

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

St Mary's Hospital  
Milton Road  
PORTSMOUTH  
Hants PO3 6AD

Telephone: 822331  
Ext: 2485

28.4.88

Dr Jane Barton

**Code A**

Dear Dr Barton

I am instructed by the Portsmouth and South East Hampshire Health Authority to confirm the offer of appointment as Clinical Assistant in Geriatric Medicine for a period of one year commencing on 1 May 1988 and terminating on 30 April 1989. The post required attendance at Gosport War Memorial Hospital for five sessions per week.

The remuneration for this post will be £9375 per annum as laid down in the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). It is subject to amendment from time to time in the light of national agreement.

You are entitled to receive two months' notice of termination of employment and are required to give the Portsmouth and South East Hampshire Health Authority two months' notice.

The employing authority will require you to be a fully subscribed member of a recognised professional defence organisation, or if you have an objection to such membership on grounds of conscience, or on some other grounds approved by the Secretary of State, to take out and produce to the employing authority an insurance policy covering yourself in respect of any liability arising out of or in connection with your duties hereunder, and to produce to the employing authority forthwith and annually the receipts for the payment or renewal of subscriptions or premiums as the case may be.

You are required to have full registration with the General Medical Council. General Medical Council.

Please forward documentary evidence of your medical insurance and registration with the signed acceptance.

You will be entitled to annual leave with pay at a rate of six weeks per annum. Full details of both annual leave and sick leave and the conditions governing these allowances are set out in the Terms and Conditions of Service.

The Portsmouth and South East Hampshire Health Authority accepts no responsibility for damage to or loss of personal property, with the exception of small valuables handed to their officials for safe custody. It is, therefore, recommended that you take out an insurance policy to cover your personal property.

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The employing authority undertakes that it will not make deductions from or variations to your salary other than those required by law without your express written consent.

Should you have any grievance relating to your employment you are entitled to discuss the matter in the first instance with the Consultant(s) to whom you are responsible and, where appropriate, to consult either personally or in writing with the Personnel Officer (Medical Staffing) in the Personnel Department, St Mary's Hospital

The agreed procedure for settling differences between you and the Portsmouth and South East Hampshire Health Authority where the difference relates to a matter affecting your conditions of service is set out in Section 32 of the General Whitley Council Conditions of Service.

The agreed disciplinary procedure is available in the Personnel Department, St Mary's Hospital. If you are dissatisfied with a disciplinary procedure application to appeal should be made to the District Personnel Manager, District Offices, St Mary's Hospital.

If you agree to accept the appointment on the terms specified above please sign the form of acceptance at the foot of this letter and return it to me. A second signed copy of this letter is attached which you should also sign and retain for your future reference.

Yours sincerely

**Code A**

Mrs P Danks (on behalf of the Portsmouth and South East Hampshire Health Authority)

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PLEASE DO NOT DETACH

I hereby accept the offer of appointment mentioned in the foregoing letter on the terms and subject to the conditions referred to in it.

I enclose documentary evidence of my membership of a recognised professional defence organisation (or an insurance policy providing cover against liability) together with proof of my registration with the General Medical Council.

Signed..... Date .....

This offer, and the acceptance of it, shall together constitute a contract between the parties.