**Honorary appointment of (NAME). Modality Partnership shall be the honorary organisation and (NAME) as your point of contact/manager for it’s duration.**

HONORARY CONTRACT

between

[The Modality Partnership]

and

[NAME]

Commencement of appointment

This honorary contract begins on [DATE]. The end date will be [DATE] or sooner if you should meet any of the requirements of ‘termination’.

Honorary Status

Under the terms of this appointment you are not entitled to any form of payment, annual leave, sick pay or access to other benefits provided by Modality Partnership to its employees. Although you will at all times be subject to Modality Partnership policies, procedures, rules and regulations, this appointment is of an Honorary nature only and does not give rise to any other relationship between you and Modality Partnership, in particular that of a contract of employment.

Standard of Conduct

It is a condition of this honorary appointment that you maintain certain standards of conduct expected of any honorary post holder. These standards are all outlined in the Modality Handbook which is available electronically within the e-access folder or on paper by request to the Practice Operations Manager. You will adhere to any organisation-wide accepted changes to this document.

Medical Fitness

This Honorary appointment is offered to you based on you having current medical fitness. Modality reserves the right to request that you have a medical examination to ascertain your state of health at any time.

Occupational Health

Persons appointed to clinical posts are asked to provide the Practice Operations Manager with documented evidence of their Hepatitis B immune status, confirming that the result was from a validated identified blood sample. If no results are available you must attend the Occupational Health Service to provide an identified blood sample for Hepatitis B Serology.

Personal Property

Modality accepts no responsibility for damage to or loss of personal property whilst at work.

Indemnity and Registration

It is your own responsibility to maintain membership of an appropriate indemnity organisation and at your own expense. Proof of this will need to be supplied to the Practice Operations Manager in line with the expiry date of the policy to ensure it is kept up to date and in place. You are required to produce evidence, in the form of original documents of full registration and defence organisation membership before commencing your duties, and similarly to produce original evidence of retention of registration and renewal of defence organisation membership from year to year to demonstrate continuity. You must inform the Partnership if you are no longer registered to practice.

Confidentiality

You are expected to maintain confidentiality of information relating to patients, staff, and Modality business matters and to pay due regard to relevant legislation.

Information concerning Modality, patients and members of staff is confidential and must not be disclosed under any circumstances. Individuals pursuant to this honorary contract must treat all material connected with their work and presence with Modality in accordance with the staff handbook and the General Data Protection Regulations/Data Protection Act (2018) which covers information concerning individuals which are stored in any of the Modality’s systems. Unauthorised disclosure will lead to termination of this appointment and could lead to prosecution under the terms of the Act

Conflict of Interest

You are required to keep Modality aware on an ongoing basis of any conflict or potential conflict of interests which may arise during the period of your appointment. If you are in any doubt whether a conflict exists, or may exist, you must inform Modality.

Clinical Duties:

It is expected that clinical duties and all related duties will be carried out in line with other clinicians at the same level ie of Salaried General Practitioner and within the bounds of the Modality Staff Handbook.

Legal Claims

Modalitytakes no responsibility for any claims against or from the person arising from their negligent acts or omissions in undertaking agreed programmes of work using Modality’s Facilities.

Modality accepts no legal liability in respect of any decision it may take to terminate this contract pursuant to section on termination below.

Your weekly timetable will be: to include [FURTHER INFORMATION HERE]

 AM PM

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Changes to this timetable will need to be agreed with the Outlet Director in line with timescales outlined in the Staff Handbook.

Intellectual Property

All intellectual property outputs from your work activity with Modality is retained and exclusively owned by the Modality Partnership. This includes both commercially and non-commercially exploitable work and these should be declared to the Quality and Governance manager for records (e.g. peer-reviewed papers or patents) or if you need any further advice.

Audit

The individual agrees that all work undertaken by them may be subject to audit and/or monitoring. Modality will ensure that all data, records and other materials are kept confidential.

Termination

Modality reserves the right to terminate this Honorary Contract upon giving 1 week’s written notice for any reason it deems fit. In the event that the Person fails to comply with the requirements of their Honorary Contract, the Modality reserves the right to:

Terminate the contract forthwith without notice and refuse the individual access to the Modality’s Facilities; or

Require the Person to submit to an agreed training programme as a condition for being allowed to continue to have access to the Modality’s Facilities

Modality reserves the right to exclude the Person at any time from its premises for whatever reason pending a decision upon whether it wishes to terminate the person’s Honorary Contract. It is the obligation of the individual to disclose any mitigating circumstances which may affect the Honorary Contract such as a change in the criminal record, registration, employment or occupational health status.

There is no appeal against any decision to terminate an honorary contract

I hereby accept the conditions as stated in this declaration upon my honorary appointment, offered by The Modality Partnership and I have read The Modality Staff Handbook .

Signed Print name Date

[TITLE FULL NAME]

Signed Print name Date

[TITLE FULL NAME] (on behalf of Modality Partnership)