

RESTRICTED**RECORD OF INTERVIEW**

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Person interviewed: BARTON, JANE ANN

Place of interview: FRAUD SQUAD NETLEY

Date of interview: 04/11/2004

Time commenced: 1123 Time concluded: 1143

Duration of interview: 20 MINUTES Tape reference nos. (→)

Interviewer(s): Code A

Other persons present: MR BARKER, SOLICITOR

Police Exhibit No:	Number of Pages:
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Signature of interviewer producing exhibit

Person speaking	Text
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Code A

Right first of all because there's been a considerable break between the last time we spoke and now I'm going to have to go through the preamble (inaudible). This interview again is being tape recorded. I Code A my colleague is ...

Code A

Code A

Code A

... I'm interviewing Dr Jane BARTON, Dr BARTON can you please give your full name and your date of birth?

BARTON

Jane Ann BARTON, 1 Code A

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 2 of 35**Code A**

And also present is Mr BARKER, Dr BARTON's solicitor can you give your full name?

BARKER

I can confirm that, my name is Ian BARKER from the Medical Defence Union Legal Department.

Code A

This interview is being conducted in an office, within the Fraud Squad at Netley Support Police Headquarters. The time is 1123 hours, still on Thursday the 4th of November 2004 (04/11/2004). At the conclusion of the interview Dr BARTON I'll give you a notice explaining what will happen to the tapes, which is that form we showed you earlier on. Remind you that you're still entitled to free legal advice, you have Mr BARKER here. Can I just confirm have you had time now to discuss again with him, you're ready to speak to us at the moment?

BARKER

We're ready to proceed with the interview, yes.

Code A

With the interview I should say yeah, okay. Now again I'll remind you you're here voluntarily Dr BARTON so if at any time you want to leave you're free to do so. Again I'm going to have to caution you that you do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court. We've been through the explanation of that, are you still happy with that explanation, you understand?

BARTON

I am.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 3 of 35**Code A**

Okay, again the interview is being remotely monitored, you can see the red light on the box there and it's being monitored by DS GROCOTT in another office. Right in the last interview Dr BARTON you gave us and read out a very full prepared statement that covers quite a few of the questions that we actually want to ask you. However it doesn't cover all of them so I do propose to ask the questions, albeit you have indicated through your solicitor, Mr BARKER, that you wish to make no comment. Hopefully though you'll see as I go through the questions that they are particularly generic, they're not at all specific to the case of Elsie DEVINE and you may feel at some stage that you, you may wish to comment on them. Now as I said some of the questions I'll ask you have been covered in your prepared statement so we've been through the prepared statement, it's very full but we think rather than having to flick through bits of paper and decide which questions have been asked, or answered should I say, if we go through them chronologically it will actually probably save us time but one thing that does come out of the prepared statement and it really jumped out at all of us that I would like to cover straight away and I don't know whether you've got, got it to refer to at all but on page seven of your statement the top paragraph which obviously continues from page six, you make mention that you raised the matter that you're overstretched, I'm summarising it, albeit verbally saying that you couldn't manage the level of care for a number of patients but the reality was there was no one else to do it and on the last paragraph you said in 1998 you tried to raise the issue with the Trust management

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 4 of 35

but there was no one else to to do the job. I really would like to know can you remember who specifically ...

BARTON

No comment.

Code A

... you spoke to verbally? Okay because it will certainly assist us in our enquiry if we could know we would need to go and see to see if can make any records, find records of that conversation. Okay what I intend to do now then, unless there's anything there you want to ask Geoff?

Code A

No.

Code A

Is actually to start to go through the questions that I'd like to ask you. Well the first topic area is qualifications and as I said earlier some of these questions have been answered in your prepared statement. When did you qualify as a doctor?

BARTON

No comment.

Code A

Where did you qualify?

BARTON

No comment.

Code A

Where did you train to become a general practitioner?

BARTON

No comment.

Code A

When did you start working at Gosport?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 5 of 35

BARTON No comment.

Code A

What is the organisational set up of the practice?

BARTON No comment.

Code A

How many doctors were actually working at the practice from 1990 onwards?

BARTON No comment.

Code A

Since qualifying as a GP what further professional qualifications have you obtained?

BARTON No comment.

Code A

Since you started working at Gosport what further training have you undertaken in the field of medicine?

BARTON No comment.

Code A

What is your GMC, the General Medical Council Registration Number?

BARTON No comment.

Code A

What do you understand as being your responsibilities under that registration?

BARTON No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)

Page 6 of 35

Code A

The next topic area it's the role of the GP. What are your responsibilities as a General Practitioner?

BARTON

No comment.

Code A

How did the practice work, particularly that is in relation to the care of the elderly?

BARTON

No comment.

Code A

How many patients were you responsible for within the practice during the 1990's?

BARTON

No comment.

Code A

Did you operate a call out system?

BARTON

No comment.

Code A

How was your working day constructed?

BARTON

No comment.

Code A

Were there any areas of speciality that you were responsible for within the practice?

BARTON

No comment.

Code A

How would your patients come to be admitted to the Gosport War Memorial Hospital?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 7 of 35

BARTON

No comment.

Code A

And once there who would look after them?

BARTON

No comment.

Code A

Right, okay. You became a Clinical Assistant at the Gosport War Memorial Hospital and I'd like to ask you some questions about that. What was the role of the Gosport War Memorial Hospital within the local community, that is as far as you were concerned?

BARTON

No comment.

Code A

Prior to you starting work there as a Clinical Assistant how were the patients from the community cared for within that hospital?

BARTON

No comment.

Code A

There's something called Bed Fund Holders, what are they?

BARTON

No comment.

Code A

How and why did you become the Clinical Assistant?

BARTON

No comment.

Code A

Was there a selection board for the post?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 8 of 35

BARTON

No comment.

Code A

What was the purpose of having a Clinical Assistant at that hospital?

BARTON

No comment.

Code A

What were you expected to do on a day to day basis, a daily basis?

BARTON

No comment.

Code A

What was the remuneration package for the post?

BARTON

No comment.

Code A

How was the job description for the post decided upon if you were the post holder?

BARTON

No comment.

Code A

And I think within that job description there was certain duties that the post holder was expected to uphold. Can you (inaudible) one to visit the units on a regular basis and to be available on call as necessary.

BARTON

No comment.

Code A

And how would you ensure then that all new patients were seen promptly after admission?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 9 of 35

BARTON

No comment.

Code A

In what ways were you responsible for the day to day medical management of the patients?

BARTON

No comment.

Code A

Who was responsible for the writing up of the original case notes?

BARTON

No comment.

Code A

And who ensured that follow up notes were kept up to date and reviewed?

BARTON

No comment.

Code A

Who would complete upon a patients discharge, discharge summary?

BARTON

No comment.

Code A

I think there's another form, it might be the same form I'm not sure but I think it's called an HRM60 or 60, who's responsible for completing that?

BARTON

No comment.

Code A

Who was responsible to ensure the prompt preparation of death certificates and for the cremation certificates were appropriate?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 10 of 35

BARTON

No comment.

Code A

And who would take part in the weekly consultant rounds?

BARTON

No comment.

Code A

Was it your responsibility to prescribe as required drugs for the patients under the care of the consultant physicians in the geriatric medicine?

BARTON

No comment.

Code A

Did you have to participate, where possible, in multi disciplinary case conferences and discussions related to the patients in the unit?

BARTON

No comment.

Code A

How did you provide clinical advice and professional support to other members of the caring team?

BARTON

No comment.

Code A

How would you identify opportunities to improve services so that a higher level of care could be provided within the resources that were available to you?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 11 of 35**Code A**

Were you available when required to advise and counsel relatives?

BARTON

No comment.

Code A

Were you responsible for liaising with the GP's with whom the patient was registered and with other clinicians and agencies?

BARTON

No comment.

Code A

Those are several roles that were initially identified within the job description. How long was a session, you were employed for a number of sessions a week, as you've pointed out in your statement, how long was a session?

BARTON

No comment.

Code A

Did you spend longer than the allotted time at the hospital?

BARTON

No comment.

Code A

Who were you accountable to on a daily basis?

BARTON

No comment.

Code A

So who was responsible for you overall?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 12 of 35**Code A**

I believe your contract was offered in April 1998 for one year, how was that renewed?

BARTON

No comment.

Code A

Did you receive any training and what training did you receive for that given role?

BARTON

No comment.

Code A

What training was provided in relation to pharmacy and the prescription of drugs?

BARTON

No comment.

Code A

How, if at all, did the role of clinical assistant develop over the years?

BARTON

No comment.

Code A

If there were any changes was it reflected in a new job description?

BARTON

No comment.

Code A

How did you feel about your levels of responsibilities?

BARTON

No comment.

Code A

In the same vein what did you think the hospital actually expected of you?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 13 of 35

BARTON

No comment.

Code A

What in your view did you think was the role of the consultant in charge of the ward?

BARTON

No comment.

Code A

Did you feel that you were provided with enough support throughout your work when there's only one consultant providing cover?

BARTON

No comment.

Code A

When would you conduct your rounds?

BARTON

No comment.

Code A

What was the purpose of your round?

BARTON

No comment.

Code A

When would you make entries in medical records?

BARTON

No comment.

Code A

What is the purpose behind formulating and recording a working diagnosis?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 14 of 35**Code A**

What are the Wessex Protocols?

BARTON

No comment.

Code A

And how were they applied?

BARTON

No comment.

Code A

What is an analgesic ladder?

BARTON

No comment.

Code A

And how would that be applied?

BARTON

No comment.

Code A

What policy was in place regarding prescription of strong opiate analgesia?

BARTON

No comment.

Code A

Just take a quick break here Geoff is there anything you want ...

Code A

No.

Code A

... no. Moving onto the topic area of clerking. What is the purpose of the clinical assistant in the context of looking after patients?

BARTON

No comment.

2003(1)

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 15 of 35**Code A**

On the admission or transference of a patient to the ward what process should take place?

BARTON

No comment.

Code A

Who should carry out the function of clerking?

BARTON

No comment.

Code A

If it's a doctor who carries out that function what should he or she do?

BARTON

No comment.

Code A

Again on the other hand if it's a nurse what should he or she do?

BARTON

No comment.

Code A

What is the purpose of initial clerking?

BARTON

No comment.

Code A

What records would arrive with a patient?

BARTON

No comment.

Code A

Would a patient always arrive with the notes from the QA Hospital for instance?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 16 of 35

BARTON

No comment.

Code A

Initial assessments, what is the purpose of an initial medical assessment of a patient when they arrive on the ward?

BARTON

No comment.

Code A

Who would you be expecting to read the entry?

BARTON

No comment.

Code A

So when would you actually see a patient for the first time?

BARTON

No comment.

Code A

And what physical examination of the patient would you carry out?

BARTON

No comment.

Code A

Care plans, what's the purpose of a care plan?

BARTON

No comment.

Code A

Do you have any input into a care plan?

BARTON

No comment.

Code A

What would you expect to see recorded in the patient notes on a day to day basis?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 17 of 35

BARTON

No comment.

Code A

And that includes the nursing and medical notes.

BARTON

No comment.

Code A

Ward rounds, how often would you conduct your rounds?

BARTON

No comment.

Code A

And who would you conduct your rounds with?

BARTON

No comment.

Code A

So what was the purpose of the rounds?

BARTON

No comment.

Code A

Were the nurses on the ward, would they accompany you and have any input into the rounds?

BARTON

No comment.

Code A

How often did the consultants conduct their rounds?

BARTON

No comment.

Code A

In what way did the consultant rounds differ from yours, if they did?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 18 of 35

BARTON

No comment.

Code A

So what did you understand a consultants responsibilities to be?

BARTON

No comment.

Code A

In relation to the pharmacy, what pharmaceutical training had you received whilst you were working at the hospital?

BARTON

No comment.

Code A

How would you know what drugs to prescribe to a patient?

BARTON

No comment.

Code A

How would you learn about new drugs that were available for administration?

BARTON

No comment.

Code A

How did the pharmacy at the Gosport War Memorial Hospital work in relation to the availability and suitability of medicines and drugs?

BARTON

No comment.

Code A

How many pharmacists worked at the Gosport War Memorial Hospital in 1999?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 19 of 35**Code A**

What is the BNF?

BARTON

No comment.

Code A

What is its purpose?

BARTON

No comment.

Code A

How often would you refer to the BNF?

BARTON

No comment.

Code A

What was the purpose of the Wessex Protocols in relation to prescribing medicines to patients?

BARTON

No comment.

Code A

While we're talking about prescribing medicines, what's the difference between once only drugs and as required drugs ...

BARTON

No comment.

Code A

... regular drugs? Why are ranges of drugs prescribed for patients?

BARTON

No comment.

Code A

How should the prescription chart be completed?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 20 of 35**Code A**

Can you explain how a prescription chart is made up?

BARTON

No comment.

Code A

Again from the prepared statement you've made mention about supervision and the fact you were overstretched, who actually supervised you?

BARTON

No comment.

Code A

So what was the organisational set up of the hospital when you started work there in 1988?

BARTON

No comment.

Code A

Where did you fit into this organisation?

BARTON

No comment.

Code A

How was your work supervised on a day to day basis?

BARTON

No comment.

Code A

Or even on a week to week basis?

BARTON

No comment.

Code A

Were you given like a yearly appraisal or a performance assessment?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 21 of 35

BARTON

No comment.

Code A

If you were who would give you this?

BARTON

No comment.

Code A

If there wasn't an appraisal system in the early years of when you were working there, when did it start?

BARTON

No comment.

Code A

Have you ever had an appraisal or a performance assessment while you were working at the Gosport War Memorial Hospital?

BARTON

No comment.

Code A

How was your , the contract, was it renewed every year?

BARTON

No comment.

Code A

Because if it was I was just wondering how it was renewed?

BARTON

No comment.

Code A

So if you had problems either with patients or with the organisation at the hospital who would you refer to?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 22 of 35**Code A**

And the same for help and support how, for your role in particular this is, how was that offered?

BARTON

No comment.

Code A

What were your responsibilities towards the supervision of the nursing staff?

BARTON

No comment.

Code A

Who supervised the work of the nurses?

BARTON

No comment.

Code A

Who supervised the work of the sisters or the senior nurses?

BARTON

No comment.

Code A

Where did Philip BEAD fit into the system?

BARTON

No comment.

Code A

Were you responsible for any appraising, writing up of appraisals or supervising any staff?

BARTON

No comment.

Code A

There was something called the named nurse what did you understand that role to be?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 23 of 35

BARTON

No comment.

Code A

With the drugs, the administration of drugs, who actually administers the prescribed drugs?

BARTON

No comment.

Code A

What training do the nurses the nursing staff have in the administration of drugs?

BARTON

No comment.

Code A

Can any level of nurse administer drugs?

BARTON

No comment.

Code A

The drug registers, what is the, can you explain what the purpose of the drug registers are?

BARTON

No comment.

Code A

Or what has to be recorded in them?

BARTON

No comment.

Code A

Something that we've noticed, sometimes drugs are prescribed but not administered, why's that?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 24 of 35**Code A**

And while we're talking about drugs there's certain drugs I'd like to ask you about as well and one of them is Fentanyl. What kind of drug is Fentanyl?

BARTON

No comment.

Code A

When is it normally prescribed?

BARTON

No comment.

Code A

What is it's purpose?

BARTON

No comment.

Code A

Does it have any side effects for instance?

BARTON

No comment.

Code A

What is a Fentanyl transdermal patch?

BARTON

No comment.

Code A

And if it's a patch how would that differ from say a tablet or injection?

BARTON

No comment.

DC **Code A**

What is your understanding of the analgesic ladder?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 25 of 35**Code A**

With a Fentanyl patch how long does it take for that to become effective, with regards to pain relief that is?

BARTON

No comment.

Code A

The term opiate naive what does that mean to you?

BARTON

No comment.

Code A

What are the side effects of opioids in the elderly?

BARTON

No comment.

Code A

There's another drug called chlorpromazine I will struggle with the pronunciation of some of these drugs but what is the purpose of chlorpromazine?

BARTON

No comment.

Code A

What is an anti psychotic drug?

BARTON

No comment.

Code A

What's Midazolam?

BARTON

No comment.

Code A

And why would Midazolam be used?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 26 of 35**Code A**

So how would you know exactly how much Midazolam to prescribe?

BARTON

No comment.

Code A

Would you expect to see an entry in the notes as to the justification for this drug being administered?

BARTON

No comment.

Code A

What part did the Wessex Protocols play in the prescription of Midazolam, if they did?

BARTON

No comment.

Code A

What is diamorphine?

BARTON

No comment.

Code A

And why would diamorphine be used?

BARTON

No comment.

Code A

What other kinds of analgesic are normally used prior to taking diamorphine?

BARTON

No comment.

Code A

Where's diamorphine fit within the analgesic ladder?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 27 of 35**Code A**

Is it normal practice then to prescribe diamorphine as a, as required, drug?

BARTON

No comment.

Code A

How would you decide how much diamorphine to prescribe?

BARTON

No comment.

Code A

What, with the range of parameters for the administration of drug, what is the purpose of actually prescribing a range of parameters for the administration of drug, for example between 20 and 80 milligrams?

BARTON

No comment.

Code A

And if that's been done how would the nurses know exactly where to start within this range?

BARTON

No comment.

Code A

Would you expect to see an entry in the notes as to the justification of this drug being administered?

BARTON

No comment.

Code A

I mean what part did the Wessex Protocols play in the prescription of diamorphine?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 28 of 35

BARTON

No comment.

Code A

Now syringe drivers I understand there's several different makes and models. What, first of all what is a syringe driver?

BARTON

No comment.

Code A

And why would it be used?

BARTON

No comment.

Code A

What kind of patients are suitable for the use of syringe driver?

BARTON

No comment.

Code A

Does anyone talk to the patients family regarding the use of a syringe driver?

BARTON

No comment.

Code A

Could you explain how a syringe driver actually works?

BARTON

No comment.

Code A

Who prepares the drugs for administration via a syringe driver?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 29 of 35**Code A**

I think and I mentioned earlier, I mean I understand there's different styles and sizes why's that?

BARTON

No comment.

Code A

More important what kind of syringe drivers have been used on the ward?

BARTON

No comment.

Code A

DC YATES

During 1988 that would be.

BARTON

No comment.

Code A

D

Is the use of a syringe driver a significant factor in the care of the patient?

BARTON

No comment.

Code A

So what was the purpose of using a syringe driver?

BARTON

No comment.

Code A

Who actually makes the decision to start someone on a syringe driver?

BARTON

No comment.

Code A

Were there any policies on the ward as to how syringe drivers should be set up and monitored and maintained?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 30 of 35

BARTON No comment.

Code A

Who was responsible for ensuring that the appropriate staff were trained in the operation of syringe drivers?

BARTON No comment.

Code A

What rationale had to be in place before a syringe driver could be used?

BARTON No comment.

Code A

What would be recorded in the notes about the rationale for using a syringe driver and who would record that?

BARTON No comment.

Code A

I would like to ask you some questions about death certificates if I may. What's the difference first of all between verification and certification of death?

BARTON No comment.

Code A

And so in what circumstances would it be acceptable, if that is the case for nurses to verify death?

BARTON No comment.

Code A

What process was undertaken by a doctor in certifying a death?

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 31 of 35

BARTON No comment.

Code A

How is a death notified to the coroners office?

BARTON No comment.

Code A

You've made mention again in your statement about palliative care, what exactly does palliative care mean?

BARTON No comment.

Code A

What's the difference between rehab and slow stream rehab, recuperative term or respite care, what's the differences between those?

BARTON No comment.

Code A

So who would make the decisions as to what kind of care a particular patient would receive?

BARTON No comment.

Code A

Record keeping, what should be recorded in a patients medical notes ...

BARTON No comment.

Code A

... and by whom?

BARTON No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 32 of 35**Code A**

What's the purpose of a care plan?

BARTON

No comment.

Code A

Who would accept patients onto the wards?

BARTON

No comment.

Code A

When would you actually get to see them?

BARTON

No comment.

Code A

Were you responsible for the clerking?

BARTON

No comment.

Code A

When would the consultant see the patient?

BARTON

No comment.

Code A

When patients arrived at the hospital, Gosport War Memorial Hospital, were they then under the sole charge of you?

BARTON

No comment.

Code A

Who else was responsible for the patients?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 33 of 35**Code A**

Is there a policy of any sort for the completion of notes and what should be in them?

BARTON

No comment.

Code A

What is your understanding of the resuscitation policy, in particular relating to entries in patient notes?

BARTON

No comment.

Code A

Your, talking about your supervision, were you happy with the level of supervision and training that you've been provided with in order to care for the patients there?

BARTON

No comment.

Code A

If there were any deficiencies and they were lacking anyway what were they?

BARTON

No comment.

Code A

If there were deficiencies how did you try to address that?

BARTON

No comment.

Code A

At the time of Mrs DEVINE's admission to the War Memorial Hospital did you have any concerns regarding your personal workload?

BARTON

No comment.

RESTRICTED

Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 34 of 35**Code A**

How would you report whether you did have any concerns regarding staff or workload issues?

BARTON

No comment.

Code A

What concerns did you have, if any, about the Gosport War Memorial Hospital in 1999?

BARTON

No comment.

Code A

What training in respect of any issues whether they were medical or pharmaceutical, did you raise in 1999?

BARTON

No comment.

Code A

Geoff, got anything?

Code A

No.

Code A

Right I've got no further questions that I'd like to ask you now, is there anything that you'd like to say?

BARKER

No thank you Mr YATES.

Code A

Doctor?

BARTON

No thank you.

Code A

Is there anything you wish to clarify or ...

BARKER

No. I'm grateful.

2003(1)

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Interview of: BARTON, JANE ANN

Form MG15(T)(CONT)
Page 35 of 35

Code A

... Add, Geoff?

Code A

No.

Code A

Right the time then is 1143 hours and we're turning the recorder off.