

SUMMARY DOCUMENT

# Records Management Disposal Schedule

(This document is also known as **APPENDIX C** when read in conjunction with  
'**Records Management Strategy**')

2019 – (Version 6.0)  
CS>SMT>G&R>Board

## Policy Review Schedule

Date first Approved by the Board: January 2006

Last Approved by the Board: January 2019

Date of Next Review: January 2021

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Policy Owner: Governance, IT and Facilities Manager

### Amendment Overview

Version	Date	Pages	Comments	Actioned
2006 – 1.0	January 2006		For intial consultation and feedback	
2006 - 1.0	January 2006		Presented to NIMDTA Board for approval. <b>Approved.</b>	
2008 – 2.0	08/05/2008		Signed off by: <ul style="list-style-type: none"><li>• Head of Records Management (PRONI);</li><li>• Acting Director (PRONI);</li></ul>	David Huddleston Aileen McClintock
2008 – 2.0	14/05/2008		Signed off by: <ul style="list-style-type: none"><li>• Permanent Secretary (DCAL)</li></ul>	Paul Sweeney
2008 – 2.0	16/05/2008		Signed off by: <ul style="list-style-type: none"><li>• Chief Executive (NIMDTA)</li><li>• Administrative Director (NIMDTA)</li></ul>	Terry McMurray Margot Roberts

2012 – 3.0	23/02/2012		Updated following the review of Good Management Good Records. Updated to new policy template. Presented to NIMDTA Board for approval. <b>Approved.</b>	Mark Oliver
2012 – 3.1	03/10/2013	92	Updated to reflect Role of NIMDTA and new mission statement	Linda Craig
2014 – 4.0	17/02/2014	4, 5, 12-87	Role of NIMDTA updated. Disposal Schedule updated from current Good Management Good Records.	Mark Oliver
2014 – 4.0	25/02/2014	88	Presented to G&R Committee for approval	
2014 – 4.0	27/02/2014	88	Presented to NIMDTA Board for approval.	
2014 – 4.0	11/03/2014	88	Presented to Extraordinary meeting of NIMDTA Board for approval. <b>Approved.</b>	
2016 – 5.0	08/01/2016	ALL	Document reviewed. Introduction amended and Disposal Schedule section added. Full list of record types removed and replaced by links to DHSSPS website	Mark Oliver
2016 – 5.0	21/01/2016		Reapproved by Governance & Risk	

			Committee.	
2016 – 5.0	26/01/2016		Reapproved by NIMDTA Board.	
2019 – 6.0			Policy Reviewed. Updates to links, job titles, information in relation to disposal of sensitive records. Addition of Disposal Register.	Mark Oliver
2019 – 6.0	24/01/2019		Approved by Agency Board, subject to further discussion at next G&R Committee	
2019 – 6.0	13/02/2019		Approved at Governance and Risk Committee	

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## **Role of the Northern Ireland Medical and Dental Training Agency**

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

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

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

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

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training,

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

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

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

## **Policy Impact**

This policy may have an impact on the following:

- Records Management Policy
- Records Management Strategy

## **Policy Influences**

This policy has been influenced by the following:

- Good Management Good Records

## **1. Introduction**

[Good Management Good Records](#) is the Department's advice and guidance on records management. It includes a retention and disposal schedule, prepared in accordance with the Public Records Act (NI) 1923 and the Disposal of Documents Order 1925. It covers all records created by the Department, Public Safety and HSC Organisations, as well as those working under contract to the HSC.

## **2. Disposal Schedule**

Good Management Good Records has been endorsed as the Disposal Schedule of the Northern Ireland Medical and Dental Training Agency.

The complete guidance is available online at <https://www.health-ni.gov.uk/topics/good-management-good-records>.

Staff are asked to familiarise themselves with the content of [Good Management Good Records](#) and with the retention periods for records in each of the areas of work in which they are involved:

- [Section A: Accident / incidents and untoward events](#)
- [Section B: Complaints](#)
- [Section C: Contracts / Service Level Agreements](#)
- [Section D: Equipment](#)
- [Section E: Estates](#)
- [Section F: Finance](#)
- [Section H: ICT](#)
- [Section I: Legal](#)
- [Section J: Organisation](#)
- [Section L: Personnel](#)
- [Section N: Public Safety](#)

- [Section O: Regulation \(includes record types specific to NIMDTA – O27 to O33\)](#)
- [Section Q - Statistics](#)

Any queries should be directed to the Data and Information Systems Manager.

### **3. Procedures for the Preservation, Retention and Destruction of Records**

#### **Team Leader**

The Team Leader will be responsible for the management of records within his/her own department and will ensure that all documentation is filed appropriately and on a timely basis.

The Team Leader will ensure that copies of documentation not required are shredded or disposed of on a regular basis.

The Team Leader must ensure that records containing personal sensitive data are kept separately in a locked draw or filing cabinet or in a password protected computer file.

The Team Leader will be responsible for ensuring that appropriate arrangements for the selection of documents for preservation or destruction takes place within his/her area. Where off-site records have been centralised, the Data and Information Systems Manager will be responsible for generating reports identifying the records.

The Team Leader will be responsible for ensuring that records, which fall under the criteria for permanent preservation, are clearly identified, then labelled and discharged to designated archival storage facilities on a regular basis.

The Team Leader will identify records to be destroyed annually (each January), obtain authorisation and initiate destruction.

The Team Leader will be required to enter each decision to destroy records into a register held within his/her Department and will

certify, in conjunction with another member of staff, that destruction has taken place. The completed disposal schedule should also be forwarded to the Data and Information Systems Manager.

The Team Leader will be responsible for ensuring that files are closed according to the Disposal Schedule. A file is closed when:

- it has been open for five years. Exceptions to this rule will be personnel files relating to individual employees and trainee files.
- the depth of paper reaches more than 2.5 cm and a continuation file opened
- the subject matter is finished – files should be time bounded to calendar or financial years, where possible.
- no new papers have been added to the file for two years. Exceptions to this rule will be personnel files relating to individual employees and trainee files.

Once a file has been closed, no further papers may be added. If necessary continuation files for the same subject matter may be opened.

### **All Staff**

All staff have a responsibility for ensuring that records are put in the correct order in the appropriate file.

### **The Governance, IT and Facilities Manager**

The Governance, IT and Facilities Manager will co-ordinate the implementation of the Records Management Strategy ensuring

systems are in place for the appropriate operation of the disposal schedule.

### **The Data and Information Systems Manager**

The Data and Information Systems Manager is responsible for developing the NIMDTA records management system to meet the guidance issued by the Department of Health NI (Good Management, Good Records) and provides support to the Governance, IT and Facilities Manager.

### **4. Review of Files**

A file should be reviewed as follows:

- On closure – a file should be reviewed immediately it is closed. Staff are asked to indicate their decision on the file's disposal when it is being closed, if not already specified in the Disposal Schedule.
- First review - five years after the file was closed.
- Second review – there may be occasions when it proves impossible to reach a decision on a file at first review. Such files should be put away for examination at a later stage, usually 25 years after the file was opened.

The following options are available at first review:

- Immediate destruction – where the file has no further administrative value the Administrative Director will arrange for PRONI to examine and authorise destruction if there is no need to preserve.
- Request to retain for 5/10 years – if there is a short to medium term administrative need to preserve the file should be retained as instructed and destroyed after PRONI inspection.

- Retain for 15 years – if there is a long term administrative need the file should be retained until second review becomes due and the file inspected by PRONI.

The following options are available at second review for records not considered worthy of preservation by PRONI:

- Destroy immediately – if the file has no further administrative value
- Retain – if the file is still required on account of administrative need. The team leader must document reasons for specified retention.

## **5. Disposal of Records**

### **Authorisation**

The destruction of NIMDTA records must be authorised by Senior Managers/Heads of Departments. If there is any doubt about the need for authorisation in a specific case, individuals should consult their line managers.

### **Non-sensitive files/records**

Information in the public domain should be disposed of in the rubbish bin. Files and records not normally available to the public should be torn into small pieces and bagged for collection by an approved disposal firm.

### **Sensitive Records**

When sensitive records are disposed of, it is important to use methods that do not allow future use or reconstruction. Paper records containing personal data should be placed in one of the

three locked consoles within the building – these are emptied regularly and the contents pulped or burned by an approved disposal firm.

Special care must be taken with electronic records, which can be reconstructed from deleted information. Similarly, erasing or reformatting computer disks or personal computers with hard drives, which once contained personal data is not enough. Software tools are available which will remove all data from the medium so that it cannot be reconstructed. Floppy disks must be physically destroyed

Videotapes containing personal data should also be physically destroyed, not simply thrown away. Overwriting a videotape which contains personal data with non-personal information will remove the previous images; this should be done on-site by authorised staff.

### **Off-site Disposal**

When records are destroyed by an outside agency, that agency should be contractually bound to observe the same security standards and considerations as those that apply to on-site disposal.

### **Disposal Register**

Each decision to destroy a record will be entered into a register indicating who has destroyed the record, when, and using what method of destruction. The disposal record applies to both paper and electronic (computer and video) records. The Register should contain basic details of the record destroyed and certify that the destruction has taken place.

