPMD (Until 4 Sep 05)	60 – 65	–	120 – 125	–
Surgeon Commodore N Bevan RN DPMD (From 5 Sep 05)	60 – 65	–	–	–
Air Commodore AJ Batchelor Comdt RCDM	140 – 145	–	80 – 85	–
Surgeon Captain J Campbell RN CO RHH&FB	125 – 130	–	105 – 110	–
Mr RD Spencer Director Resources	45 – 50	–	45 – 50	–
Surgeon Commodore N Bevan RN DPMD (Until 4 Sep 05)	60 – 65	–	120 – 125	–
Surgeon Commodore JJW Sykes RN DPMD	60 – 65	–	–	–
Brigadier EB Carmichael COS DMETA	105 – 110	–	60 – 65	–
Chief Executive Surgeon Rear Admiral PI Raffaelli	135 – 140	–	110 – 115	–
Air Commodore AJ Batchelor Comdt RCDM	140 – 145	–	80 – 85	–
Surgeon Captain J Campbell RN CO RHH&FB	125 – 130	–	105 – 110	–
Mr RD Spencer Director Resources	45 – 50	–	45 – 50	–
Surgeon Commodore N Bevan RN DPMD (From 5 Sep 05)	60 – 65	–	–	–
Air Commodore AJ Batchelor Comdt RCDM	140 – 145	–	80 – 85	–
Surgeon Captain J Campbell RN CO RHH&FB	125 – 130	–	105 – 110	–
Mr RD Spencer Director Resources	45 – 50	–	45 – 50	–
Surgeon Commodore N Bevan RN DPMD (Until 4 Sep 05)	60 – 65	–	120 – 125	–
Surgeon Commodore JJW Sykes RN DPMD	60 – 65	–	–	–
Brigadier EB Carmichael COS DMETA	105 – 110	–	60 – 65	–
Chief Executive Surgeon Rear Admiral PI Raffaelli	135 – 140	–	110 – 115	–

The following sections provide details of the remuneration and pension interests of the members of the Management Board.

Salary and Benefits in Kind

Salary and Benefits in Kind

The following sections provide details of the remuneration and pension interests of the members of the Management Board.

	2005-2006		2004-2005	
	Salary £000	Benefits in kind £	Salary £000	Benefits in kind £
Surgeon Rear Admiral PI Raffaelli Chief Executive	135 – 140	–	110 – 115	–
Brigadier EB Carmichael COS DMETA	105 – 110	–	60 – 65	–
Surgeon Commodore JJW Sykes RN DPMD (Until 4 Sep 05)	60 – 65	–	120 – 125	–
Surgeon Commodore N Bevan RN DPMD (From 5 Sep 05)	60 – 65	–	–	–
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Surgeon Captain J Campbell RN CO RHH&FB	125 – 130	–	105 – 110	–
Mr RD Spencer Director Resources	45 – 50	–	45 – 50	–

Mrs E Ransom is also a Non Executive Director on the Management Board of the Department for Environment, Food and Rural Affairs. No other member of the Management Board holds any directorships or has any other significant interests which may conflict with their management responsibilities. Mrs E Ransom received £9k for attendance at meetings during the period of these accounts

The salary details in the table above reflect only the periods when the individuals were members of the Board of Management during 2005/2006. None of the above received any benefits in kind during their membership of the DMETA Board of Management during either year.

‘Salary’ includes gross salary, performance pay or bonuses, overtime, reserved rights to London weighting or London allowances, private office allowances and any other allowance to the extent that it is subject to UK taxation. The monetary value of benefits in kind covers any benefits provided by the employer and treated by the Inland Revenue as a taxable emolument.

The salary details in the table above reflect only the periods when the individuals were members of the Board of Management during 2005/2006.

Pension Entitlements

	Column 1 Total accrued pension at normal retirement age at 31 March 2006 and related lump sum £000	Column 2 Real increase in pension and related lump sum at normal retirement age £000	Column 3 CETV at 31 March £000	Column 4 CETV at 31 March £000	Column 5 Real increase in CETV after adjustment for inflation and changes in market investment factors £000
Surgeon Rear Admiral PI Raffaelli Chief Executive	40 – 45 plus 120 – 125 lump sum	0 – 2.5 plus 0 – 2.5 lump sum	933	945	1
Brigadier EB Carmichael COS DMETA	30 – 35 plus 90 – 95 lump sum	2.5 – 5 plus 7.5 – 10 lump sum	669	746	63
Surgeon Commodore JJW Sykes RN DPMD (Until 4 Sep 05)	40 – 45 plus 130 – 135 lump sum	0 – 2.5 plus 0 – 2.5 lump sum	857	864	7
Surgeon Commodore N Bevan RN DPMD (From 5 Sep 05)	40 – 45 plus 125 – 130 lump sum	0 – 2.5 plus 2.5 – 5 lump sum	899	931	28
Air Commodore AJ Batchelor Comdt RCDM	40 – 45 plus 130 – 135 lump sum	0 – 2.5 plus 0 – 2.5 lump sum	840	845	7
Surgeon Captain J Campbell RN CO RHH&FB	35 – 40 plus 105 – 110 lump sum	0 – 2.5 plus 2.5 – 5 lump sum	800	850	37
Mr RD Spencer Director Resources	20 – 25 plus 60 – 65 lump sum	0 – 2.5 plus 2.5 – 5 lump sum	292	325	19

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Civil Service Pensions

Pension benefits for civilian staff are provided through the Principal Civil Service pension Scheme (PCSPS) arrangements. From 1 October 2002, civil servants may be in one of three statutory based 'final salary' defined benefit schemes (Classic, Premium, and Classic Plus). The schemes are unfunded with the cost of benefits met by monies voted by Parliament each year. Pensions payable under Classic, Premium and Classic Plus are increased annually in line with changes in the Retail Price Index. New entrants after 1 October 2002 may choose between membership of premium or joining a good quality 'money purchase' stakeholder based arrangement with a significant employer contribution (partnership pension account).

Employee contributions are set at the rate of 1.5% of pensionable earnings for Classic and 3.5% for Premium and Classic Plus. Benefits in Classic accrue at the rate of 1/60th of pensionable salary for each year of service. In addition, a lump sum equivalent to three years' pension is payable on retirement. For Premium, benefits accrue at the rate of 1/60th of final pensionable earnings for each year of service. Unlike Classic, there is no automatic lump sum (but members may give up (commute) some of their pension to provide a lump sum). Classic Plus is essentially a variation of Premium, but with benefits in respect of service before 1 October 2002 calculated broadly as per Classic.

The partnership pension account is a stakeholder pension arrangement. The employer makes a basic contribution of between 3% and 12.5% (depending on the age of the member) into a stakeholder pension product chosen by the employee. The employee does not have to contribute but where they do make contributions, the employer will match these up to a limit of 3% of pensionable salary (in addition to the employer's basic contribution). Employers also contribute a further 0.8% of pensionable salary to cover the cost of centrally-provided risk benefit cover (death in service and ill health retirement).

Further details about the CSP arrangements can be found at the website www.civilservice-pensions.gov.uk

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The Cash Equivalent Transfer Value (CETV)

The above table show the member's Cash Equivalent Transfer Value (CETV) accrued at the beginning and the end of the reporting period. Column 5 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.

A CETV is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures, and from 2003/2004 the other pension details, include the value of any pension benefit in another scheme or arrangement which the individual has transferred to the AFPS or CSP arrangements and for which the AFPS or CS Vote has received a transfer payment commensurate to the additional pension liabilities being assumed. 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 and framework prescribed by the Institute and Faculty of Actuaries.

Nine members of staff in DMETA have taken out partnership pensions, the departmental contribution to these pensions in 2005/2006 was £15,271.49.

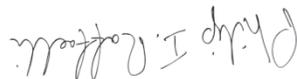


Surgeon Rear Admiral PI Raffaelli BSc MSc MBChB MRCGP FFOM
Chief Executive
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Section 4

Financial Accounts



Financial Accounts

Section 4

Statement of the Agency's and Chief Executive's responsibilities

Under Section 7(2) of the Government Resources and Accounts Act 2000 the Treasury have directed the Defence Medical Education and Training Agency to prepare a statement of accounts for each financial year in the form and on the basis set out in the Accounts Direction. The accounts are prepared on the accruals basis and must give a true and fair view of the Agency's state of affairs at the year end and of its net operating cost, recognised gains and losses and cash flow for the financial year.

In preparing the accounts the Agency is required to:

- Observe the Accounts Direction issued by the Treasury, including the relevant accounting disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Agency will continue in operation.

It has been agreed with HM Treasury that, although Chief Executives of Defence Agencies are not appointed Agency Accounting Officers, analogous arrangements will apply. These responsibilities, including responsibility for the propriety and regularity of the public finances for which the Chief Executive is answerable and for keeping of proper records, are set out in the Accounting Officer's Memorandum, issued by the Treasury and published in 'Government Accounting'.

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The Clinical Units Board and the Education and Training Advisory Board have each met three times during the year and have identified a number of 'candidate' risks. These are now reported to a Risk Panel that was established during 2005/2006. Chaired by the Chief Executive, the Risk Panel has met three times and reviews 'candidate' risks identified by the subordinate boards to agree at which level these should be managed and whether they should be recognised as DMETA-wide risks. The panel then focuses on the effectiveness of the mitigating actions. The Risk Panel also identifies and reviews those risks that should be reported to Defence Medical Services Department (DMSD) through the Defence Health Programme risk-reporting framework. It also evaluates risks identified by the HLB Management Board and assesses the impact that management action will have in mitigating the risk. At all levels managers submit regular reports on

The Agency Board of Management has adopted a fully documented risk management strategy, which includes details of the methods to be used in the identification of the risks facing the Agency, an analysis of the risks in the form of an organisation wide risk register, planning for their mitigation and implementation of appropriate management and control mechanisms. Guidance is regularly reviewed and updated in the light of experience and emerging best practice. As a result, the risk and issue reporting templates introduced during 2004/2005 have been updated to further assist staff in the identification and reporting of issues that may constitute Agency risks. The agreed process is designed to capture both a top down and a bottom up view of risk.

Capacity to handle risk

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of departmental policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently and economically. The system of internal control has been in place in DMETA for the year ended 31 March 2006 and up to the date of the approval of the annual report and accounts, and accords with Treasury guidance.

Purpose of the system of internal control

The Agency is an Intermediate Higher Level Budget (IHLB) and separate Management Group within the Deputy Chief of Defence Staff(Health)'s (DCDS(H))'s Higher Level Budget (HLB) and provides regular reports to DCDS(H) as the Agency Owner. The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of departmental policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently and economically. The system of internal control has been in place in DMETA for the year ended 31 March 2006 and up to the date of the approval of the annual report and accounts, and accords with Treasury guidance.

As Chief Executive of the Defence Medical Education and Training Agency I have responsibilities analogous to an Accounting Officer. These include responsibility for maintaining a sound system of internal control that supports the achievement of Agency objectives which underpin departmental policies and aims, whilst safeguarding the public funds and departmental assets for which I am personally responsible in accordance with the responsibilities assigned to me in Government Accounting and through my letters of delegation and designation.

Statement on internal control Scope of responsibility

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the steps they are taking to manage risks in their areas of responsibility, including progress reports on key projects. This is complemented by the use of a Balanced Scorecard, which supports monitoring of performance against key targets, balanced scorecard objectives and performance indicators.

This year has seen a continuing increase in awareness and understanding of risk management across DMETA and units are now much more alert to which unit/candidate issues should be reported upwards and in identifying appropriate mitigating action. The most significant risks continue to be related to personnel issues and in the delivery of key projects relating to the rationalisation of the DMETA estate.

The risk and control framework

There is a framework of regular management information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability that this year has been incorporated into a Service Delivery Agreement that sets out the annual resource control total and the outputs to be delivered.

Development and maintenance of the system is undertaken by executive managers within the Agency. In particular, it includes:

- Comprehensive budgeting systems with an annual budget which is agreed as part of the MoD's resource allocation process.
- Quarterly reviews by the DMETA Board of Management of periodic and annual financial reports which report the Agency's financial performance against forecasts.
- Setting targets to measure financial and other performance.
- Clearly defined capital investment control guidelines.
- As appropriate, formal project management disciplines.
- Periodic assurance and compliance reviews.

In addition DMETA has an Agency Audit Committee chaired by an external Non-Executive member of the Agency Board of Management and that reports to the Board of Management. The Audit Committee met four times during the 2005/2006 financial year. Membership of the Audit Committee includes a further member external to DMETA. Representatives from Defence Internal Audit and the National Audit Office are invited to attend.

Review of effectiveness

As Chief Executive, with powers analogous to those of an Accounting Officer, I have responsibility for reviewing the effectiveness of the system of Internal Control. My review of the effectiveness of the systems of Internal Control is informed by the work of internal auditors and the executive managers within the Agency 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. In addition, when the Agency has been subject to DIA scrutiny my review is also informed by the work of the DIA and the Defence Audit Committee, which oversees the work of the internal auditors. During 2005/2006 two DIA reports on DMETA activities were published. These

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looked at the effectiveness of the Annual Agreed Training Provision process (which homed in on an area of risk which has been highlighted in DMETA's Risk Register for some time) and the process for determining Operational Manpower Requirements. Both audits made a number of recommendations but each gave a 'Substantial' assurance as to the effectiveness of the controls in place. Management Action Plans have now been agreed and the implementation of the recommendations will be monitored through the Audit Committee and reported to the Board of Management. 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 of Management and the Audit Committee and plan to address weaknesses, and ensure continuous improvement of the system is in place.

The Agency defines a "significant internal control issue" as one that has had a bearing on DMETA's ability to achieve any or all of its key targets and/or objectives or which has impacted adversely on the successful operation of a key process. No such issues have occurred during the year ending 31 March 2006.

During this financial year, in addition to existing controls, further measures have been introduced to ensure that the Agency has in place all the risk management and review systems and processes necessary to ensure compliance with the provisions of Treasury guidance and good governance practice.

In particular, these measures have included:

- A review of the DMETA Corporate Governance system to identify areas for improvement that has led to the development of a comprehensive overarching Corporate Governance and Assurance Framework.
- An ongoing annual rolling programme of checks and assurance visits across the Agency to review the application of financial controls and procedures and identify any failure, shortcomings and examples of best practice.

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Ensuring that Safety, Health, Environment and Fire is included as an integral part of our business and remains firmly embedded in all management systems and processes. Measures to achieve this have included making it a standing agenda item at the Board of Management. Activity this year has been focused on Environmental Management and work is in hand to have in place an Environmental Management System which is compliant with MoD policy and international best practice (ISO 14001) at all 3 MoD owned DMETA sites by the end of April 2006.

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An internal audit of SHEF processes which enabled site specific issues to be highlighted and addressed accordingly. The results of this audit have provided a baseline, the recommendations from which, will enable both individual units and HQ staff to progress existing and new SHEF policies and procedures to ensure any future external audits achieve a rating of at least 85%, the new target set by SofS.

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Ensuring that Safety, Health, Environment and Fire is included as an integral part of our business and remains firmly embedded in all management systems and processes. Measures to achieve this have included making it a standing agenda item at the Board of Management. Activity this year has been focused on Environmental Management and work is in hand to have in place an Environmental Management System which is compliant with MoD policy and international best practice (ISO 14001) at all 3 MoD owned DMETA sites by the end of April 2006.

- An internal audit of SHEF processes which enabled site specific issues to be highlighted and addressed accordingly. The results of this audit have provided a baseline, the recommendations from which, will enable both individual units and HQ staff to progress existing and new SHEF policies and procedures to ensure any future external audits achieve a rating of at least 85%, the new target set by SofS.

- The development of a Clinical Governance Quality Assurance Framework as part of the overarching DMETA Corporate Governance Framework. The main drivers for the framework are the desire to continually improve the quality of reporting mechanisms across DMETA units, and to provide assurance that our Clinical Governance processes and procedures are appropriate and fit for purpose. Included within the framework is the process by which CG outputs from DMETA units are to be monitored. To that end, the Clinical Delivery Team (CDT) has developed an audit programme with a remit to undertake advisory visits to all DMETA units annually to monitor how Clinical Governance is being addressed. The CDT has also formed a DMETA Clinical Governance leads Support Group with the intent of facilitating development of Clinical Governance and best practice across DMETA clinical Units.
- An audit of the Defence Postgraduate Medical Deanery coordinated by the Business Audit and Assurance Unit (BAAU). Specific areas audited were the organisational framework and Corporate Governance system including budgeting, and education and training quality assurance. Whilst identifying many areas of good practice, an agreed Action Plan has been implemented to address those areas identified for improvement. These included the development of definitive criteria and a funding formula for the assessment of Higher Professional Training and Continuing Professional Development and publishing the selection criteria for course attendance and establishing an Intelligent Customer Cell. A follow-up visit is scheduled to be undertaken in Apr 06 to confirm Action Plan progress.
- Health of Financial Systems. A Health of Financial Systems review has been completed as part of the annual departmental review. This includes both objective and subjective assessments of the operation of financial controls in the resource accounting environment. The review concluded that overall the system of financial controls was effective but noted that changes arising from the Faster Closing Simplify and Improve initiatives might become an issue for DMETA as an Agency.
- During the year, DMETA implemented the recommendations of a review of Finance staffing. This concentrated budget management at HQ and was aimed at enhancing efficiency and improving the quality of resource management. The evidence so far points to the achievement of those objectives. A further review has recommended further centralisation to include finance staff from Haslar in 2007.

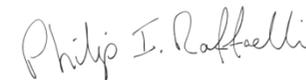
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Business Continuity

Having developed a Business Continuity Strategy last year, the focus this year has moved to ensuring that DMETA units have fit for purpose Business Continuity Plans. A bespoke DMETA BCP template has been developed to enable the maintenance of effective business processes should the requirement to implement BCPs arise. DMETA has recognised the need for awareness training for Business Continuity focal points within DMETA units. The programme of workshops delivered by Db Learning and HQ DMETA BAAU has gone some way to address this capability gap. In addition, to assist in the maintenance of impetus and focus details of Business Continuity specific training courses have been forwarded to units.

The overarching DMETA BC policy, administration instruction and audit programme for 2006/2007 are being developed and will be published on the Corporate Governance web pages. Unit draft Business Continuity Plans will be reviewed and there is a commitment to apply 100% testing during 2006/2007. In my view, DMETA is making acceptable progress in applying good practice, but the tests are vital to show whether this opinion is well-grounded.

This has been a challenging year but I am confident that good progress has been made in a number of areas and that the Agency is able to manage risk effectively. The next year will see further improvements in Business Continuity Planning in particular and provide me with further assurance as to the robustness of our Plans.



Surgeon Rear Admiral PI Raffaelli BSc MSc MBChB MRCP GP FFOM
Chief Executive

14 July 2006

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Surgeon Rear Admiral PI Raffaelli BSc MSc MBChB MRCP GP FFOM
Chief Executive

14 July 2006

Defence Medical Education and Training Agency

The Certificate and report of the Comptroller and Auditor General to the House of Commons

I certify that I have audited the financial statements of the Defence Medical Education and Training Agency for the year ended 31 March 2006 under the Government Resources and Accounts Act 2000. These comprise the Operating Cost Statement and Statement of Recognised Gains and Losses, the Balance Sheet, the Cashflow Statement and the related notes. These financial statements have been prepared under the accounting policies set out within them.

Respective responsibilities of the Agency, the Chief Executive and auditor

The Agency and Chief Executive are responsible for preparing the Annual Report and the financial statements in accordance with the Government Resources and Accounts Act 2000 and HM Treasury directions made thereunder and for ensuring the regularity of financial transactions. These responsibilities are set out in the Statement of Accounting Officer's Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements, and with International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000. I also report whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. I also report to you if, in my opinion, the Annual Report is not consistent with the financial statements, if the Agency has not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by relevant authorities regarding remuneration and other transactions is not disclosed.

I review whether the statement on page [] reflects the Agency's compliance with HM Treasury's guidance on the Statement on Internal Control, and I report if it does not. I am not required to consider whether the Accounting Officer's statements on internal control cover all risks and controls, or to form an opinion on the effectiveness of the Agency's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

I report to you my opinion as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000. I also report whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. I also report to you if, in my opinion, the Annual Report is not consistent with the financial statements, if the Agency has not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by relevant authorities regarding remuneration and other transactions is not disclosed.

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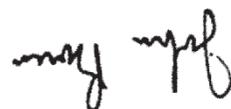
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The Certificate and report of the Comptroller and Auditor General to the House of Commons

Defence Medical Education and Training Agency

Date 18 July 2006

National Audit Office
157-197 Buckingham Palace Road
Victoria
London SW1W 9SP

John Bourn
Comptroller and Auditor General


I have no observations to make on these financial statements.

- the financial statements give a true and fair view, in accordance with the Government Resources and Accounts Act 2000 and directions made thereunder by HM Treasury, of the state of the Agency's affairs as at 31 March 2006 and of the net operating cost, recognised gains and losses and cashflows for the year then ended;
- the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000; and
- in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In my opinion:

Opinions

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or error and that in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the Agency and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are most appropriate to the Agency's circumstances, consistently applied and adequately disclosed.

Basis of audit opinion

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I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the Agency and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are most appropriate to the Agency's circumstances, consistently applied and adequately disclosed.

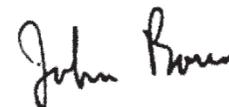
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Opinions

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- the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000; and
- in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

I have no observations to make on these financial statements.



John Bourn
Comptroller and Auditor General

National Audit Office
157-197 Buckingham Palace Road
Victoria
London SW1W 9SP

Date 18 July 2006

Operating cost statement

For the year ended 31 March 2006

	Note	2005/2006 £'000	2004/2005 (Re-stated) ¹ £'000
Operating Costs			
Staff Costs	2	106,147	100,496
Supplies and Services Consumed	3	41,348	38,515
Accommodation Costs	4	19,138	16,994
Other Administration Costs	5	40,481	26,992
Gross Operating Cost		207,114	182,997
Operating Income			
Income from Non MoD Customers	6	(14,794)	(14,018)
Net Operating Cost		192,320	168,979

All activities undertaken during the year are continuing.

The notes on pages 54 to 69 form part of these accounts.

Operating cost statement

For the year ended 31 March 2006

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¹ 2004/2005 figures have been re-stated due to the re-allocation of costs between Notes 3, 4, and 5

Statement of recognised gains and losses

For the year ended 31 March 2006

	Note	2005/2006 £'000	2004/2005 £'000
Net gain on revaluation of Tangible Fixed Assets	15	16,212	10,224

The notes on pages 54 to 69 form part of these accounts.

Statement of recognised gains and losses

For the year ended 31 March 2006

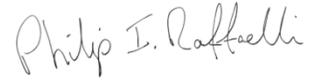
	Note	2005/2006 £'000	2004/2005 £'000
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The notes on pages 54 to 69 form part of these accounts.

Balance Sheet

As at 31 March 2006

	Note	31 March 2006 £'000	31 March 2005 £'000
Fixed Assets			
Tangible Fixed Assets	8	134,512	126,777
Current Assets			
Stocks	9	3,698	3,115
Debtors	11	12,817	10,513
Current Liabilities			
Creditors due within one year	12	(6,205)	(5,284)
Net Current Assets			
Provisions for liabilities & other charges	13	(4,567)	0
Net Assets			
Taxpayers' Equity			
General Fund	14	109,169	78,802
Revaluation Reserve	15	31,086	56,319
Total			
		140,255	135,121



Surgeon Rear Admiral PI Raffaelli BSc MSc MBChB MRCGP FFOM
Chief Executive
14 July 2006

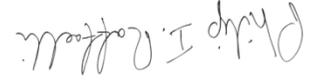
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Balance Sheet
As at 31 March 2006

Cash flow statement

For the year ended 31 March 2006

	Note	2005/2006 £'000	2004/2005 £'000
Net Cash Outflow from Operating Activities	17	125,081	122,221
Capital Expenditure			
Payments to acquire Tangible Fixed Assets	8	299	812
Payments to dispose of Tangible Fixed Assets		0	0
Net Cash Outflow before Financing	14	125,380	123,033
Financing			
Payments from the Defence Resource Account		140,174	137,051
Receipts into the Defence Resource Account		(14,794)	(14,018)
Net Financing from the Defence Resource Account		125,380	123,033
(Increase)/Decrease in cash		0	0

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Cash flow statement
For the year ended 31 March 2006

Notes to the Financial Accounts for the year ended 31 March 2006

Note 1 – Principle Accounting Policies

The accounts for the Defence Medical Education and Training Agency have been prepared in accordance with the Financial Reporting Manual issued by H M Treasury.

A. Basis of Accounting

These accounts have been prepared under the historical cost convention modified to account for the revaluation of fixed assets at their value to the business by reference to their current costs.

B. Value Added Tax

DMETA is not separately registered for Value Added Tax (VAT) as the Ministry of Defence (MoD) accounts for VAT centrally. Input VAT on certain contracted out services is recovered centrally through the MoD registration under specific Treasury Direction. Other non-recoverable input VAT attributable to the DMETA's activities is included in the cost of the related expenditure or asset.

C. Income

Income comprises the invoiced value of transactions of services to repayment customers. The amounts charged are calculated to reflect the full cost to DMETA of providing the service, except in the case of rent for buildings, which are calculated by Defence Estates. No value is attributed in the accounts to services provided to MoD. The MoD funding of DMETA is shown in cash terms in the Cash Flow Statement.

D. Notional Charges

(a) Interest Charge on Capital

A notional charge, calculated at 3.5% per annum of the average value of total net assets, is charged to the Operating Cost Statement.

(b) Intra-Departmental Charges

Notional amounts are included in the Operating Cost Statement for charges in respect of services provided from other areas of MoD, including a share of central departmental overheads. The amounts charged reflect the full cost of providing these services to DMETA.

(c) Audit Fee

DMETA is not charged an audit fee by the National Audit Office. The audit fee represents the notional charge to the operating cost statement based on the cost of services provided.

E. Fixed Assets and Depreciation

(a) Land and Buildings Where DMETA is the principal beneficial user of Departmental Estate, such estate is treated as an asset of DMETA although legal ownership is vested in the Secretary of State for Defence.

Professional revaluation of existing Land and Buildings is carried out every 5 years. It has been agreed between the Ministry of Defence and the National Audit Office

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that these revaluations should be carried out across the Department on a rolling programme. DMETA Land and Buildings have been included in this revaluation programme for 2005/2006. Revaluation is carried out annually using appropriate indices in accordance with MoD policy. Adjustments arising on revaluation of fixed assets are taken to a Revaluation Reserve. Permanent diminution in value of fixed assets is charged to the Operating Cost Statement to the extent that it is not covered by previous increases in values.

(b) Plant, Machinery and Vehicles and IT and Communications Equipment
Plant, Machinery and Vehicles and IT and Communications Equipment are capitalised where their useful lives exceed 1 year and the cost of acquisition and installation exceeds DMETA's capitalisation threshold. They are revalued annually using indices issued by the Corporate Financial Controller. Adjustments arising on revaluation of fixed assets are taken to a Revaluation Reserve. Permanent diminution in value of fixed assets is charged to the Operating Cost Statement to the extent that it is not covered by previous increases in values.

(c) Single Use Military Equipment (SUME) and Transport Other
The majority of DMETA's SUME and Transport Other is held on the Fixed Asset Register of the Equipment Support (Land) area of the MoD, and is communicated by them to DMETA. Fighting Equipment is capitalised where the useful life exceeds 1 year and the cost of acquisition and installation exceeds DMETA's capitalisation threshold. They are revalued annually using indices issued by the Corporate Financial Controller.

(d) Depreciation
Freehold land is not depreciated. The majority of depreciation on Single Use Military Equipment (SUME) and Transport Other is held on the Fixed Asset Register of the Equipment Support (Land) area of the MoD, and is communicated by them to DMETA. Fighting Equipment is capitalised where the useful life exceeds 1 year and the cost of acquisition and installation exceeds DMETA's capitalisation threshold. They are revalued annually using indices issued by the Corporate Financial Controller.

(e) Tangible Fixed Asset Transfers
In common with all Defence Agencies, tangible fixed assets are transferred to other parts of the MoD on a nil gain / nil loss basis. Under this accounting treatment, net asset transfers to other MoD bodies are transferred through the General Fund with no effect on the Operating Costs of DMETA.

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Freehold buildings and other tangible assets are depreciated in equal instalments over their estimated remaining lives, which are normally in the following ranges:

	Life in years
Buildings – permanent brick construction	15-50
Fighting Equipment	5-40
Temporary construction	5-20
Plant and machinery	5-15
Computers	5

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Freehold buildings and other tangible assets are depreciated in equal instalments over their estimated remaining lives, which are normally in the following ranges:

	Life in years
Buildings – permanent brick construction	15-50
Fighting Equipment	5-40
Temporary construction	5-20
Plant and machinery	5-15
Computers	5

(e) Tangible Fixed Asset Transfers
In common with all Defence Agencies, tangible fixed assets are transferred to other parts of the MoD on a nil gain / nil loss basis. Under this accounting treatment, net asset transfers to other MoD bodies are transferred through the General Fund with no effect on the Operating Costs of DMETA.

F. Stocks

All stocks are held for continuing use and are valued at current replacement cost.

G. Pension Costs

Past and present employees are covered by the provisions of the Principal Civil Service Pension Scheme (PCSPS) and the Armed Forces Pension Scheme (AFPS), which are described in Note 2. These defined benefit schemes are unfunded and non-contributory, except in respect of dependents, benefits.

DMETA recognises the expected cost of these elements on a systematic and rational basis over the period during which it benefits from employees' services by payment to the PCSPS and AFPS of amounts calculated on an accruing basis. Liability for payment of future benefits is a charge on the PCSPS and AFPS. In respect of the PCSPS defined contribution schemes, DMETA recognises the contributions payable for the year.

H. Cash Balances and Liabilities

Apart from minor transactions through local imprest accounts, which are cleared to nil balances at the Balance Sheet date, DMETA does not pay or receive money on its own account. The majority of cash payments are made, and receipts collected, by the MoD's central accounting organisations on behalf of DMETA. All transactions, both locally and centrally processed, are brought to account by the MoD in the Department Resource Account and are disclosed in aggregate in the Cash Flow Statement.

As the MoD charges DMETA during the year with the gross payments, inclusive of PAYE and National Insurance contributions, due to DMETA employees, the Department is liable for the payment of any liabilities which may be due to Revenue and Customs or the Department for Works and Pensions at the Balance Sheet date, and these are not disclosed in DMETA's Balance Sheet.

I. Debtors and Creditors

Debtors represent monies owed to DMETA by its customers where goods and services have been provided before the period end and for which invoices have been issued but not settled. Debtors also include accrued income, which is defined as other amounts properly receivable where no specific invoice has been issued. Prepayments are represented by payments made but for which goods and services have not yet been received.

Creditors represent amounts owing to other organisations, outside the MoD, in respect of goods and services that have been received before the period end and for which supplier invoices have been received but not paid. Accruals are represented by goods and services received but for which no invoice or claim has been submitted.

F. Stocks
All stocks are held for continuing use and are valued at current replacement cost.

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Past and present employees are covered by the provisions of the Principal Civil Service Pension Scheme (PCSPS) and the Armed Forces Pension Scheme (AFPS), which are described in Note 2. These defined benefit schemes are unfunded and non-contributory, except in respect of dependents, benefits.
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J. Reserves

Taxpayers' equity comprises the General Fund and the Revaluation Reserve. The General Fund represents the total net assets of DMETA to the extent that they are not represented by other reserves. Net funding from the MoD and realised gains and losses for the period are reflected in the General Fund. The General Fund also includes the notional funding in respect of the communicated costs shown in the operating cost statement. The Revaluation Reserve represents the unrealised element of the cumulative balance of revaluation and indexation adjustments on fixed assets.

K. Operating Leases

Rentals due under Operating Leases are charged over the lease term on a straight-line basis or on the basis of actual rentals payable where this fairly reflects usage.

L. Provisions for Liabilities and other charges

Provisions for liabilities and other charges have been established under the criteria of FRS12 and are based on realistic and prudent estimates of the expenditure required to settle future legal or constructive obligations that exist at the Balance Sheet date.

Provisions are charged to the Operating Cost Statement unless they have been capitalised as part of the cost of the underlying facility where the expenditure provides access to current and future economic benefits. In such cases the capitalised provision will be depreciated as a charge to the Operating Cost Statement over the remaining estimated useful economic life of the underlying asset. All long-term provisions are discounted to current prices by the use of HM Treasury's Test Discount Rate which was 2.2% for the financial year 2005-2006. The discount is unwound over the remaining life of the provision and shown as an interest charge in the Operating Cost Statement.

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Note 2 – Staff numbers and costs

(a) The average number of full time equivalent staff employed during the year was as follows:

	2005/2006 Number	2004/2005 Number
Service	1,708	1,735
Non-Industrial Civilian	463	442
Industrial Civilian	152	155
Total	2,323	2,332

All civilian staff are members of the Civil Service.

(b) Staff costs for the year were as follows:

	2005/2006 000.£	2004/2005 000.£
Salaries and Wages		
Service	65,943	63,739
Civilian	12,148	11,399
Sub Total	78,091	75,138
Social Security Costs (ERNIC)		
Service	5,864	5,660
Civilian	847	797
Sub Total	6,711	6,457
Other Pension Costs		
Service	18,010	16,454
Civilian	1,879	1,288
Sub Total	19,889	17,742
Total	104,691	99,337
Total Casual Staff costs	1,456	1,159
Total Staff costs	106,147	100,496
Total number of Casual staff employed over the year	675	573
Average number of Casual staff per month	56	48

The Principle Civil Service Pension Scheme (PCSPS) and the Armed Forces Pension Scheme (AFPS) are un-funded multi-employer defined benefit schemes, but the Defence Medical Education and Training Agency is unable to identify its share of the underlying assets and liabilities. A full actuarial valuation was carried out at 31 March 2003 for the PCSPS and at 31 March 2005 for the AFPS. Details can be found in the resource accounts of these schemes, which are published and laid before the House of Commons. The PCSPS is also available on the web at www.civilservice-pensions.gov.uk.

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The 2004/2005 figures have been re-stated due to the re-allocation of costs between Notes 3, 4, and 5

	2005/2006	2004/2005 (Re-stated) ^{2, 3}
	£'000	£'000
Total	19,138	16,994
Works Maintenance	5,067	4,806
Security	1,722	1,701
Utilities	3,386	2,611
Occupation Charges	2,001	2,372
Accommodation Services	6,779	5,445
Operating Lease costs – Rental of premises	183	59

This heading includes the following cash and non-cash cost items:

Note 4 – Accommodation costs

	2005/2006	2004/2005 (Re-stated) ^{2, 3}
	£'000	£'000
Total	41,348	38,515
Career, Professional and External Training	24,703	23,309
Cost of Stationery, Materials and Equipment and Publications	3,603	2,548
Medical Stores	8,172	7,864
Food Purchases	4,541	4,450
Miscellaneous	329	344

This heading includes the following cash and non-cash cost items:

Note 3 – Supplies and services consumed

Note 3 – Supplies and services consumed

This heading includes the following cash and non-cash cost items:

	2005/2006	2004/2005 (Re-stated) ^{2, 3}
	£'000	£'000
Total	41,348	38,515
Miscellaneous	329	344
Food Purchases	4,541	4,450
Medical Stores	8,172	7,864
Cost of Stationery, Materials and Equipment and Publications	3,603	2,548
Career, Professional and External Training	24,703	23,309

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This heading includes the following cash and non-cash cost items:

	2005/2006	2004/2005 (Re-stated) ^{2, 3}
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Security	1,722	1,701
Works Maintenance	5,067	4,806

2, 3 The 2004/2005 figures have been re-stated due to the re-allocation of costs between Notes 3, 4, and 5

Note 5 – Other administration costs

Other administration costs comprise cash, communicated and capitation rate based charges as follows:

	2005/2006	2004/2005 (Re-stated ⁴)
	£'000	£'000
Departmental Overheads	2,846	2,777
Depreciation on Fixed Assets	6,894	6,319
Information Technology	4,986	4,788
Travel and Subsistence	4,074	3,810
Early Departure Provision	4,567	0
Miscellaneous Expenditure	6,608	6,075
Office Machinery & Telecoms	3,241	3,301
Audit Fee	41	40
Impairment in the value of Fixed Assets	2094	682
Impairment Reversals	(0)	(5,890)
(Profit) / Loss on Disposal of Fixed Assets	356	285
Asset Write – Ons	(590)	0
Operating Lease Costs – Hire of plant and machinery	291	287
Interest charge on Capital	5,073	4,518
Total	40,481	26,992

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	£'000	£'000
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Depreciation on Fixed Assets	6,894	6,319
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Total	40,481	26,992

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Note 5 – Other administration costs

4 2004/2005 figures have been re-stated due to the re-allocation of costs between Notes 3, 4, and 5

5 2004/2005 figures have been re-stated due to the insertion of 'Infrastructure' as a separate income category, and the reallocation of income between other categories.

	2005/2006	2004/2005 (Re-stated) ⁵
Total	14,794	14,018
Other income	372	1,223
Rental income	137	135
Infrastructure income	2,500	1,000
NHS value of service personnel (NVSP)	11,785	11,660
	£'000	(Re-stated) ⁵
	2005/2006	2004/2005

Note 6 – Operating income

The majority of income received by DMETA arises from the MDHU arrangements with NHS Trusts. The Trusts hosting the MDHUs pay for the value of DMETA personnel working within the hospitals and contributing to the clinical outputs of the hospitals. This is known as the NHS value of service personnel (NVSP) and is based on what the hospitals would have paid had they employed NHS staff. The total NVSP income during the year was £11,785,071.

The Department of Health have produced a Health Service Guidance note covering arrangements between the Ministry of Defence and NHS for the use of service personnel in NHS Trusts. This sets out the concept under which DMETA guarantee either a percentage of time that will be provided to a NHS Trust, 'Trust Protected Time' for individual posts such as Consultants, or 'Whole Time Equivalents' for groups of posts such as Nurses. The level of Trust Protected Time and Whole Time Equivalents provided determines the level of NVSP that will be paid by the Trusts. An adjustment is made to take account of the costs of accommodating MDHU staff on the hospital site.

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	2005/2006	2004/2005 (Re-stated) ⁵
	£'000	£'000
NHS value of service personnel (NVSP)	11,785	11,660
Infrastructure income	2,500	1,000
Rental income	137	135
Other income	372	1,223
Total	14,794	14,018

5 2004/2005 figures have been re-stated due to the insertion of 'Infrastructure' as a separate Income category, and the reallocation of income between other categories.

Note 7 – Non-cash and notional items

The non-cash and notional cost elements included under the headings of Supplies and Services Consumed, Accommodation, and Other Administration Costs, are as follows:

	2005/2006 £'000	2004/2005 £'000
Notional Costs:		
Interest on Capital	5,073	4,518
Notional Staff Costs	351	0
Shared Cost of Training	16,514	15,863
Security	1,722	1,701
MoD Central Overhead	17,728	17,346
MoD Permanent Transfer & Allowances	1,455	1,435
Utilities	304	187
MoD Telecom, Welfare & Post	3,529	3,444
Audit Fee	41	40
Stores supplied	4,141	4,271
Office & Business support	494	553
Payroll costs	0	209
Accommodation	53	16
Works Maintenance	4,478	2,500
Total	55,883	52,083
Other Non-Cash Costs:		
Depreciation	6,894	6,319
Early Departure provision	4,567	0
Impairment in value of fixed assets	2,094	882
Impairment Reversals	0	(5,890)
(Profit) / Loss on disposal of fixed assets	356	285
Asset Write –Ons	(590)	0
Total	13,321	1,396

2005/2006
£'000

2004/2005
£'000

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	2005/2006 £'000	2004/2005 £'000
Notional Costs:		
Interest on Capital	4,518	5,073
Notional Staff Costs	0	351
Shared Cost of Training	15,863	16,514
Security	1,701	1,722
MoD Central Overhead	17,346	17,728
MoD Permanent Transfer & Allowances	1,435	1,455
Utilities	187	304
MoD Telecom, Welfare & Post	3,444	3,529
Audit Fee	40	41
Stores supplied	4,271	4,141
Office & Business support	553	494
Payroll costs	209	0
Accommodation	16	53
Works Maintenance	2,500	4,478
Total	52,083	55,883
Other Non-Cash Costs:		
Depreciation	6,319	6,894
Early Departure provision	0	4,567
Impairment in value of fixed assets	882	2,094
Impairment Reversals	(5,890)	0
(Profit) / Loss on disposal of fixed assets	285	356
Asset Write –Ons	0	(590)
Total	1,396	13,321

Note 8 – Tangible Fixed Assets

	Land & Building Dwellings £000	Land & Building Non Dwellings £000	Single Use Military Equipment £000	Plant & Machinery £000	IT Equipment £000	Transport £000	Assets Under Construction £000	Total £000
Cost or Valuation								
At 1 April 2005	28,546	119,413	32	14,177	279	71	0	162,518
Additions		37		262				299
Reclassifications	5,858	(5,682)		(24)		(13)		139
Transfers In								0
Transfers Out				(35)		(23)		(58)
Revaluation	(4,025)	13,146	(3)	167		1		9286
Adjustments to asset values		(2,446)		(7,553)				(9,699)
Impairment losses	(1,003)	(1,043)			(48)			(2,094)
Write – Ons	522	89						590
Disposals		(136)		(923)				(1,059)
At 31 March 2006	29,898	123,357	29	17,071	231	36	0	159,622
Depreciation								
At 1 April 2005	3,517	20,848	10	11,249	61	26	0	35,741
Charge for the year	1,497	4,289	2	1,035	46	3		6,872
Reclassifications	2,992	(2,975)		126		(4)		139
Transfers In								0
Transfers Out				(3)		(11)		(14)
Revaluation	(891)	(5,979)	(3)	54	(3)			(6,822)
Adjustments to asset values		(2,727)		(7,376)				(10,103)
Disposals		28	1	(732)				(703)
At 31 March 2006	7,115	13,484	10	4,353	134	14	0	25,110
Net Book Value								
At 1 April 2005	25,029	98,565	22	2,928	188	45	0	126,777
At 31 March 2006	22,783	109,873	19	1,718	97	22	0	134,512

Note 8 – Tangible Fixed Assets

	Land & Building Single Use Military Equipment £000	Land & Building Non Dwellings £000	Land & Building Plant & Machinery £000	IT Equipment £000	Transport Equipment £000	Assets Under Construction £000	Total £000
Cost or Valuation							
At 1 April 2005	119,413	28,546	14,177	279	71	0	162,518
Additions	37	5,858	262				299
Reclassifications	(5,682)	(4,025)	(24)				(9,999)
Transfers In							0
Transfers Out	(3)	(3)	(35)				(58)
Revaluation	13,146	(4,025)	167		1		9286
Adjustments to asset values	(2,446)	(2,979)	(7,553)				(10,103)
Impairment losses	(1,003)	(1,043)					(2,094)
Write – Ons	522	89					590
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Note 9 – Stock

	31 March 2006 £'000	31 March 2005 £'000
Stock	3,698	3,115

Note 10 – Commitments Under Operating Leases

At 31 March 2006 DMETA had annual commitments under non-cancellable operating leases set out below:

	31 March 2006 £'000	31 March 2005 £'000
Land & Buildings		
Operating leases which expire:		
Within one year	51	0
In the second to fifth years inclusive	132	59
Over five years	0	0
Other		
Operating leases which expire:		
Within one year	9	5
In the second to fifth years inclusive	89	137
Over five years	144	99
Total	425	300

Note 11 – Debtors

Amounts falling due within one year:

	31 March 2006 £'000	31 March 2005 £'000
Trade Debtors	2,494	5,910
Other Debtors	355	21
Prepayments	607	503
Accrued income	9,361	4,079
Total	12,817	10,513

	31 March 2006 £'000	31 March 2005 £'000
Trade Debtors	2,494	5,910
Other Debtors	355	21
Prepayments	607	503
Accrued income	9,361	4,079
Total	12,817	10,513

Amounts falling due within one year:

Note 11 – Debtors

	31 March 2006 £'000	31 March 2005 £'000
Land & Buildings		
Operating leases which expire:		
Within one year	0	51
In the second to fifth years inclusive	59	132
Over five years	0	0
Other		
Operating leases which expire:		
Within one year	9	9
In the second to fifth years inclusive	137	89
Over five years	99	144
Total	300	425

At 31 March 2006 DMETA had annual commitments under non-cancellable operating leases set out below:

Note 10 – Commitments Under Operating Leases

	31 March 2006 £'000	31 March 2005 £'000
Stock	3,698	3,115

Note 9 – Stock

Note 12 – Creditors

Amounts falling due within one year:

	31 March 2006 £'000	31 March 2005 £'000
Trade Creditors	2,380	2,159
Accruals and Deferred Income	3,825	3,125
Total	6,205	5,284

Note 13 – Provisions for Liabilities and other Charges

	Early Departure Costs £'000	Total £'000
Balance at 1 April 2005	0	0
New Provisions created	4,567	4,567
Balance at 31 March 2006	4,567	4,567

Early Departure Costs:

Two new provisions have been created in 2005/2006, both of which relate to the Ministry of Defence's declared intention to withdraw from the Royal Hospital Haslar site by 31 March 2007. The withdrawal from Royal Hospital Haslar will result in a number of Compulsory Early Retirements (CER) and Compulsory Early Severences (CES) of civilian staff. It will also result in a number of civilian posts transferring to Portsmouth Hospitals NHS Trust (PHT). Detailed analysis has been carried out to determine those posts that will be subject to CER and CES, and to determine the TUPE that posts transferring to PHT will carry with them. Although this analysis is still subject to minor changes, the obligation for MoD to fund these liabilities is certain enough to warrant the creation of two long term provisions in accordance with FRS12.

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	Balance at 1 April 2005	New Provisions created	Balance at 31 March 2006
Early Departure Costs	0	4,567	4,567
Total	£'000	£'000	£'000

Note 13 – Provisions for Liabilities and other Charges

	31 March 2006 £'000	31 March 2005 £'000
Trade Creditors	2,380	2,159
Accruals and Deferred Income	3,825	3,125
Total	6,205	5,284

Amounts falling due within one year:

Note 12 – Creditors

Note 14 – General Fund

Reconciliation of Net Operating Cost to changes in General Fund

	2005/2006 £'000	2004/2005 £'000
Net Financing from the Defence Resource account	125,380	123,033
Transferred to General Fund in respect of Realised element of Revaluation Reserve	41,445	1,518
ES (Land) Asset Transfer (net)	(22)	94
Other inter management group Fixed Asset transfers	0	(1,317)
Notional charges	55,883	52,083
Net Operating Cost	(192,319)	(168,979)
Net Increase/(Decrease) in General Fund	30,367	6,432
General Fund: Opening Balance 1 April 2005	78,802	72,370
General Fund: Closing Balance 31 March 2006	109,169	78,802

Note 15 – Revaluation reserve

	2005/2006 £'000	2004/2005 £'000
At 1 April 2005		47,692
Movements in year	16,212	10,145
Transfer Realised Revaluation to the General Fund	(41,445)	(1,518)
At 31 March 2006	31,086	56,319

Note 15 – Revaluation reserve

	2005/2006 £'000	2004/2005 £'000
At 31 March 2006	31,086	56,319
Movements in year	16,212	10,145
Transfer Realised Revaluation to the General Fund	(41,445)	(1,518)
At 1 April 2005	47,692	56,319
Net Increase/(Decrease) in General Fund	30,367	6,432
General Fund: Opening Balance 1 April 2005	78,802	72,370
General Fund: Closing Balance 31 March 2006	109,169	78,802
Reconciliation of Net Operating Cost to changes in General Fund		
Net Financing from the Defence Resource account	125,380	123,033
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ES (Land) Asset Transfer (net)	(22)	94
Other inter management group Fixed Asset transfers	0	(1,317)
Notional charges	55,883	52,083
Net Operating Cost	(192,319)	(168,979)

Note 16 – Capital commitments

There were no Contracted Capital commitments, either at 31 March 2006 or 31 March 2005.

Note 17 – Reconciliation of net operating cost to operating cost cash flows

	2005/2006 £'000	2004/2005 £'000
Net Operating Cost	192,319	168,979
Adjustments for non-cash transactions:		
Depreciation	(6,894)	(6,319)
Loss on disposal of Fixed Assets	(356)	(285)
Asset Write – Ons	590	0
Early Departure Provision	(4,567)	
Impairment in the value of fixed assets	(2,094)	(682)
Impairment Reversals	0	5,890
Interest Charge on Capital	(5,073)	(4,518)
Other Notional Costs (see Note 7):	(50,810)	(47,565)
	123,115	115,500
Movement in Net Current Assets		
Increase/(Decrease) in Stocks	583	(32)
Increase/(Decrease) in Debtors	2,304	5,556
(Increase)/Decrease in Creditors	(921)	1,197
Net Cash Outflow from Operating Activities	125,081	122,221

	2005/2006 £'000	2004/2005 £'000
Net Operating Cost	192,319	168,979
Adjustments for non-cash transactions:		
Depreciation	(6,894)	(6,319)
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Note 17 – Reconciliation of net operating cost to operating cost cash flows

Note 16 – Capital commitments
There were no Contracted Capital commitments, either at 31 March 2006 or 31 March 2005.

Note 18 – Related party transactions

The Defence Medical Education and Training Agency is an Executive Agency of the Ministry of Defence.

The Ministry of Defence is regarded as a related party. During the period 1 April 2005 to 31 March 2006, the Defence Medical Education and Training Agency has had material transactions with the Ministry of Defence and with other entities for which the Ministry of Defence is regarded as the parent Department. During the year none of the senior and other key management staff, or related parties, has undertaken any material transactions with the Defence Medical Education and Training Agency.

Note 19 – Financial Instruments

FRS13, Derivatives and Other Financial Instruments, requires disclosure of the role which financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

Because of the largely non-trading nature of its activities and the way in which agencies are financed, DMETA is not exposed to the degree of financial risk faced by business entities. Moreover, financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which FRS13 mainly applies. Financial assets and liabilities are generated by day-to-day operational activities and are not held to change the risks facing the Agency in undertaking its activities.

Liquidity risk.

The Agency's revenue and capital resource requirements are voted annually by Parliament and are therefore not exposed to significant liquidity risk.

Interest rate risk.

All the Agency's financial assets and liabilities carry no interest.

Foreign currency risk.

The Agency does not transact in foreign currencies on its own behalf and is therefore not exposed to foreign currency risk.

Fair values.

Financial assets. The Agency has no financial assets other than short term debtors which do not require disclosure.

Financial liabilities. The fair value of the provision approximates to the book value. The Agency has no other financial liabilities other than short-term creditors which do not require disclosure.

Note 18 – Related party transactions

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Debtors:		Creditors:	
Amounts falling due within one year		Amounts falling due within one year	
£000		£000	
Balances with other central government bodies	0	Balances with other central government bodies	5
Balances with local authorities	0	Balances with local authorities	13
Balances with NHS Trusts	11,856	Balances with NHS Trusts	2,254
Balances with public corporations and Trading Funds	8	Balances with public corporations and Trading Funds	0
Balances with bodies external to government	776	Balances with bodies external to government	3,945
At 31 March 2006	12,640	At 31 March 2006	6,217
Balances with other central government bodies	157	Balances with other central government bodies	0
Balances with local authorities	0	Balances with local authorities	12
Balances with NHS Trusts	9,777	Balances with NHS Trusts	1,861
Balances with public corporations and Trading Funds	16	Balances with public corporations and Trading Funds	1
Balances with bodies external to government	563	Balances with bodies external to government	3,410
At 31 March 2005	10,513	At 31 March 2005	5,284

Note 21 – Intra-Government Balances

On 1 April 2006 the Ministry of Defence transferred responsibility for accounting for fixed assets from DMETA to other parts of the Ministry of Defence. Where DMETA retains the risks and rewards of ownership of these assets they will continue to be accounted for on DMETA's Balance Sheet in accordance with FRS 5 and SSAP 21. In other cases the costs of the use of these assets will be communicated to DMETA by the asset owners and charged to the Operating Cost Statement. Consequently, these centrally accounted for assets will not be included in DMETA's Balance Sheet as they will be accounted for as operating leases under SSAP 21. There is no effect on the 2005/2006 accounts as a result of this change, and as a result no adjustments have been made to these financial statements.

Note 20 – Post Balance Sheet Events

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On 1 April 2006 the Ministry of Defence transferred responsibility for accounting for fixed assets from DMETA to other parts of the Ministry of Defence. Where DMETA retains the risks and rewards of ownership of these assets they will continue to be accounted for on DMETA's Balance Sheet in accordance with FRS 5 and SSAP 21. In other cases the costs of the use of these assets will be communicated to DMETA by the asset owners and charged to the Operating Cost Statement. Consequently, these centrally accounted for assets will not be included in DMETA's Balance Sheet as they will be accounted for as operating leases under SSAP 21. There is no effect on the 2005/2006 accounts as a result of this change, and as a result no adjustments have been made to these financial statements.

Note 21 – Intra-Government Balances

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At 31 March 2005	10,513	At 31 March 2005	5,284

Glossary

AATP	Agreed Annual Training Provision	DHALI	Directorate of Operational Capability/House of Commons Defence Committee/Adult Learning Institute
A&E	Accident & Emergency	DHP	Defence Health Programme
Aeromed	Aeromedical	DIA	Defence Internal Audit
AFPRB	Armed Forces Pay Review Board	DipHE	Diploma of Higher Education
BAAU	Business Assessment and Audit Unit	DMETA	Defence Medical Education & Training Agency
BATLS	Battlefield Advanced Trauma Life Support	DMICP	Defence Medical Information Capability Programme
BCP	Business Continuity Planning	DMLS	Defence Medical Library Service
BET	Business Evaluation Team	DMRC	Defence Medical Rehabilitation Centre
BFG	British Forces Germany	DMRECC	Defence Medical Rehabilitation Evaluation and Coordination Centre
BMA	Birmingham Medical Accommodation	DMRT	Deployed Medical Rehabilitation Team
BNHP	Birmingham New Hospital Project	DMS	Defence Medical Services
BSc	Bachelor of Science degree	DMSD	Defence Medical Services Department
CAS	Continuous Attitude Survey	DMSTC	Defence Medical Services Training Centre
CCAST	Critical Care Air-transportable Support Team	DNA	Did Not Attend
CCI	Customer Confidence Index	DNS	Defence Nursing Services
CDT	Clinical Delivery Team	DPHE	Director of Postgraduate Healthcare Education
CE	Chief Executive	DPMD	Defence Postgraduate Medical Dean (and Deanery)
CFSG	Commando Forward Surgical Group	DSAT	Defence Systems Approach to Training
CIRCA	Centre for Injury Research and Clinical Assessment	DSHCS	Defence School for Health Care Studies
Cmdt	Commandant	EOH	Environmental and Occupational Health
CO	Commanding Officer	ET	Education and Training
COS	Chief of Staff	EX	Exercise
CMT	Combat Medical Technician	FP	Foundation Programme
CPD	Continuing Professional Development	FY	Financial Year
DBA	Defence Bills Agency	GP	General Practitioner
DCDS(H)	Deputy Chief of Defence Staff (Health)	HCA	Health Care Assistant
DDS	Defence Dental Services	HQ	Headquarters
Dep CE	Deputy Chief Executive	liP	Investors in People
DGT&E	Director of General of Training & Education		

AATP	Agreed Annual Training Provision	DHALI	Directorate of Operational Capability/House of Commons Defence Committee/Adult Learning Institute
A&E	Accident & Emergency	DHP	Defence Health Programme
Aeromed	Aeromedical	DIA	Defence Internal Audit
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BMA	Birmingham Medical Accommodation	DMRT	Deployed Medical Rehabilitation Team
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CAS	Continuous Attitude Survey	DMS	Defence Medical Services Rehabilitation Team
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CFSG	Commando Forward Surgical Group	DPMD	Defence Postgraduate Medical Dean (and Deanery)
CIRCA	Centre for Injury Research and Clinical Assessment	DSAT	Defence Systems Approach to Training
Cmdt	Commandant	DSHCS	Defence School for Health Care Studies
CO	Commanding Officer	EOH	Environmental and Occupational Health
COS	Chief of Staff	ET	Education and Training
CMT	Combat Medical Technician	EX	Exercise
CPD	Continuing Professional Development	FP	Foundation Programme
DBA	Defence Bills Agency	FY	Financial Year
DCDS(H)	Deputy Chief of Defence Staff (Health)	GP	General Practitioner
DDS	Defence Dental Services	HCA	Health Care Assistant
Dep CE	Deputy Chief Executive	HQ	Headquarters
DGT&E	Director of General of Training & Education	liP	Investors in People

Glossary

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