

# Defence Medical Education and Training Agency

## **ANNUAL REPORT 2006-07**

**DEFENCE MEDICAL EDUCATION & TRAINING AGENCY**

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

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# Chief Executive's Overview



*Maj Gen MJ von Bertele  
Chief Executive DMETA*

The DMETA annual report is a mandatory publication that records the achievements of the Agency against targets approved by Ministers on the advice of the Agency Owner. DMETA was vested as an Executive Agency four years ago and, as the organisation matures, it is well positioned to expand its role, to meet changing Defence needs.

I pay tribute to the progress made in the development of the Agency by my predecessor, Surgeon Rear Admiral Raffaelli. I should also like to take the opportunity to highlight some important challenges that have arisen over the past year.

Military operations have placed considerable strains on our people, who have delivered increasingly high levels of medical support to seriously injured Service personnel in Iraq and Afghanistan. In the United Kingdom our contribution to delivery of clinical services has expanded dramatically. The need for effective arrangements to supervise the clinical and wider welfare support to casualties returning to the UK has resulted in the Agency taking on responsibility for coordinating that care. The appointment of a Standing Joint Commander (Medical), based at the Royal Centre for Defence Medicine (RCDM), Selly Oak Hospital, to oversee that support, is an important step that has widened considerably the scope of the Agency. Changes over the year include enhancements to ward accommodation at the Defence Medical Rehabilitation Centre (DMRC), Headley Court, that will almost double capacity for treating the more seriously injured casualties; a world class prosthetic limb fitting capability has also now been developed at DMRC.

Our Key Targets are used to monitor overall performance, but no longer give a complete description of Agency activity. Nonetheless, they continue to be important and it is pleasing to note that some demanding targets have once again been achieved. Our increasing understanding of the individual training and performance standards required by our personnel on operations puts us in a strong position to advise our customers and give a lead in training policy. Concurrently, changes in the way the NHS trains its staff, following the Agenda for Change programme, mean that we shall have to make fundamental changes to our approach to through life acquisition of skills and competences.

Looking forward, we are managing three major change programmes which will impact significantly on the Agency and the wider Defence Medical Services (DMS). First, there is the project to complete the move of Medical Training to the Midlands, and consolidate all medical training in the Birmingham area, helping to establish the Royal Centre for Defence Medicine (RCDM) as a military medical centre of excellence, and, through the Midlands Medical Accommodation project (MMA), providing a “home” for the DMS as a whole. The project passed its Initial Gate hurdle in August 2006 and is planned to proceed to its Main Gate submission by the end of this year. The project offers the opportunity to put in place at Whittington Barracks, Lichfield, over the next few years a military medical training environment that can take full advantage of advances in training delivery and simulation.

Second is the implementation of the training package to support the introduction of the Defence Medical Information Capability Programme (DMICP), scheduled to start this summer. Eventually, this capability will not only enhance directly the care given to Service personnel, but will also enable the collection of comprehensive data to support our research programme.

Third, there is the ongoing Royal Hospital Haslar (RHH) transition project. The last military Commanding Officer bade farewell to the hospital on 31 March. It has seen more than 250 years of military occupation and service. For another two years or so military and civilian staff will continue to work closely with Portsmouth Hospitals Trust (PHT) to deliver local healthcare from the site. The hospital will then be closed when current clinical activities are transferred elsewhere, mainly to PHT’s redeveloped Queen Alexandra Hospital. Military doctors and nurses will, however, in substantial numbers, continue to serve, and gain professional and training experience, in PHT’s hospitals in the area, as members of the Portsmouth MoD Hospital Unit (one of our five MDHUs).

DMETA is well placed to meet these challenges and we shall work hard over the next three years to ensure that the training needs of the DMS are met in the best ways possible, and that the medical support delivered to Service personnel is itself the very best.



Major General Mike Von Bertele OBE MB BCh MFOM  
Chief Executive

16 July 2007

# Section

## About the Agency

### Agency Aim

DMETA's aim is to make available nominated Secondary Care personnel for deployments and exercises, and to deliver appropriate medical and military training and education to specified standards to meet the operational requirement.



# About the Agency

## Agency Aim

DMETA's aim is to make available nominated Secondary Care personnel for deployments and exercises, and to deliver appropriate medical and military training and education to specified standards to meet the operational requirement.

## 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 2359 staff (1736 military and 623 civilian), providing clinical and support services.

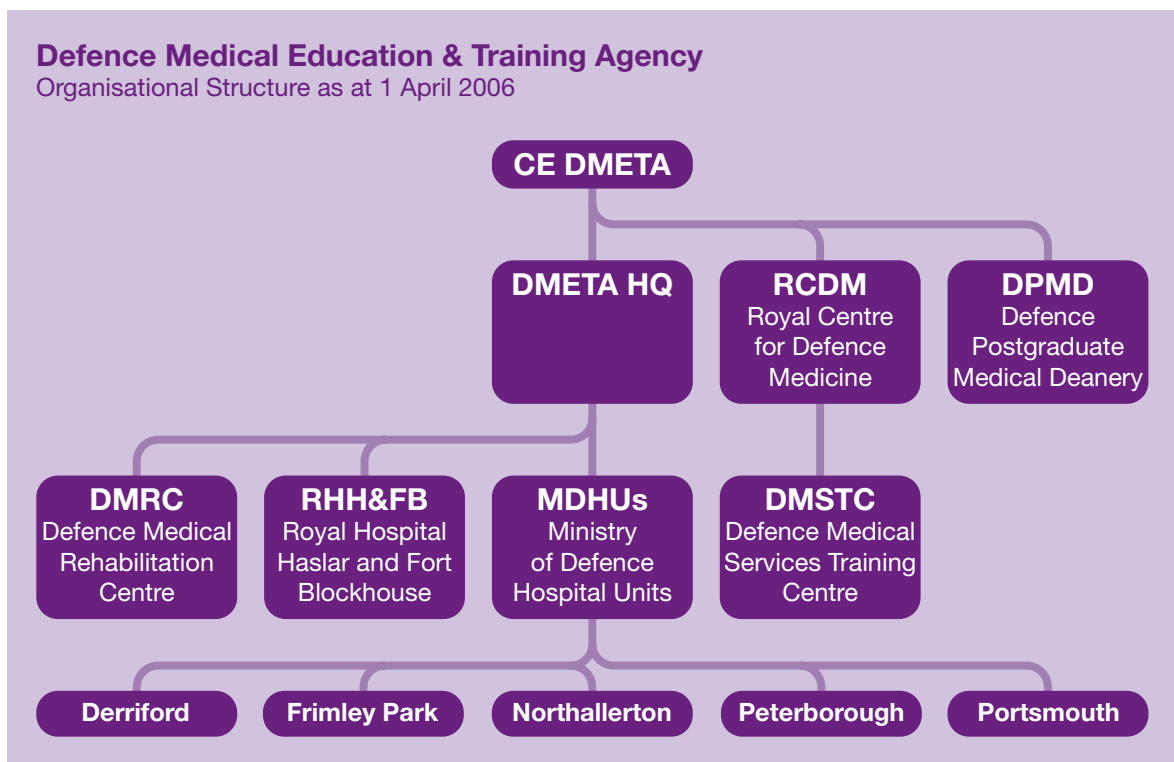
## Organisation

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. The **Royal Centre for Defence Medicine (RCDM)**, with its headquarters at Selly Oak Hospital, Birmingham. RCDM has responsibility for the **Defence Medical Services Training Centre (DMSTC)**, based at Aldershot, and a small residual training facility at Fort Blockhouse, Gosport. Since 2007, RCDM has also been responsible for the **Defence Medical Rehabilitation Centre (DMRC)**, based at Headley Court in Surrey.



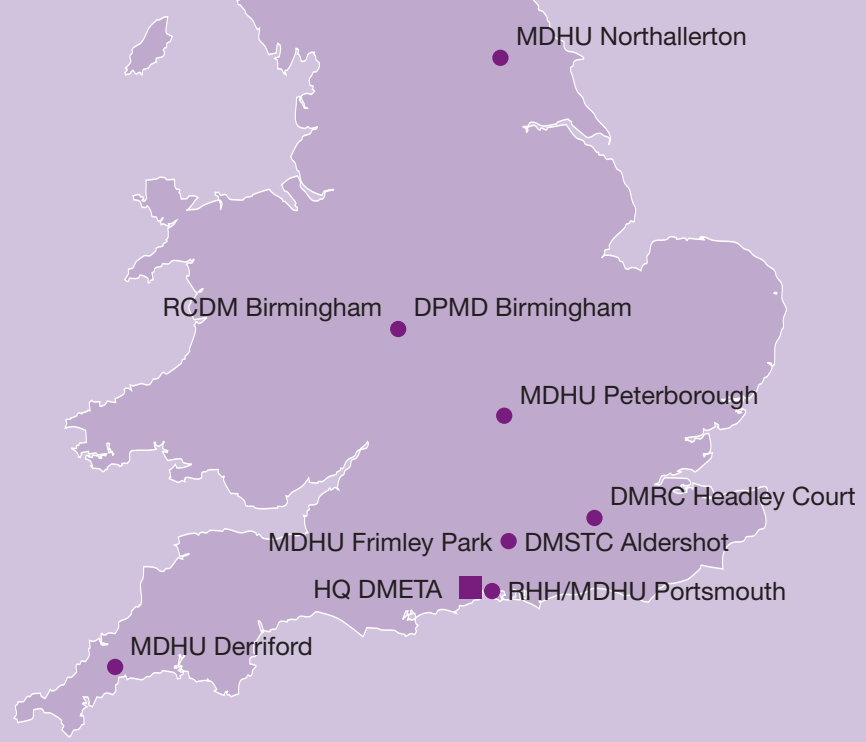
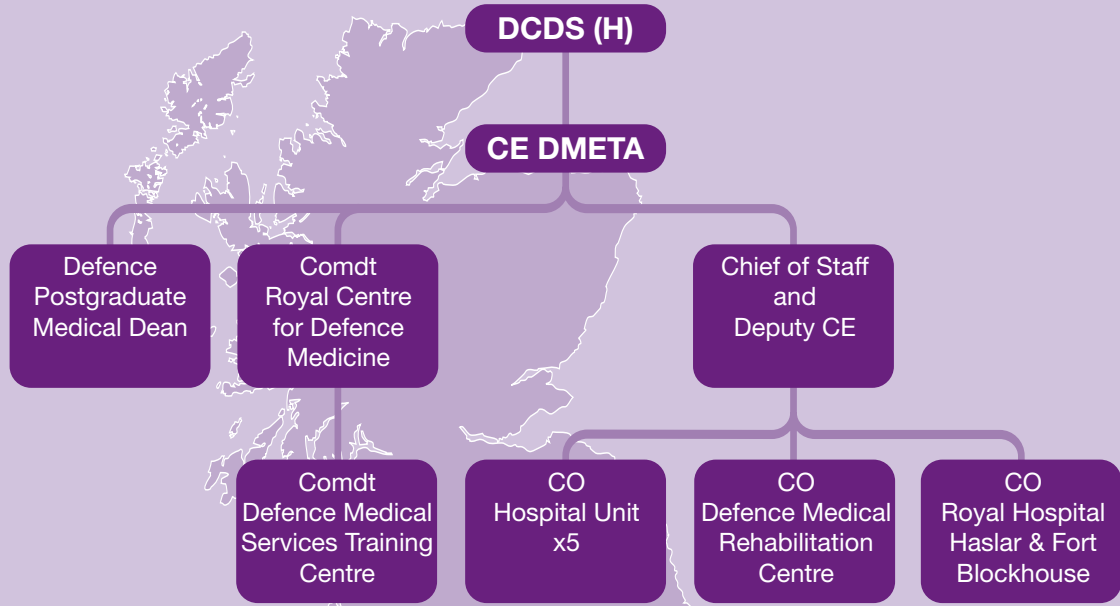
- b. The Defence Post-graduate Medical Deanery (DPMD) in Birmingham;
- c. DMETA personnel provide Secondary Care within more than thirty NHS Hospitals, with large concentrations of staff at Birmingham and the **five Ministry of Defence Hospital Units (MDHUs)** at
  - Derriford, Plymouth;
  - Frimley Park, Surrey;
  - Northallerton, Yorkshire;
  - Peterborough, Cambridgeshire
  - Portsmouth, Hampshire
- d. The Royal Hospital, Haslar (RHH), administered in partnership with Portsmouth Hospitals Trust (planned to close in late 2009);
- e. A worldwide Defence Medical Library Service (DMLS);
- f. The DMETA HQ at Fort Blockhouse, Gosport.





### DMETA Establishments

As at 1 April 2007



# Section

## DMETA Performance 2006-07

2006-07 Key Targets



# DMETA Performance 2006-07

## 2006-07 Key Targets (KT)

### KT 1 Deployable Personnel

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

### KT 2 Individual Military Continuation Training

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

### KT 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)** – To provide career, professional and continuation training (Phase 3) that meets the requirements, professional standards and timescales defined by the single Services.

### KT 4 Efficiency

**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 1 April 2003 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 Resource and Budgeting exploitation.

### KT 5 Customer Focus

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

### KT 6 Harmony/Separated Service

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

## Performance against Key Targets

KT	2004/05		2005/06		2006/07	
	Target	Achieved	Target	Achieved	Target	Achieved
<b>KT 1</b> To meet 100% of the Commanders' In Chief requirements for Secondary Care personnel under DMETA command for operational deployments.	100%	100%	100%	100%	100%	100%
<b>KT 2</b> To ensure that 90% of all DMETA personnel, whose medical category permits, achieve their Service's annual mandatory individual military training.	80%	76%	90%	89%	90%	90.2%
<b>KT 3</b>						
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%	96.5%	>95%	94.5%	>95%	96.7%
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.	>95%	96%	>95%	95.6%	>95%	97.5%

KT	2004/05		2005/06		2006/07	
	Target	Achieved	Target	Achieved	Target	Achieved
<b>KT 4</b>						
a. 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 1 April 2003 by at least 50% by 2010, thereby reducing the costs of training.	7.3%	8.2%	7.3%	8.2%	7.3%	8.2%
b. Cost Measurement. To comply with centrally led Departmental initiatives in support of the Cost of Defence Outputs and RAB exploitation.	No set Target	All requests met	No set Target	All requests met	No set Target	All requests met
<b>KT 5</b> To improve upon the Customer Confidence Index baseline score, as assessed at the end of FY 2005-06, by 5%.	N/A	60%	+5% (baseline)	62% (to 63)	66%	63%
<b>KT 6</b> To ensure 100% compliance with the single Services' harmony guidelines for all deployable personnel under DMETA's command.			100%	No reliable data	100%	No reliable data

## Performance Highlights

### KT 1 – Deployable Personnel

2006-07 status: Achieved

This is the prime focus for the Agency and has been achieved, though not without some difficulty due to the current operational depth and tempo when laid against a relative paucity of personnel.

### KT 2 – Military Training

2006-07 status: Achieved

With a near miss last year, against an increased target percentage of 90%, DMETA units have maintained pressure over the year to achieve an overall 90.2% against the target.

### KT 3 – Medical Professional and Career Training

2006-07 status: Achieved

Agency trainees continue to excel. During the past year 25% of Nursing Students gained 1st Class Honours and 40% attained either a Distinction or Commendation in the Nursing Diploma. The overall success rate for nursing remains exceptionally high at 96.1% (far exceeding the national average). Operating Department Practitioner students demonstrated similar success, with 40% achieving either distinction or a commendation at Diploma level. The other Allied Health Professional disciplines (Environmental Health, Health Care Assistants, Radiography, Biomedical Science and Clinical Physiology) are achieving equally impressive results, all of them significantly better than the national average. The high quality and standard of Combat Medical Technicians and Medical Assistants qualifying from DMSTC is also being maintained.

### KT 4 – Efficiency

2006-07 status: Achieved

Although, as planned, there were no estate disposals during the year, DMETA remains on course to achieve its estate rationalization target, as stated.

All requests for information in support of the costs of Defence outputs were met in the required timescales.

This target has been removed for 2007/08, as it does not reflect the main cost driver for DMETA in achieving efficiencies. A new measure based on manpower efficiency has been set as a future efficiency KT (see page 17).

## KT 5 – Customer Focus

2006-07 status: Customer Confidence Index improved

Following the inauguration of the DMETA Customer Confidence Index (CCI) in FY 2004/05, DMETA has made steady progress in improving the perceptions that its customers have of the Agency in terms of achieving its outputs. There was a 4.8% increase in measured customer satisfaction over the calendar year 2006. Customer representatives were directly involved in developing plans for improving delivery of DMETA outputs.

Overall, DMETA's customers view the Agency as achieving a satisfactory level of performance, as measured against its stated business outputs. Returns from customers recognised that some constraints on DMETA's performance were outside the Agency's control. The professionalism, expertise and knowledge of DMETA were, however, widely acknowledged; and changes made to the command structure, and the quality of the Defence Medical Library Services, were recognised strengths. Areas for development have been fed into an Action Plan, which now has a more robust reporting mechanism to ensure future improvement.

## KT 6 – Harmony/Separated Service

2006-07 status: Achieved

Harmony has historically been difficult to measure accurately for DMETA personnel owing to the absence of any common indices for measurement. Breaches of Harmony are reported, by exception, to the relevant single Service authority, copied to HQ DMETA; no such reports were received over the year.



## **DMETA New Key Targets 2007-08**

### **KT 1 Deployable Personnel**

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

### **KT 2 Individual Military Continuation Training**

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

### **KT 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)** – To provide career, professional and continuation training (Phase 3) that meets the requirements, professional standards and timescales defined by the single Services, and the statutory requirements of the relevant national bodies.

### **KT 4 Efficiency**

To reduce the ratio of personnel engaged in support activities compared with direct activities.

### **KT 5 Customer Focus.**

To maintain the Customer Confidence Index score within the range of 62% to 65%.

### **KT 6 Harmony/Separated Service**

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



# Section

## In-year activity and change

Support to operations and exercises



## In-year activity and change

### 1. Support to Operations and Exercises

The military operational tempo has continued unabated over the past year. The substantial numbers of DMETA personnel deployed on operations, notably in Afghanistan and Iraq, has contributed to the unremitting pressure on our clinical resources.

All three Services have contributed fully to the provision of medical support for some very demanding military operations. For much of the year the RAF provided the lion's share of medical personnel for Telic 8 (Iraq) and the RN, in support of 3 Commando Brigade, for Herrick 5 (Afghanistan). Telic and Herrick have not been the only operational deployments, which have included, most notably, the urgent mustering of medical support through the Spearhead Lead Element (SLE) alongside RN resources for Op HIGHBROW, to provide much needed help during the evacuation from the Lebanon.



*Combat Medical Tech L/Cpl Pearce, RAMC  
brings a young civilian casualty into  
Bost hospital, Afghanistan*

Against this intense operational background, DMETA personnel have been contributing to the maintenance of the Principal Joint Operating Bases (PJOBS) in Cyprus and Gibraltar, as well as other duties at the Duke of Connaught Unit in Northern Ireland and with British Forces Germany. High readiness commitments have formed a major part of DMETA support, for example maintaining personnel for the SLE, Commando Forward Surgical Group (CFSG) and Critical Care Aeromedical Support Teams (CCAST). Away from the operational arena, DMETA personnel have been active participants in regular exercises such as Exercise GRIFFIN FOCUS, with the High Readiness Field Hospital and the multi-national CJMEDEX with the USS COMFORT.

## 2. Headquarters Activities

### Commitments

The Commitments team, reporting to the DMETA Chief of Staff, works very closely with the MoD's Permanent Joint Headquarters in support of operations and exercises. Closer liaison with 2nd Medical Brigade and support to hospital exercises (HOSPEXs) have proved beneficial to both organisations and to the personnel deployed. They help to ensure appropriate preparation for the unique role and nature of the deployed field hospital. Full manning of the medical elements of the continuing operations in Iraq and Afghanistan has been achieved through significant input from all DMETA clinical units. For example, 56% of MDHU Northallerton's deployable manpower was sent on operational deployments last year. Our people are held against standing high readiness commitments such as SLE, CFSG and CCAST, or may be detached to the PJOBS hospitals in Cyprus and Gibraltar. Support to exercises has remained strong, however, with each of the single Services having the opportunity to conduct major exercises with DMETA input.

The majority of the over 1700 military personnel employed in DMETA, including members of all medical career groups, work most of the time in the NHS Trust Hospitals that host the RCDM and our five MDHUs. The revised command and control and hosting arrangements for the MDHUs that were described in last year's



*Casualty unloading*

Annual Report continue to bear fruit. They are providing our people with a wide range of opportunities to develop their clinical skills in environments in which a military ethos can also be sustained. In addition to the MDHUs, around 46 consultants and three small groups of nurses are placed with other NHS Trusts for maintenance and development of specialist skills. Over the past year the rapid development of the Military Managed Ward at RCDM (described below) has of course necessarily been a particular focus of attention for many DMETA HQ staff, including the Commitments team.

### Education and Training (ET)

The Education and Training Department, reporting to the DMETA Chief of Staff, works closely with the Training Delivery Units (TDUs) at RCDM, DMSTC, DMRC and the Defence Dental Service (DDS).

The Training Delivery team is the focal point for the production and monitoring of the Agreed Annual Training Provision (AATP). An internal audit of the AATP process was completed during the year. Its recommendations will form the basis for a revised



AATP policy that should enable a more accurate forecast of future training requirements and the provision needed to deliver them.

The Training Development Section has been involved in a number of high profile projects arising from the operational environment. Activity has included analysts from the Training Analysis Cell (TAC) visiting operational arenas as part of the training needs analysis process. Completed projects include training needs analyses for Dental Hygienists, Environmental Health Technicians, Joint Medical Operations and Planning, Physiotherapists, and Operating Department Practitioners. Current projects include consideration of Advanced Military Acute Care, DMS Nurses deployed to Field Hospitals, and Remedial Instructors.

As part of a broader remit to explore alternative training delivery methodologies, a DMETA e-learning/learning technologies strategy paper is being prepared to support the development of new delivery options for learning and development.

Having now been in existence for a year, the DMETA Training Governance section has elevated its position dramatically within the wider Defence Training Audit community and is now established as the “fourth pillar”, alongside the single Services departments, for the audit of the Defence Systems Approach to Training Quality Standard. Training Governance’s remit within DMETA has also been extended to encompass the quality assurance of the management of Continuous Professional Development (CPD) for DMETA medical personnel. Completed activities include audits of all DMETA TDUs, including the Defence Dental Service, evaluations of HOSPEX and Novel Haemostatics Techniques training, and the production and dissemination of the Education and Training Governance Manual. Current projects include ongoing Defence Systems Approach to Training (DSAT) audits of DMETA TDUs, evaluation of the MA/CMT Common Core course and development of a strategy for quality assuring the management of CPD within MDHUs.

Following the accreditation of the Central Library of the Defence Medical Library Service, the libraries of both DMSTC and the Centre for Aviation Medicine are working towards achieving accreditation under the MoD Library Accreditation Scheme during 2007.



*Defence Minister Derek Twigg sees new technology at close quarters with 16 Air Assault Brigade*

### **Defence Medical Information Capability Programme**

**(DMICP):** DMETA’s DMICP project team has been working alongside the contractor, LogicaCMG, and the Joint Programme Team, to design, develop and deliver a high quality and fit for purpose DMICP training programme. The training will be an integrated package, bringing together application, process and business change elements. Rollout training was piloted at two sites and Early Operational Capability (EOC) rollout started in May 2007. The team has also been developing a “steady state” training solution, to be delivered through DMETA assets, which will ensure that the DMS can sustain a competent user community for the life of the programme.

## Corporate Services & Plans

The Corporate Services department (which now reports to the Director, Change Programme) comprises teams covering HR Business Partner roles and “Secretariat” tasks; commercial issues, estates management and future works projects (together with Safety, Health, Environment and Fire (SHEF) management); and information management.

**Information Management:** The Information Management team is responsible in particular for the development and implementation of the DMETA Information Management strategy and its supporting plan. Major recent activities have included planning for the implementation of the Defence Information Infrastructure (DII) throughout DMETA, including a revised electronic filing system; providing an Agency “intelligent customer” function to manage business relationships with Information Systems (IS) providers; development of a DMETA Internet web capability; production of bespoke Information Systems applications; and the delivery of IT training to DMETA and the wider Defence Medical Services.

The implementation of DII throughout DMETA will not only bring about a considerable major improvement to our IT capability but will revolutionise routine ways of working. Information is a vital resource for any business: its intelligent exploitation can make an enormous difference to the efficiency and effectiveness of any organisation. In the next few years this capability will also be a vital ingredient in achieving the successful formation of the new DMETA headquarters in the Midlands.

**Estates management:** The main focus has been on providing support to units and senior managers, seeking to ensure that the DMETA estate enables units to deliver the required outputs. This year efforts have been directed particularly towards DMRC Headley Court (where a new ward annex was constructed over the early months of 2007). In the coming year activity will need to be focused especially on the Midland Medical Accommodation project and the related plans for the future of the existing DMETA estate.



*The new Ward Annex at DMRC Headley Court*

**Human Resource Management:** Over the past year DMETA’s HR Business Partner team has provided support to line management in a range of areas: the Haslar Transition Project, which involves detailed discussion and consultation with the Trades Unions and Portsmouth Hospitals Trust, particularly over the transfer of civilian staff from DMETA to the Trust; implementation of the NHS Agenda for Change initiative; establishing, and liaising with, lead officers for each of the 17 health professional job families, in support of the DMETA Chief Executive’s role as Skills Champion for all MoD health professionals; and preparing for implementation of the Midland Medical Accommodation project and the many civilian HR issues that will arise from the move to the Midlands.



## Business Assessment and Audit

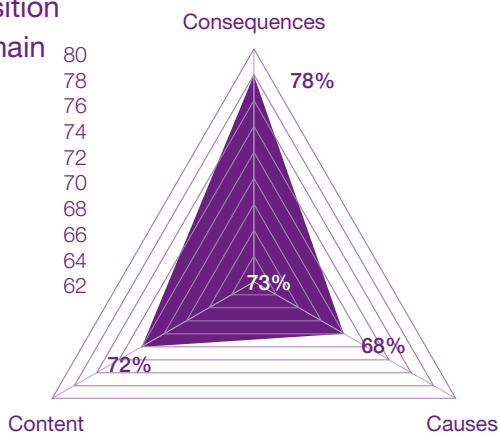
The Business Assessment and Audit Unit now reports to a new post of AD Plans, created in January, who in turn reports to the Director Change Programme. The Plans department is also now responsible for corporate governance issues within DMETA HQ.

**Nurses and Healthcare Assistant (HCA) Attitude Survey:** During 2006 the Unit conducted a bespoke attitude survey of DMETA Nurses and Healthcare Assistants. The survey was undertaken in response to evidence from a DMS-wide continuous attitude survey of serving personnel. The focus was on clinical and military training for deployed operations, personal commitment and motivation, and pay and pensions issues.

The survey covered all nurses and HCAs serving in DMETA. The return rate for questionnaires was 68% (unusually high). One of the outcomes of the survey was the design of a unique way of looking at areas of concern, the “Psychological Pyramid” (see below). The results were used to support the case made to the Armed Forces Pay Review Body for improving terms and conditions of Nurses and Healthcare Assistants.

## Nurses & HCA Attitude Survey Analysis of Psychological Contract

Overall position  
by PC Domain



Comment: Overall the results indicate a moderately healthy psychological contract (PC) amongst DMETA Nurses and HCAs producing a bottom line PC of 73%. There are clear variations in performance within each PC domain with **Causes** rated at 68.5%, **Content** 72.3% and **Consequences** at 78.4%.

Within each domain the PC triggers are generally positive with the exceptions of the three marked with red markers, all of which are soft management issues which can be influenced by effective leadership and appropriate supporting people policies.

PC Triggers



Designed by Harper IG and Lane K 2006

The overall picture that emerged from the survey was that motivation among Nurses and HCAs is strong. DMETA was regarded as a fair employer, communicating well and meeting staff expectations (“delivering the deal”). Job satisfaction and security of employment were felt to be very strong features of working in DMETA. The action plan derived from the survey is designed to create the conditions to improve military clinical training for nurses and HCAs prior to their deployment on operations, and to achieve for them a better work/life balance.

### EFQM Audit – A Programme for Organisational Development



Following a DMETA-wide EFQM audit, much has been learnt from our people about how we run our business. (Much has also been learnt by the Plans team from the process of managing an EFQM audit and actioning its findings.) Many of the areas identified for further development are “soft” or cultural in nature. Improvements to systems and working practices have been made, for example in the way we communicate, both internally and externally, which should lead to improved knowledge management, more timely and focused responses to staff questions and greater staff commitment. We are currently running a further bespoke audit, to assess progress against the action plan.

**Customer Confidence Index:** Work on the Index (see Key Target 5) has suggested that the Agency’s customers all agree that training quality, the provision of agreed training for our people and, in particular, the Defence Medical Library Service, inspire confidence. However, we have identified several discrete strands of work and improvement needed to ensure that the Agency maintains its high standards and reputation – these relate particularly to communications, and improvements in our flexibility and responsiveness. Over the next year it is the Agency’s aim that we should be seen as an “intelligent supplier” through the adoption of a “customer relationship management” approach to working with our partners.

### Corporate Communications:

The extraordinary (and unprecedented) media interest in the treatment of military casualties over the past year has required a major diversion of effort on external communications activity. It was estimated last year that there was almost a three-fold increase in the number of media stories about the Defence Medical Services in the period from October to December 2006, as compared with the previous three-month period. Many of the news stories were inaccurate or misleading and required a response, and many have often recycled old “news”.

One of the consequences of this much heightened public profile has been that internal communications activity has not been given the priority that it deserves. We shall be seeking to address that weakness over the coming months. A start has been made with the modernisation of the DMETA intranet site. Earlier work on a new Internet site has been reviewed prior to launching the facility later this year.

The ceremonial surrounding the decommissioning of RHH as a military hospital at the end of March 2007 attracted – despite the rain – considerable media interest, nationally as well as locally. Some 30 media representatives attended a press facility at the hospital on 30 March 2007.



*The last Commanding Officer of Royal Hospital Haslar, Surgeon Captain James Campbell, inspects Hospital staff parading at the decommissioning ceremony*

### 3. Education and Training Units

#### Royal Centre for Defence Medicine (RCDM)

With the dramatic increase in military operational tempo, the vast amount of media interest in patient medical care and welfare support has been focused particularly on Selly Oak, where the RCDM is based. The RCDM has seen three major TV programmes made about its activities in recent months.

**Research:** RCDM continues to build on its partnerships with the UHB teaching Hospital and the Local Universities.

Research activity has continued to gather pace, with outstanding results. The Academic Department of Military Emergency Medicine (ADMEM) has published a range of books and scientific papers on advances in trauma



*Air Vice Marshal John Thornton presenting the Commandant's prize for the Best Military Student to SAC Louise Shirley from Fleetwood, Lancs at the Defence School of Health Care Studies Passing Out parade, ATR Lichfield*

care and treatment, and a number of reports on medical cover on operations. The ADMEM department has lectured and presented across the world, helping to raise not just RCDM's profile but also that of medical care in the armed forces generally.

The past year has also seen a new Military Professor of Surgery appointed by the Surgeon General. The Deanery continues to develop the academic department of Military Surgery, which has set up a series of evidence based workshops. Links have been forged with the host Trust, especially in the field of Human Factors and Stimulation in Trauma Surgery Decision Making.

### Defence Medical Services Training Centre (DMSTC)

Despite severe pressures, the Defence Medical Services Training Centre (DMSTC) based at Keogh Barracks, Aldershot continued to deliver its AATP outputs and to improve training. The training regime was evaluated by DITC (Directorate of Individual Training Capability) in December 2006 and received a "largely favourable" report. Notable successes included development of the "Team Medic Instructors" package to a point where the project is virtually complete, and delivery of a pilot Joint Medical Operational Planners Course in January 2007.



*Defence Medical Services Trainees at DMSTC, Keogh Barracks*



*DMSTC students in training*

DMSTC was placed under considerable pressure during the autumn of 2006 by a combination of increased training requirements (reflecting the operational tempo), trawls for personnel to fill operational posts that removed key staff for lengthy periods, and financial constraints on the recruitment of training support staff. The impact of these stressors was clearly evident. Minor failings identified through polling evidence were rectified, but other issues remain which it may take time to rectify.

### Defence Post-graduate Medical Deanery (DPMD)

The Defence Post-graduate Medical Deanery (DPMD) has remained actively involved with the Department of Health teams responsible for the implementation of "Modernising Medical Careers" (MMC), and the Medical Training Application Service (MTAS) that was introduced in January 2007.

The development of MTAS and its impact on the Defence Medical Services have been carefully monitored and, consequently, concessions have been achieved for DMS applicants whose availability is compromised for Service reasons. The Joint Commitments Training Organisation has successfully overseen and facilitated the application and selection process for approximately 150 Service applicants for



both Hospital and GP specialties, despite the geographical spread and the particular difficulties for those on operational deployment.

The selection process for DMS applicants seeking training in hospital specialties and general practice was run in collaboration with the West Midlands Deanery (WMD) and the final phase was completed recently. 14 DMS candidates attended, of whom 12 were successful.

Having applied through MTAS, DMS applicants seeking training in general practice will use a separate selection system, in conjunction with the WMD. Like their civilian colleagues, they will be required to undertake a number of assessments (which include written tests and a simulated surgery) designed to measure competencies needed to start training in general medical practice. DMS applicants will be offered a training place, provided that they achieve an adequate score in these assessments. Implementation of the new GP training curriculum is under way and the three year GPVT cycle will now normally be split into 16 month hospital training posts and 20 month practice posts.

From the summer of 2007, Summative Assessment will be discontinued and replaced by the nMRCGP ("new" Membership Examination of the Royal College of General Practitioners), the implementation of which has begun for all DMS personnel starting their training cycles.

Work has also been ongoing to facilitate the arrival of the next cohort of medical cadet graduates entering the Foundation Programme. Some 66 placements have been secured across the MDHUs and also within the WMD, where our focus has been increasing and scope exists for further capacity as required. These programmes have been developed specifically to meet the needs of DMS medical officers.

DPMD has further developed its role in selection on behalf of the single Services and now convenes panels for the selection of candidates to undertake higher degrees, overseas fellowships and entry into training for Occupational Medicine and Sports and Exercise Medicine.



*Defence Dentists  
provide care  
on Operations*

### Defence Dental Services (DDS) Training

Work is continuing to plan for the assimilation of DDS training output into DMETA. This is a logical development and should lead to an improved training provision of more dependable outcome, particularly for personnel in dental support employment groups such as dental hygienists and dental assistants. The Dental Dean continues to assist with the work of developing a national strategy for Modernising Dental Careers (MDC) that is being taken forward by the Council of Postgraduate Dental Deans and Directors (COPDEND). Once this is a mature entity for the dental profession, MDC, adapted as necessary, will be implemented within the DDS. The first three military students for conversion from dental hygienist to dental therapist are nearing completion of their course at Cardiff University Dental School and a trial will commence shortly to validate their utility in the military setting.

## Nurse and Allied Health Professional (AHP) Training

Monitoring of the post-registration courses agreed in the AATP(E) continues for nurses and AHPs, ensuring equity in the selection process. Contribution to the development of nurse competencies continues and includes the clarification of criteria which would identify specialist qualified nurses. The management of specialist nurse selection and training has been a key issue this year in order to seek resolution of the nursing operational pinch points. Work has now started on the implementation of the proposals in the Practice Teacher paper. The Defence Professor of Nursing post has now been established at RCDM; the first incumbent has yet to be selected.

## Veterinary Training

The successful postgraduate veterinary vocational training programme is now established for newly qualified military Veterinary Officers (VOs). All VOs are required to undertake annual development appraisal and produce appropriate personal development plans to ensure that relevant training needs can be identified.

## 4. DMETA Clinical Units

As the Annual Report indicated last year, the primary role of DMETA's clinical units (RCDM Clinical Division, DMRC, the MDHUs and RHH) is to support an environment which provides clinical practice and experience for DMETA secondary care personnel. We achieve this in collaboration with NHS Host Trusts wherever appropriate. Senior MDHU staff are integrated with their Host



*MDHU Derriford's Surg Cdr Jason Smith was awarded the North Persian Memorial Prize by Second Sea Lord Vice Admiral Adrian Johns*

Trust management structures. Operational activities are cooperative and professional, with both partners acknowledging mutual benefit from the arrangements.

For example, our largest MDHU, at Portsmouth, is around 400 strong. Men and women from the three Services serve at three Trust sites in the Portsmouth area – Queen Alexandra Hospital, St Mary's Hospital and the Royal Hospital Haslar (which continues to be owned by the MoD) in Gosport. That total number includes 40 consultants, 6 Specialist Registrars, 36 doctors in training and over 200 nurses and 70 AHPs. Collectively, the members of the MDHU have built up, through their



*RFA Argus operations*

very substantial contribution to the local health economy, strong links with the local community. Those links will of course continue after Haslar closes in late 2009, when the MDHU staff currently serving there will transfer to the other PHT hospitals. Similar links with the local health economy are being developed in the other NHS Trusts which host MDHUs. These links are as important to us, because of the experience and training that they make possible for our doctors and nurses, as they are to the communities in which members of the MDHU serve.

## **RCDM Clinical Division**

There has been, as is well known, a steady increase over the last year in the numbers of military patients evacuated from operational theatres and treated at Selly Oak Hospital. In the past 12 months RCDM has witnessed the number of patient admissions from overseas theatres rise from 86 over the June to August quarter last year to 105 admissions from March to May this year.

As we have constantly sought to make clear to the wider public, military casualties receive, by any reckoning, first-class medical treatment at Selly Oak Hospital and elsewhere. Despite a very small number of complaints, some of which have been widely and misleadingly publicised, our rolling patient survey makes clear that the overwhelming majority of military patients in Birmingham – over 95% – rate the overall care that they have received as good, very good or excellent.

## **Developing the Military Managed Ward**

It is desirable, where it is feasible and clinically appropriate, that military patients should be nursed together. With that consideration in mind, the “military managed ward” (MMW) on S4 ward at Selly Oak Hospital was established last December. Military nursing staff are on duty in the ward on every shift, as members of a combined military/civilian team providing care for military and civilian patients on the ward. Military numbers have been increased steadily. From a military staff of 12 allocated to the ward a year ago, we now have a military staff of 36, comprising 24 qualified nurses and 12 healthcare assistants. The military numbers will shortly rise to 39, representing the total military numbers planned to achieve the MMW’s “full operating capability”. There are also currently 19 NHS civilian nurses.



We have recently made two key RCDM appointments to strengthen the military presence at Birmingham:

- the Standing Joint Commander (Medical) – Colonel Chris Parker – whose duties include co-ordinating all military casualty pathways for those to be treated in Birmingham hospitals;
- a military wardmaster – an Army Warrant Officer – whose duties include military discipline and the co-ordination of military aspects of support on the trauma ward. She will also help in the management of visitors.

With the full co-operation of the Trust, the layout of the ward has recently been reconfigured to produce a separate partitioned area for those military patients whose condition allows them to be nursed together. This utilizes the two bays and isolation rooms at the far end of the main orthopaedic trauma ward.

### Other Support to Military Patients in the Birmingham Area

Military welfare and psychiatric support to all military patients in Birmingham have been boosted over the past year. Each military patient in the Birmingham area now has a named military nurse whom he or she can contact at any time on clinical and other issues. Community psychiatric support has also increased, with two full time Community Psychiatric Nurses now in post. A military nurse team member visits every military patient being treated at a Birmingham hospital twice a day. This is in addition to the welfare support received from the Defence Medical Welfare Service, which has four welfare officers in the area who visit the military patients regularly. We have also increased Army Welfare Services numbers in the Birmingham area.

Additional funding has been provided to help meet the travel costs of patients' families who need to travel to Selly Oak. Five rooms, each capable of accommodating two people, are available free of charge in Alexandra Wing at Selly Oak for relatives of patients. Elsewhere on the site, four flats, each with three bedrooms, are now provided for the use of patients' families. Some of the flats have benefited from recent refurbishment, and refurbishing generously funded by the Soldiers, Sailors, Airmen and Families Association (SSAFA), which is helping to provide a more suitable environment for patients' families.



*Alexandra House Families Wing*

The twin aims in making these changes have been to maintain high standards of clinical care for all patients (military and civilian) on ward S4 and to give appropriate support to military patients in Birmingham across the whole welfare/administration spectrum.

Welfare provision has increased not only for patients but also their families. The Army Welfare Services have worked in close conjunction with the Defence Medical Welfare Services and the Patient Liaison Officers.

## Defence Medical Rehabilitation Centre (DMRC), Headley Court



*Sgt Mick Brennan, a DMRC patient who is bidding to join the Paralympic GB squad*

The Defence Medical Rehabilitation Centre (DMRC) at Headley Court has been through a particularly demanding year as a direct consequence of the increased operational tempo on both Herrick and Telic. 2006/2007 saw a 19% increase in admissions compared with the previous year, with patient numbers rising to 1685 (compared with a potential maximum figure of 1700). The new polytrauma/amputee group has had 117 admissions in the past year.

**Amputee Provision:** The Services amputee provision became fully

operational in June 2006. A total of 56 amputees were seen, 22 of whom had sustained injuries in Iraq or Afghanistan. The remainder either had been injured from non-operational causes or were “legacy patients” previously managed within the NHS.

**Outpatients:** A total of 4,290 patients were seen as outpatients, an increase of 36% on the previous year. This reflects an increase in efficiency in bed-patient management, a key element of the Defence Medical Rehabilitation Programme.

**Ward Expansion:** The increased operational effort has placed additional demand on DMRC’s capacity to handle all of the more complex patients being admitted. Partly to address this problem and as a precautionary measure, construction of a 30-bed low dependency ward annex (costing £1.7M) began in January and was completed in May, when the first patients were admitted

### Defence Medical Rehabilitation Evaluation and Co-ordination Cell (DMRECC)

DMRECC has been established to co-ordinate the handling of patients who are returning from overseas with musculoskeletal and neurological conditions. The cell ensures that those patients admitted to RCDM from operational theatres can have their rehabilitation requirements planned efficiently.

**Welfare:** The increased operational activity has also highlighted the need to enhance welfare provision for patients’ relatives. A second house, a married quarter has been allocated as a welfare house for visiting relatives, with funds generously made available from the SSAFA. The charity also proposes to purchase a local property to provide additional welfare accommodation for patients’ relatives.

The Junior Ranks NAAFI facility has been completely refurbished as part of a welfare package funded by the Headley Court Trustees, with a generous contribution from the Service Sound and Vision Corporation (SSVC) who have also supplied the AV equipment.

**Training and Research:** Training and research are key elements in DMRC's mission. 96% of all military training has been completed, with postgraduate training for civilian and military staff formally linked to activity at the Deanery. The Centre for Injury, Research and Clinical Assessment (CIRCA) co-ordinates all musculoskeletal research within the Services. The Headley Court Trustees are currently funding a PhD student to research lower leg pain among Service personnel, as well as providing academic prizes to encourage undergraduate and postgraduate research. A travel fellowship was recently awarded to Wg Cdr Robert Jones for his published work on developing a valid measuring device for ankle joint movement.

## 5. The Move to the Midlands

### Midland Medical Accommodation (MMA) Project

MMA is intended to be a strategic change programme for the DMS. We are seeking to consolidate DMETA command, control and training elements at a new site in the Midlands within reasonable travelling distance of Birmingham. We want to do that not only because there should be substantial economies to be had from the rationalization of the estate, through bringing together on one site DMSTC (currently based in Aldershot), DMETA HQ (Gosport), parts of the RCDM HQ (Selly Oak) and 33 Field Hospital (Gosport), but also because we expect that there will be a series of other benefits for the DMS.

This will be an opportunity to modernize the way that we deliver training and modernize the way that we do business. There should be obvious synergies with what is already being delivered by the RCDM in Birmingham – much of which will soon be delivered from the New Birmingham Hospital now being developed, as a PFI project, by the NHS Trust at Edgbaston. And the new Midlands site will also provide facilities that can be used by our trainees and other personnel in Birmingham who currently have limited access to MoD accommodation or messing facilities.

Last year we selected Whittington Barracks, Lichfield, currently home to the Army Training Regiment, as our preferred option for re-development. DMETA was given approval last August to proceed to the Assessment Phase for the project, with Lichfield as the preferred option for the MMA site. The Lichfield site should itself provide significant benefits. Much of the existing infrastructure can be adapted, subject to modernization and the provision of extra living accommodation, training classrooms and support infrastructure. The site can, as well as facilities for medical training, accommodate other military training (fitness, weapons, parade and leadership training, for example). Co-location on a single site is desirable in itself for the Defence Medical Services, but should also foster *esprit de corps*, making the site both the central focus and 'military home' for the future Defence Medical Services.

The project is now well into its Assessment Phase. The DMETA/ Defence Estates project team are now working through all the detail – exploring the full potential of the site, the scope for efficiencies from co-location, and the timetable for building works and the moves of units. A provisional planning application has now been submitted to the District Council. The Assessment Phase has still got some way to go, but we hope to be in a position to make a Main Gate submission before the end of this year. It will be in the light of that advice that a decision will be taken on the substantial capital investment that would be involved in taking the project forward. We hope that such a decision can be reached early next year.

## 6. The Environment and Conservation



*Royal Hospital Haslar is home to the rare Lady's Tresses orchid*

As the owner of several large sites, DMETA is committed to developing a healthy and sustainable environment for our people's training, work and recreation. This will become an increasingly important issue for us all, not least as we continue our planning for a new DMS home in the Midlands.

On or near to the DMETA estate are several Conservation areas. There is for example a Ramsar Wetlands site at the edge of Portsmouth Harbour: a wetland of waterfowl habitats which, because of its value to plants and animals, is also designated as a Site of Special Scientific Interest.

A conservation group has recently been established at the Royal Hospital Haslar and Fort Blockhouse with a view to increasing staff awareness of both site specific and general environmental issues, and to ensuring that the Agency continues to preserve and manage the wildlife, flora and fauna that have been identified in the area. For example, badger setts and rare orchids and funghi have been noted in the Haslar Hospital grounds.

# DMETA Annual Report & Accounts for the year ending 31 March 2007

## Remuneration Report

### Composition of the Board of Management

The composition of the Management Board during 2006/07 was:

Chairman

Surgeon Rear Admiral PI Raffaelli Chief Executive DMETA (to 2 October 2006)

Major General MJ von Bertele Chief Executive DMETA (from 3 October 2006)

Brigadier EB Carmichael Chief of Staff HQ DMETA (to 30 November 2006)

Brigadier J McIntosh Chief of Staff HQ DMETA (from 1 December 2006)

Surg Cdre NS Bevan DPMD

Air Cdre AJ Batchelor Comdt RCDM

Surg Capt J Campbell CO RHH&FB (to 31 March 2007)

Mr RD Spencer Director Resources HQ DMETA (to 3 July 2006)

Mr DC Kirk Director Change Programme HQ DMETA

(from 4 July 2006)

Mr PJ Fieldsend Financial Controller HQ DMETA (from 4 July 2006)

Mrs E Ransom Non Executive Director

### Changes in the Board of Management

Major General MJ von Bertele was appointed Chief Executive on 3 October 2006 in place of Surgeon Rear Admiral PI Raffaelli who moved to another appointment.

Brigadier J McIntosh was appointed Chief of Staff HQ DMETA on 1 December 2006 in place of Brigadier EB Carmichael who moved to another post.

Mr DC Kirk was appointed Director Change Programme HQ DMETA, a new Senior Civil Service appointment, from 4 July 2006, and took the place on the Board of Mr RD Spencer who moved to another post.

Surg Capt J Campbell ceased to be a member of the Board on 31 March, when the post of CO Royal Hospital Haslar & Fort Blockhouse was disestablished and he took up another post.

Mr PJ Fieldsend, Financial Controller HQ DMETA, was appointed to the Board from 4 July 2006.

### Remuneration Policy

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

## Salary and Benefits in Kind

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

	2006-07		2005-06	
	Salary £000	Benefits in kind £	Salary £000	Benefits in kind £
Surgeon Rear Admiral PI Raffaelli Chief Executive (Until 2 October 2006)	70 – 75	–	135 – 140	–
Major General MJ von Bertele Chief Executive (From 3 October 2006)	60 – 65	–	–	–
Brigadier EB Carmichael Chief of Staff, HQ DMETA (Until 30 November 2006)	75 – 80	–	105 – 110	–
Brigadier J McIntosh Chief of Staff, HQ DMETA (From 1 December 2006)	20 – 25	–	–	–
Surgeon Commodore N Bevan RN Defence Post-Graduate Medical Dean	115 – 120	–	60 – 65	–
Air Commodore AJ Batchelor Comdt RCDM	150 – 155	–	140 – 145	–
Surgeon Captain J Campbell RN CO Royal Hospital Haslar & Fort Blockhouse	135 – 140	–	125 – 130	–
Mr RD Spencer Director Resources (Until 3 July 2006)	10 – 15	–	45 – 50	–
Mr DC Kirk Director Change Programme (From 4 July 2006)	55 – 60	–	–	–
Mr PJ Fieldsend Financial Controller (From 4 July 2006)	35 – 40	–	–	–

Mrs E Ransom was also a Non Executive Director on the Management Board of the Department for Environment, Food and Rural Affairs for the first part of the financial year. 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 2006/2007. 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.

### 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 (Until 2 October 2006)	50 – 55 plus 155 – 160 lump sum	10 – 12.5 plus 30 – 32.5 lump sum	945	519	(427)
Major General MJ von Bertele Chief Executive (Until 3 October 2006)	45 – 50 plus 140 – 145 lump sum	2.5 – 5 plus 12.5 – 15 lump sum	416	479	44
Brigadier EB Carmichael COS DMETA (Until 30 November 2006)	35 – 40 plus 115 – 120 lump sum	5 – 7.5 plus 0 – 2.5 lump sum	746	359	(375)
Brigadier J McIntosh COS DMETA (From 1 December 2006)	80 – 85 plus 25 – 30 lump sum	0 – 2.5 plus 0 – 2.5 lump sum	665	667	2
Surgeon Commodore N Bevan RN DPMD	50 – 55 plus 160 – 165 lump sum	7.5– 10 plus 25 – 27.5 lump sum	931	599	(323)



Air Commodore AJ Batchelor					
Comdt RCDM	55 – 60	10 – 12.5	845	1015	219
	plus	plus			
	175 – 180	35 – 37.5			
	lump sum	lump sum			
Surgeon Captain J Campbell RN					
CO RHH&FB	50 – 55	12.5 – 15	850	522	(326)
	plus	plus			
	155 – 160	42.5 – 45			
	lump sum	lump sum			
Mr RD Spencer					
Director Resources	20 – 25	0 – 2.5	325	391	3
HQ DMETA	plus	plus			
(Until 3 July 2006)	65 – 70	0 – 2.5			
	lump sum	lump sum			
Mr DC Kirk					
Director Change					
Programme	30 – 35	(0) – (2.5)	655	697	(4)
HQ DMETA	plus	plus			
(From 4 July 2006)	95 – 100	(0) – (2.5)			
	lump sum	lump sum			
Mr PJ Fieldsend					
Financial Controller	10 – 15	0 – 2.5	202	212	4
HQ DMETA	plus	plus			
(From 4 July 2006)	40 – 45	0 – 2.5			
	lump sum	lump sum			

The salary details in the table above reflect only the periods when the individuals were members of the Board of Management during 2006/2007.

Four Service members of the Board have a substantial negative real increase in CETV. The reason for this is that they took the Armed Forces Pension Scheme's Offer to Transfer and transferred their benefits into the new Armed Forces Pension Scheme. Under the terms of the new scheme, the benefits are structured differently and different actuarial assumptions are applied to the valuation of the benefits. For example, an officer who had served for more than 16 years in the old scheme would be entitled to a pension payable immediately on retirement. But in the new scheme, as he is currently under the age of 55, he will not be entitled to a pension until 65 years old. Instead, on his leaving, he will be entitled to an Early Departure payment, which is a compensation benefit as opposed to a pension benefit and is therefore not included in the CETV. Therefore, under the terms of the old scheme the CETV is calculated on the basis of a pension being in payment immediately from the date of the calculation until the death of the scheme member, whilst in the new scheme the CETV is calculated on the basis that the member receives his pension from age 65 until his death. It follows that in the new scheme the benefits are in payment for a significantly shorter period of time. The value is therefore significantly lower and the resulting real increase is negative.

## 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 1/80th 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](http://www.civilservice-pensions.gov.uk)

## 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.

10 members of staff in DMETA have taken out partnership pensions, the departmental contribution to which in 2006/2007 was £19,341.39.

## Financial Review

### Background

DMETA was launched as a Defence Agency on 1 April 2003. DMETA is an Executive Agency of the MoD, and is an integral part of the Defence Medical Services under the Deputy Chief of Defence Staff (Health) (DCDS(H)), within the Centre Top Level Budget area. 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 receives its resource funding through the MoD resource allocation system. 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 £120,553,000, lower than the budget allocation of £127,361,000. The net operating cost for the year was £200,365,000. Total assets less current liabilities at 31 March 2007 were (£2,085,000), which compares with a figure of £140,255,000 at 31 March 2006. The main changes in operating costs over the prior year are a £5.2M (5%) increase in Personnel costs. Of this about £1M is due to increased numbers and the remainder to pay increases.

There has also been a £8.8M (46%) increase in Accommodation costs. The increase in Accommodation costs is due to the additional communicated costs arising from DMETA's use of the land and buildings transferred to MoD during the year. In addition, more robust cost estimates have been obtained from the Regional Prime Contractors in FY2006/07 in respect of works maintenance costs incurred at the Royal Hospital Haslar, Fort Blockhouse, the Defence Medical Services Training Centre and the Defence Medical Rehabilitation Centre.

The main changes to the values of assets are as a result of a transfer of responsibility for accounting for fixed assets from DMETA to other parts of the Department. This is explained in more detail within Note 1, Principal Accounting Policies.

### 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 FY 2006/2007 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. Commercial debt interest paid by units locally during the year amounted to £8,603.17.

### 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 £48,000.

The Comptroller and Auditor General has not carried out any other audit or assurance work within DMETA during the year.

### Financial agreements

New contractual arrangements have been agreed with Portsmouth Hospitals NHS Trust (PHT) concerning the Trust's future use of the Royal Hospital Haslar (RHH) site while the Trust's Queen Alexandra Hospital site continues to be redeveloped under a PFI agreement.

RHH has been administered under a partnering arrangement with PHT since 2001. The new contract entered into between the MoD and PHT enables the latter to continue to use the RHH site until late 2009 for the delivery of services to the local health economy. PHT will pay a financial contribution to DMETA in respect of the costs of providing staff, equipment and infrastructure on the RHH site to meet PHT requirements. The financial contribution for FY 2007/08 is about £6M, to meet the initial service levels specified in the contract. This sum will reduce during the life of the agreement, as responsibility for service provision is transferred from DMETA to PHT and current DMETA staff are transferred to PHT in accordance with the

Transfer of Undertakings (Protection of Employment) (TUPE) regulations. Over the same period DMETA Service personnel will continue to provide certain “retained” clinical services from the Haslar site until they are also transferred elsewhere.



Major General M J von Bertele OBE MB BCh MFOM  
Chief Executive

16 July 2007

# Section

## Financial Accounts





## 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 an 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 a "going concern" basis, unless it is inappropriate to assume 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. Their responsibilities, including responsibility for the propriety and regularity of the public finances for which the Chief Executive is answerable, and for the keeping of proper records, are set out in the Accounting Officer's Memorandum, issued by the Treasury and published in 'Government Accounting'.



# Statement on internal control

## Scope of responsibility

As Chief Executive of the Defence Medical Education and Training Agency, I have responsibilities analogous to those of 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.

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.

## Purpose of the system of internal control

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, effectively and economically. Such a system has been in place in DMETA for the year ended 31 March 2007 and up to the date of the approval of the annual report and accounts, and accords with Treasury guidance.

## Capacity to handle risk

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. During this year further changes have been introduced to the risk reporting templates that are used, in order to align them with those used to report risks within the Defence Health Programme. In addition the timing of the Risk Panel has been aligned with the risk reporting timetable to ensure that all risks and the planned mitigation are reviewed at an appropriate level before being reported to the Agency Owner.

The Clinical Units Board and the Education and Training Advisory Board have each met four times during the year and have identified a number of 'candidate' risks.

These are now reported to a Risk Panel that was established last year. Chaired by the Chief Executive, the Risk Panel has met four 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 the 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 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.

The most significant risks continue to be related to personnel issues and 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 are undertaken by executive managers within the Agency. In particular, the system includes:

- Comprehensive budgeting systems, with an annual budget agreed as part of the MoD's resource allocation process.
- Monthly reviews by the Chief Executive and 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, which reports to the Board of Management. The Audit Committee met four times during the 2006/2007 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 also 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 Defence Internal Audit (DIA), DMETA assurance review 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 DIA. During 2006/2007 work continued on implementing the recommendations of the two DIA reports carried out during the previous year. 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 2007.

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 Training Governance regime has been developed as part of the overarching Corporate Governance Framework, to provide a basis for the continual improvement and quality assurance of training standards. To that end, the Training Governance Section has produced an Education and Training Governance Manual identifying how the Defence Systems Approach to Training (DSAT) is to be applied to all education and training delivered by and on behalf of DMETA. The Training Governance Section has developed an annual Assurance programme with a remit to conduct advisory visits to monitor the application of Training Governance and conformity with the DSAT Quality Standard. The results of current reviews have been used to identify a baseline against which further improvement can be measured. The Training Governance Section has also formed a Training Governance Working Group, with the intent of facilitating the development of Training Governance and best practice across DMETA Training Delivery Units.
- 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.

- Having established Safety, Health, Environment and Fire (SHEF) as a standing agenda item at the Board of Management, continuing to ensure that SHEF is an integral part of our business and remains firmly embedded in all management systems and processes. Environmental management systems which are compliant with both MoD policy and international best practice (ISO 14001) have been introduced at all three MoD-owned DMETA sites and these systems will be subject to audit by the Central Top Level Budget (CTLB) area over the coming year. In addition, the Agency is currently investigating the potential for introducing recycling schemes in order to meet targets relating to Strategic Operations in Government (SOiG).
- The Audit of Safety and Environmental Management undertaken by the CTLB scored the Agency at level B (“meets target”) and action is already in hand to address the issues raised. The main issue related to the introduction of procedures associated with the control of contractors and these are now being put in place.
- All new contract requirements are reviewed with the customer and staffed through the CTLB Commercial branch to ensure that the Statement of Requirement defines the Agency’s needs and that the Commercial Terms and Conditions are robust. In addition, regular reviews of existing contracts are carried out.
- The continuing 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 the Agency’s Clinical Governance processes and procedures are not only consistent across the Agency but appropriate and fit for purpose. The framework will be informed by the Surgeon General’s policy letter on Health Care Governance and will include the process by which Clinical Governance outputs from DMETA units are to be monitored. The Clinical Delivery Team (CDT) has developed an audit programme with a remit to undertake advisory visits to all DMETA units, to monitor how Clinical Governance issues are being addressed.
- Health of Financial Systems. A Health of Financial Systems review has been completed as part of the annual departmental review. This included 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 it 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 second review of Finance staffing. This further concentrated budget management at HQ by the transfer to the Financial Controller of the finance staff previously based at the Royal Hospital Haslar. This change has further enhanced efficiency and improved the quality of resource management that was achieved following the first review.

## Business Continuity

Having previously developed a Business Continuity Strategy, the focus this year has continued to be on ensuring that DMETA units have fit for purpose Business Continuity Plans (BCPs).

All DMETA units have now developed BCPs, based on a bespoke DMETA BCP template. Draft unit BCPs have all been reviewed and tested in desktop exercises during 2006/2007. Both the testing of unit BCPs and assuring our processes by means of external audit are essential elements in ensuring robust and cohesive maintenance of an effective Business Continuity Strategy across the Agency.

To maintain the impetus and focus on Business Continuity issues, relevant documents, with appropriate external links, have been made available on the DMETA Intranet site. An overarching DMETA Business Continuity policy has been developed and will be published on the DMETA Intranet web site. DIA have conducted an audit of the coherence and consistency of the BCP management process across DMETA units and given a full assurance.

This has again 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 should see further improvements and provide me with additional assurance as to the robustness of our plans.



Major General M J von Bertele OBE MB BCh MFOM  
Chief Executive

16 July 2007

# 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 2007 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. I have also audited the information in the Remuneration Report that is described in that report as having being audited.

## Respective responsibilities of the Agency, the Chief Executive and auditor

The Agency and Chief Executive, as Accounting Officer, are responsible for preparing the Annual Report, which includes the Remuneration 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 and the part of the Remuneration Report to be audited 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 report to you whether, in my opinion, certain information given in the Annual Report is consistent with the financial statements. 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.

In addition, I report to you 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 HM Treasury regarding remuneration and other transactions is not disclosed.

I review whether the Statement on Internal Control reflects the Agency's compliance with HM Treasury's guidance, and I report if it does not. I am not required to consider whether this statement covers 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.

### **Basis of audit opinion**

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.

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.



## Opinions

### Audit opinion

In my opinion:

- 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 2007, 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
- The information given within the Annual Report is consistent with the financial statements.

### Audit opinion on regularity

In my opinion, 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.

## Report

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

16 July 2007

## Operating cost statement

For the year ended 31 March 2007

	Note	2006/2007 £'000	2005/2006 £'000
<b>Operating Costs</b>			
Staff Costs	2	111,371	106,147
Supplies and Services Consumed	3	41,504	41,348
Accommodation Costs	4	27,950	19,138
Other Administration Costs	5	37,270	40,481
<b>Gross Operating Cost</b>		<b>218,095</b>	<b>207,114</b>
<b>Operating Income</b>			
Income from Non MoD Customers	6	(17,730)	(14,794)
<b>Net Operating Cost</b>		<b>200,365</b>	<b>192,320</b>

All activities undertaken during the year are continuing.

The notes on pages 57 to 74 form part of these accounts.

## Statement of recognised gains and losses

For the year ended 31 March 2007

	Note	2006/2007 £'000	2005/2006 £'000
(Downward) / Upward revaluation of Tangible Fixed Assets	15	0	16,212

The notes on pages 57 to 74 form part of these accounts.

## Balance Sheet

As at 31 March 2007

	Note	31 March 2007 £'000	31 March 2006 £'000
<b>Fixed Assets</b>			
Tangible Fixed Assets	8	1,803	134,512
<b>Current Assets</b>			
Stocks	9	2,044	3,698
Debtors	11	9,312	12,817
<b>Current Liabilities</b>			
Creditors due within one year	12	(8,635)	(6,205)
<b>Net Current Assets</b>		<b>2,721</b>	<b>10,310</b>
Provisions for liabilities & other charges	13	(6,609)	(4,567)
<b>Net Assets</b>		<b>(2,085)</b>	<b>140,255</b>
<b>Taxpayers' Equity</b>			
General Fund	14	(2,085)	109,169
Revaluation Reserve	15	0	31,086
<b>Total</b>		<b>(2,085)</b>	<b>140,255</b>



Major General MJ von Bertele OBE MB BCh MFOM  
Chief Executive

16 July 2007

The notes on pages 57 to 74 form part of these accounts.

## Cash flow statement

For the year ended 31 March 2007

	Note	2006/2007 £'000	2005/2006 £'000
Net Cash Outflow from Operating Activities	17	118,734	125,081
<b>Capital Expenditure</b>			
Payments to acquire Tangible Fixed Assets	8	1,819	299
Payments to dispose of Tangible Fixed Assets		0	0
<b>Net Cash Outflow before Financing</b>	<b>14</b>	<b>120,553</b>	<b>125,380</b>
<b>Financing</b>			
Payments from the Defence Resource Account		138,283	140,174
Receipts into the Defence Resource Account		(17,730)	(14,794)
<b>Net Financing from the Defence Resource Account</b>		<b>120,553</b>	<b>125,380</b>
(Increase) / Decrease in cash		0	0

The notes on pages 57 to 74 form part of these accounts.



# Notes to the Financial Accounts for the year ended 31 March 2007

## Note 1 – Principal 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

On 1 April 2006 the Ministry of Defence transferred responsibility for accounting for fixed assets from DMETA to other parts of the Department. Where DMETA retains the risks and rewards of ownership of these assets they continue to be accounted for on the Agency's Balance Sheet in accordance with FRS5 and SSAP21. In all other cases the costs of the use of these assets are communicated to DMETA by the asset owners and are charged to the Operating Cost Statement.

Where DMETA retains the risks and rewards of ownership:

(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 five years. It has been agreed between the Ministry of Defence and the National Audit Office that these revaluations should be carried out across the Department on a rolling programme. DMETA Land and Buildings were 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 one 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 one 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 communicated to DMETA by the Equipment Support (Land) area of the MoD in respect of DMETA assets held on their Fixed Asset Register.

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

	<b>Life in years</b>
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.

## 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 2006-07. The discount is unwound over the remaining life of the provision and shown as an interest charge in the Operating Cost Statement.



## Note 2 – Staff numbers and costs

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

	2006/2007 Number	2005/2006 Number
Service	1,736	1,708
Non-Industrial Civilian	465	463
Industrial Civilian	158	152
<b>Total</b>	<b>2,359</b>	<b>2,323</b>

All civilian staff are members of the Civil Service.

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

	2006/2007 £'000	2005/2006 £'000
<b>Salaries and Wages</b>		
Service	69,321	65,943
Civilian	12,735	12,148
Sub Total	82,056	78,091
<b>Social Security Costs (ERNIC)</b>		
Service	6,204	5,864
Civilian	903	847
Sub Total	7,107	6,711
<b>Other Pension Costs</b>		
Service	18,897	18,010
Civilian	2,034	1,879
Sub Total	20,931	19,889
<b>Total</b>	<b>110,094</b>	<b>104,691</b>
<b>Total Casual Staff costs</b>	<b>1,277</b>	<b>1,456</b>
<b>Total Staff costs</b>	<b>111,371</b>	<b>106,147</b>
<b>Total number of Casual staff employed over the year</b>	<b>247</b>	<b>675</b>
<b>Average number of Casual staff per month</b>	<b>21</b>	<b>56</b>

The Principal 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](http://www.civilservice-pensions.gov.uk).

### Note 3 – Supplies and services consumed

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

	2006/2007 £'000	2005/2006 £'000
Career, Professional and External Training	24,914	24,703
Cost of Stationery, Materials and Equipment and Publications	4,550	3,603
Medical Stores	7,512	8,172
Food Purchases	4,240	4,541
Miscellaneous	288	329
<b>Total</b>	<b>41,504</b>	<b>41,348</b>

### Note 4 – Accommodation costs

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

	2006/2007 £'000	2005/2006 £'000
Works Maintenance	8,161	5,067
Security	3,267	1,722
Utilities	3,812	3,386
Occupation Charges	5,665	2,001
Accommodation Services	6,689	6,779
Operating Lease costs – Rental of premises	356	183
<b>Total</b>	<b>27,950</b>	<b>19,138</b>

## Note 5 – Other administration costs

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

	2006/2007 £'000	2005/2006 £'000
Departmental Overheads	2,778	2,846
Depreciation on Fixed Assets	7,347	6,894
Information Technology	4,921	4,986
Travel and Subsistence	4,136	4,074
Early Departure Provision	2,042	4,567
Miscellaneous Expenditure	7,655	6,608
Office Machinery & Telecoms	3,484	3,241
Audit Fee	48	41
Impairment in the value of Fixed Assets	0	2,094
Fixed Asset Adjustments to Asset Values	(432)	0
(Profit) / Loss on Disposal of Fixed Assets	86	356
Asset Write – Ons	0	(590)
Operating Lease Costs – Hire of plant and machinery	342	291
Asset Communicated Costs	4,743	0
Interest charge on Capital	120	5,073
<b>Total</b>	<b>37,270</b>	<b>40,481</b>

## 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 £12,156,402.

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.

	2006/2007	2005/2006
	£'000	£'000
NHS value of service personnel (NVSP)	12,156	11,785
Infrastructure income	5,238	2,500
Rental income	49	137
Other income	287	372
<b>Total</b>	<b>17,730</b>	<b>14,794</b>

## 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:

	2006/2007 £'000	2005/2006 £'000
<b>Notional Costs:</b>		
Asset Communicated Costs	4,743	0
Interest on Capital	120	5,073
Notional Staff Costs	136	351
Shared Cost of Training	17,242	16,514
Security	3,279	1,722
MoD Central Overhead	19,877	17,728
MoD Permanent Transfer & Allowances	1,508	1,455
Utilities	635	304
MoD Telecom, Welfare & Post	3,552	3,529
Audit Fee	48	41
Stores supplied	4,060	4,141
Office & Business support	400	494
Accommodation	1,481	53
Works Maintenance	7,918	4,478
<b>Total</b>	<b>64,999</b>	<b>55,883</b>
<b>Other Non-Cash Costs:</b>		
Depreciation	7,347 <sup>1</sup>	6,894
Early Departure Provision	2,042	4,567
Impairment in value of fixed assets	0	2,094
Fixed Asset Adjustment to Asset Values	(432)	0
(Profit) / Loss on disposal of fixed assets	86	356
Asset Write – Ons	0	(590)
<b>Total</b>	<b>9,043</b>	<b>13,321</b>

1 The 2006/2007 Depreciation charge relates to a communicated cost in respect of depreciation on assets transferred to other parts of the MoD during the year.

## 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	Construction	Assets Under £000	Total £000
<b>Cost or Valuation</b>									
At 1 April 2006	29,898	123,357	29	6,071	231	36	0	159,622	
Additions		230		85	71		1,433	1,819	
Reclassifications								0	
Transfers In								0	
Transfers Out <sup>2</sup>	(30,518)	(122,569)	(29)	(6,078)	(230)	(36)		(159,460)	
Revaluation								0	
Impairment losses								(0)	
Write – Ons	620	496		237				1,353	
Disposals		(1,282)		(249)				(1,531)	
At 31 March 2007	0	232	0	66	72	0	1,433	1,803	
<b>Depreciation</b>									
At 1 April 2006	7,115	13,484	10	4,353	134	14	0	25,110	
Charge for the year									
Reclassifications									
Transfers In									
Transfers Out	(5,851)	(14,411)	(10)	(4,196)	(104)	(14)		(24,586)	
Write Ons		944		28				972	
Disposals	(1,264)	(17)		(185)	(30)			(1,496)	
At 31 March 2007	0	0	0	0	0	0	0	0	
<b>Net Book Value</b>									
At 1 April 2006	22,783	109,873	19	1,718	97	22	0	134,512	
At 31 March 2007	0	232	0	66	72	0	1433	1,803	

<sup>2</sup> Assets transferred to the Defence Communication Services Agency, Defence Estates and the Defence Logistics Organisation.



## Note 9 – Stock

	31 March 2007 £'000	31 March 2006 £'000
<b>Stock</b>	<b>2,044</b>	<b>3,698</b>

## Note 10 – Commitments Under Operating Leases

At 31 March 2007 DMETA had annual commitments under non-cancellable operating leases set out below:

	31 March 2007 £'000	31 March 2006 £'000
<b>Land &amp; Buildings</b>		
Operating leases which expire:		
Within one year	0	51
In the second to fifth years inclusive	356	132
Over five years	0	0
<b>Other</b>		
Operating leases which expire:		
Within one year	17	9
In the second to fifth years inclusive	118	89
Over five years	271	144
<b>Total</b>	<b>762</b>	<b>425</b>

## Note 11 – Debtors

Amounts falling due within one year:

	31 March 2007 £'000	31 March 2006 £'000
Trade Debtors	921	2,494
Other Debtors	2	355
Prepayments	3,378	607
Accrued income	5,011	9,361
<b>Total</b>	<b>9,312</b>	<b>12,817</b>

## Note 12 – Creditors

Amounts falling due within one year:

	31 March 2007 £'000	31 March 2006 £'000
Trade Creditors	1,483	2,380
Accruals and Deferred Income	7,152	3,825
<b>Total</b>	<b>8,635</b>	<b>6,205</b>

## Note 13 – Provisions for Liabilities and other Charges

	2006/2007 £'000	2005/2006 £'000
Provisions at 1 April	4,567	0
New Provisions created	1,942	4,567
Unwinding of Discount	100	0
<b>Provisions at 31 March</b>	<b>6,609</b>	<b>4,567</b>

### Early Departure Costs:

Two provisions were created in 2005/2006, in accordance with FRS12, relating to the MoD's then declared intention to withdraw from the Royal Hospital Haslar(RHH) site by 31 March 2007. It was subsequently decided that activities on the site would continue until late 2009. However, the complete withdrawal of clinical services from RHH, and their transfer elsewhere, that is now planned to take place by that time will result in a number of Compulsory Early Retirements (CER) and Compulsory Early Severances (CES) of civilian staff over the period. It will also result in a number of civilian posts transferring to Portsmouth Hospitals NHS Trust (PHT). Following detailed further review in 2006/2007 of the number of civilian posts now expected to be subject to CER, CES or transfer to PHT, the overall value of these provisions has been increased.

## Note 14 – General Fund

### Reconciliation of Net Operating Cost to changes in General Fund

	2006/2007 £'000	2005/2006 £'000
Net Financing from the Defence Resource account	120,553	125,380
Transferred to General Fund in respect of Realised element of Revaluation Reserve	0	41,445
ES (Land) Asset Transfer (net)	(99)	(22)
Other inter management group Fixed Asset transfers	(103,689)	0
Notional charges <sup>3</sup>	72,346	55,883
Net Operating Cost	(200,365)	(192,319)
<b>Net Increase/(Decrease) in General Fund</b>	<b>(111,254)</b>	<b>30,367</b>
<b>General Fund: Opening Balance 1 April 2006</b>	<b>109,169</b>	<b>78,802</b>
<b>General Fund: Closing Balance 31 March 2007</b>	<b>(2,085)</b>	<b>109,169</b>

## Note 15 – Revaluation reserve

	2006/2007 £'000	2005/2006 £'000
At 1 April 2006	31,086	56,319
Movements in year	0	16,212
Transferred to other parts of MoD	(31,086)	0
Transfer Realised Revaluation to the General Fund	0	(41,445)
<b>At 31 March 2007</b>	<b>0</b>	<b>31,086</b>

<sup>3</sup> Includes Notional Depreciation charges for 2006/2007.

## Note 16 – Capital commitments

There were no Contracted Capital commitments, either at 31 March 2007 or 31 March 2006.

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

	2006/2007 £'000	2005/2006 £'000
<b>Net Operating Cost</b>	<b>200,365</b>	<b>192,319</b>
<b>Adjustments for non-cash transactions:</b>		
Depreciation	(7,347)	(6,894)
Fixed Asset Adjustments to Asset Values	432	0
Loss on disposal of Fixed Assets	(86)	(356)
Asset Write – Ons	0	590
Early Departure Provision	(2,042)	(4,567)
Impairment in the value of fixed assets	0	(2,094)
Impairment Reversals	0	0
Interest Charge on Capital	(120)	(5,073)
Other Notional Costs (see Note 7)	(64,879)	(50,810)
	<b>126,323</b>	<b>123,115</b>
<b>Movement in Net Current Assets</b>		
Increase/(Decrease) in Stocks	(1,654)	583
Increase/(Decrease) in Debtors	(3,505)	2,304
(Increase)/Decrease in Creditors	(2,430)	(921)
<b>Net Cash Outflow from Operating Activities</b>	<b>118,734</b>	<b>125,081</b>

## 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 2006 to 31 March 2007, 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 20 – Post Balance Sheet Events

On 21 May 2007 Portsmouth Hospitals NHS Trust (PHT) signed a contract with the Ministry of Defence to allow PHT to continue to have use of the Royal Hospital Haslar (RHH) site and for the MoD to continue to provide certain services to PHT from 1 April 2007 until late 2009. During the period of the contract it is intended that the majority of services provided by MoD civilian staff employed at RHH will be transferred progressively to PHT and the staff themselves will transfer to PHT (in accordance with TUPE provisions). A Provision in the accounts has been made for the costs associated with this transfer of staff and any associated redundancies (see Note 13).

The financial negotiations which followed the agreement were based on what was affordable to the Trust, rather than the cost to DMETA of providing the services and the total amount payable has been capped at £7.45 million. This was agreed to as the provision of ongoing services provides valuable training experience for military medical personnel.

Management estimates that the cost to DMETA of providing these services to the Royal Hospital Haslar will exceed the payments received from PHT. The decision to incur these costs does not indicate any agreement to meet on a longer term basis the costs of providing services which should be funded by PHT.

One outcome of the agreement with PHT is that PHT is now responsible for providing all medical consumables required on the RHH site. This has left some £1.7M of medical consumables on the shelves at RHH. The arrangements for disposal of these stores and accounting for them are under review at the time of certification of these accounts. The outcome of this review will be reflected in the 2007/2008 accounts.

The annual report and financial statements were authorised for issue by the Accounting Officer on 17 July 2007.



## Note 21 – Intra – Government Balances

	Debtors: Amounts falling due within one year £'000	Debtors: Amounts falling due after more than one year £'000	Creditors: Amounts falling due within one year £'000	Creditors: Amounts falling due after more than one year £'000
Balances with other central government bodies	0		1	
Balances with local authorities	0		3	
Balances with NHS Trusts	5,164	787	2,956	
Balances with public corporations and Trading Funds	17		0	
Balances with bodies external to government	3,344		5,675	
<b>At 31 March 2007</b>	<b>8,525</b>	<b>787</b>	<b>8,635</b>	<b>0</b>
Balances with other central government bodies	0		5	
Balances with local authorities	0		13	
Balances with NHS Trusts	11,856		2,254	
Balances with public corporations and Trading Funds	8		0	
Balances with bodies external to government	776		3,945	
<b>At 31 March 2006</b>	<b>12,640</b>	<b>0</b>	<b>6,217</b>	<b>0</b>

## Glossary

AATP	Agreed Annual Training Provision	DII	Defence Information Infrastructure
AATP(E)	Agreed Annual Training Provision (External)	DMETA	Defence Medical Education & Training Agency
ADMEM	Academic Department of Military Emergency Medicine	DMICP	Defence Medical Information Capability Programme
AFPRB	Armed Forces Pay Review Board	DMLS	Defence Medical Library Service
ATR	ARMY Training Regiment	DMRC	Defence Medical Rehabilitation Centre
BCP	Business Continuity Planning	DMRECC	Defence Medical Rehabilitation Evaluation and Coordination Cell
CCAST	Critical Care Air-transportable Support Team	DMS	Defence Medical Services
CCI	Customer Confidence Index	DMSD	Defence Medical Services Department
CETV	Cash Equivalent Transfer Value	DMSTC	Defence Medical Services Training Centre
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
CJMEDEX	Combined Joint Medical Exercise	DSHCS	Defence School for Health Care Studies
Cmdt	Commandant	EFQM	European Foundation for Quality Management
CMT	Combat Medical Technician	EOC	Early Operation of Change
CO	Commanding Officer	EX	Exercise
COS	Chief of Staff	FP	Foundation Programme
CPD	Continuing Professional Development	FY	Financial Year
CSP	Civil Service Pensions	GP	General Practitioner
DCDS(H)	Deputy Chief of Defence Staff (Health)	GPVT	General Practitioner Vocational Training
DDS	Defence Dental Services	HCA	Health Care Assistant
DITC	Directorate of Individual Training Capability	IiP	Investors in People
DIA	Defence Internal Audit	JSSRI	Joint Services School for Remedial Instructors

KT	Key Target	QEMC	Queen Elizabeth Medical Centre
MA	Medical Assistant		
MA/CMT	Medical Assistant/Combat Med Tech	RAB	Resource Allocation and Budgeting
MDHU	Ministry of Defence Hospital Unit	RCDM	Royal Centre for Defence Medicine
MIMMS	Major Incident Medical Management and Support	RFA	Royal Fleet Auxiliary
MMA	Midland Medical Accommodation (project)	RGN	Registered General Nurse
MMC	Modernising Medical Careers	RN	Royal Navy
MoD	Ministry of Defence	RRU	Regional Rehabilitation Unit
MT2M	Medical Training to the Midlands	RTC	Regional Trauma Centre
MTAS	Medical Training Application Service	SAC	Senior Aircraftman
NHS	National Health Service	SDiG	Sustainable Development in Government
nMRCGP	'new' Membership Examination of the Royal College of General Practitioners	SLE	Spearhead Lead Element
NVQ	National Vocational Qualification	SMAC	Senior Medical Administration Course
OC	Officer Commanding	SNCO	Senior Non-Commissioned Officer
ODP	Operating Department Practitioner	SOiG	Strategic Operations in Government
OP	Operation	SSAFA	Soldiers, Sailors & Air Force Association
ORPT	Other Ranks Promotional Training	TAC	Training Analysis Cell
PCRF	Primary Care Receiving Facility	TDU	Training and Development Unit
PFI	Private Finance Initiative	TDUs	Training Delivery Units
PHT	Portsmouth Hospitals Trust	TNA	Training Needs Analysis
PJHQ	Permanent Joint Headquarters	TUPE	Transfer of Undertaking (Protection of Employment)
PJOBS	Principal Joint Operating Bases	UCE	University of Central England
PPHC	Primary and Pre-Hospital Care	UHB	University Hospital Birmingham
		UHBFT	University Hospital Birmingham Foundation Trust
		WMD	West Midlands Deanery



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