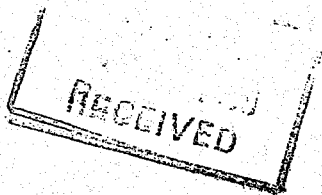


HAMPSHIRE

Family Practitioner Committee

EXPERIENCE IN
EQUIPMENT
PREMISES
FP/MSL
Hospital
also
used



OK letter
14-3-90

B131
23 4 90

Application to join the minor surgery list

Details of GP

Surname

BARTON

Initials

J.A.

FPC code number

B131

Date of first full registration
with the GMC

JANUARY 1973

Postgraduate qualifications

Title of qualification

Date awarded

Title of qualification	Date awarded

Facilities

Address at which minor surgery
is to be carried out

① 10A, Code A, R22H1

② MINOR OPERATING THEATRE, GOSPORT WAK
MEMORIAL HOSPITAL GOSPORT HANTS

Do your facilities meet FPC
requirements? (See attached list)

yes no

See also SFA paragraph 56, schedule 1, paragraph 7

[Faint handwritten notes]

Relevant medical experience

Please give information about all relevant experience in the last five years (NB any references should be supplied)

In hospital and/or community posts

From	To	Post	Employing authority
1980	1990 onwards	CASUALTY OFFICER	PORTSMOUTH DISTRICT HEALTH AUTHORITY

Providing minor surgery in general practice
(please give full details of services provided on a separate sheet)

From	To	Practice address
1980	present	Regular minor surgery sessions at GOSPORT, and occasional minor procedures at surgery premises 148 TOTTEN RD, GOSPORT PORTSMOUTH

The range of services shown has been carried out on a regular basis.

Relevant courses

From	To	Title of course	Organiser

Declaration

I declare that the information on this form is correct

Doctor's signature Code A

Date 1-3-90

Practice Stamp

THE SURGERY
Code A

PLEASE INDICATE THE MINOR OPERATIONS YOU WISH TO UNDERTAKE WHICH WILL FORM THE BASIS OF YOUR APPLICATION FOR INCLUSION IN THE MINOR SURGERY LIST.

<u>MINOR OPERATIONS</u>	<u>PLEASE TICK</u>	<u>ESTIMATED NUMBER UNDERTAKEN WITHIN LAST 5 YEARS</u>
Injections:		
intra articular	NO	
varicose veins	NO	
.....		
Excisions:		
ganglions	NO	
.....		
Other:		
ligation of varicose veins	NO	

<u>MINOR OPERATIONS</u>	<u>PLEASE TICK</u>
Injections:	
peri articular	✓
.....	
Aspirations:	
joints	✓
cysts	✓
bursae	✓
hydrocele	
.....	
Incision:	
abcesses	T T T
cysts	
thrombosed external piles	
.....	
Excisions:	
sebaceous cysts))))))
lipoma	
skin lesions for histology	
intradermal naevi, papilloma,	
dermatofibroma & similar conditions	
warts	
removal of toe nails (partial & complete)	

Relevant medical experience

Please give information about all relevant experience in the last five years (NB any references should be supplied)

In hospital and/or community posts

From	To	Post	Employing authority
1980	1990 onwards	CASUALTY OFFICER	PORESMOUTH DISTRICT HEALTH AUTHORITY

Providing minor surgery in general practice
(please give full details of services provided on a separate sheet)

From	To	Practice address
1980	Present	Regular Minor Surgery sessions at GOSPORT, and occasional minor procedures at surgery premises 148 FORTON RD, GOSPORT, PORTSMOUTH

The range of services shown has been carried out on a regular basis

Relevant courses

From	To	Title of course	Organiser

Declaration

I declare that the information on this form is correct

Doctor's signature Code A

Date 1-3-90

Practice Stamp

THE SURGERY
Code A

PLEASE INDICATE THE MINOR OPERATIONS YOU WISH TO UNDERTAKE WHICH WILL FORM THE BASIS OF YOUR APPLICATION FOR INCLUSION IN THE MINOR SURGERY LIST.

MINOR OPERATIONS PLEASE TICK ESTIMATED NUMBER UNDERTAKEN WITHIN LAST 5 YEARS

Injections:

intra articular No
varicose veins No

Excisions:

ganglions No

Other:

ligation of varicose veins No

MINOR OPERATIONS

PLEASE TICK

Injections:

peri articular

Aspirations:

joints
cysts
bursae
hydrocele

Incision:

abcesses
cysts
thrombosed external piles

Excisions:

sebaceous cysts
lipoma
skin lesions for histology
intradermal naevi, papilloma,
dermatofibroma & similar conditions
warts
removal of toe nails (partial & complete)

MINOR OPERATIONS

PLEASE TICK

Curette, Cautery and Cryocautery:

- warts and verrucae
- other skin lesions (eg. molluscom contagiosum)

Other:

- removal of foreign bodies
- nasal cautery (silver nitrate)

Facilities available

Please tick box ^① ^②

- Sterilising: Autoclave
- CSSD packs available
- Not required for procedures applied for
- Good lighting facilities
- Washing facilities in the room
- Access to Path. Lab. for histology
- Containers and preservatives for histology
- Appropriate instruments
- Appropriate clinical waste disposal
- Location of treatment room - at surgery
- elsewhere

^①	^②
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(If elsewhere, please specify)

② MINOR OPERATION THEATRE, G.W.M.H., GOSPORT.....

Please give details of any ancillary staff who will assist you:-

① TREATMENT NURSES... ALL SRN... AT SURGERY ROOM

② DP. SISTERS & STAFF, G.W.M.H.

Code A

Signature of doctor:

Name (in block capitals please): J.A. BARTON

Date: 1-3-90