

- 10. You may resign this appointment on one month's notice, which should be sent to me; you should also inform your colleagues so that they can adjust their arrangements as necessary.
- 11. The Authority agrees that, in addition to any arrangements made between the medical staff of the hospital for covering each others' absences, a doctor may act as your deputy in respect of this appointment if his/her name has been notified to this Authority (or to the Family Practitioner Committee in accordance with paragraphs 18 or 21 of Schedule 1 of the NHS (General Medical and Pharmaceutical Services) Regulations 1974 (SI 1974 No. 160)) and he/she is a member of the Medical Defence Union, the Medical Protection Society or the Medical and Dental Defence Union of Scotland.
- 12. You are required 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.
- 13. You are required to be fully registered with the General Medical Council.
- 14. The agreed procedure for settling differences between you and the Hampshire Area Health Authority (Teaching) where the difference relates to a matter affecting your Conditions of Service is set out in Section XXXI of the General Whitley Council Conditions of Service.
- 15. In matters of general conduct you will be subject to the General Whitley Council agreements on disciplinary and dismissal procedures. The agreed procedure for appeal against disciplinary action or dismissal is set out in Section XXXIV of the General Whitley Council Handbook.
- 16. If you agree to accept the appointment on the terms specified above please sign the form of acceptance at the foot of this page 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 faithfully,

Code A

On behalf of the Hampshire Area Health Authority (Teaching)

Dr. P. A. Lacey,
139 Brockhurst Road,
Gosport.

PLEASE DO NOT DETACH

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

Date 21/4/81

Signed **Code A**

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