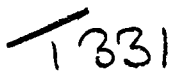


Other Document Form

Number



Title ACTIONS RE GENERIC EMPLOYMENT STATEMENT

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No Raise actions as outlined

Document registered / indexed as indicated

No(s) of actions raised

Statement readers instructions

Indexed as indicated

No(s) of actions raised

Examined - further action to be taken

Further actions no(s)

Receiver	
Code A	
O/M	SIO
Indexer	

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

Code A

From: Grocott, David
 Sent: 29 October 2005 14:25
 To: Code A
 Subject: Barton actions

Code A

This is some of the stuff that has arisen from the reports of Wilcock and Black regarding their views on Dr Barton's generic employment statement. Now we have got to the stage where all the files have been disclosed to her I think we can go ahead with some of this work. I'll discuss with you

Dave

Dr Barton states that the post was a training post. A clinical assistant post is not in my experience a training post and the job description does not describe it as such. A clinical assistant is a 'career grade' post and intended for experienced physicians who can work autonomously and are most often filled by a general practitioner with a special interest in that area.

The post of Clinical Assistant is not a training post. It is a service post. The only training grade post in the National Health Service are pre-registration House Officers, Senior House Officers, Specialist Registrars and GP Registrars. This paragraph also states (*page 2*) that she and her partners had decided to allocate some of the sessions to "out of hours aspects of the post". This would appear to be a local arrangement out with of the contractual responsibilities; it needs to be clarified if this was agreed with Portsmouth and South East Hampshire Health Authority.

Raise action. Clarify with Medical staffing what post Dr Barton actually held and what they understood her role to be.

A1868

) Dr Barton states that (in 1998) of the five sessions, one and a half were given to her partners in the practice for the out of hours aspect of the post. She goes on to state that she was therefore expected to carry out her day to day responsibilities within three and a half sessions. If I have understood her statement correctly she seems to be suggesting that her post was thus time limited to the equivalent of 20 hours per week in total (one session is usually equivalent to four hours), split into 14 hours for day to day work and 6 hours for out of hours work. The job description is however clear: The clinical assistant post was *to provide 24hour medical cover to*

the long stay patients in Gosport. This is an important point of difference to clarify with the Medical Staffing Department, as it appears to me that the payment of five sessions a week (to be worked flexibly) was intended to be a nominal amount that would reflect the likely workload that the post would entail on average and was not intended to be a maximal time limit in which the work had to be done; how could it be if 24hour cover was required? The division of the sessions into day to day work and out of hours work is not part of the job description. It should be clarified if this division was made by Medical Staffing or Dr Barton.

A1869.
 (A) **Raise action. Clarify with medical staffing the points raised by Dr Wilcock above**

why Dr Barton did not feel it preferable to do what other general practitioners who are clinical assistants do - work some or all of the clinical assistant sessions instead of their general practice sessions to ease some of the time pressures. Did she discuss this as an option with the hospital management or her partners in her practice? The situation appeared to continue unchanged until her resignation in April 2000.

A1870
 (A) **Raise action. Did Dr Barton discuss with the hospital management her concerns about staffing or the pressures on her (refer to Dr Wilcock report on Barton st Dec 2004)**

A clinical assistant would be expected to have sufficient experience to operate autonomously and not to have to defer all decisions to the consultants. However, a clinical assistant should receive support from a consultant and Dr Lord and Dr Tandy should be asked for their view of the support that they gave

1871 1872 1873
 (A) (A) (A)
Raise action. TI Dr Lord, Tandy, Reid re the support that they gave to the Clinical Assistant, what did they consider her role to be

Dr Barton states 'it may be of some significance that the prescriptions of this nature by her were inevitably reviewed on a regular basis by consultants when carrying out their ward rounds. At no time was I ever informed that my practice in this regard was inappropriate.' Dr Lord, Dr Tandy and the other consultants should be asked for their view on this statement.

A1874 A1875
DR REID
 (A) - A1876
Raise action as above