HAMPSHIRE

Family Practitioner Committee

PREMISES VRT

FP/MSL

Hospital

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EQUIPMENT W

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PRICEIVED OCLETTON

8131 23 4 90 Application to join the minor surgery list

| Details of GP | | |
|----------------------------------------------|------------------------|--------------|
| Surname | BARTON | |
| Initials | TA. | |
| FPC code number. | B131 | |
| Date of first full registration with the GMC | FAMILY 1973 | |
| alifications | | |
| Postgraduate qualifications | | |
| | Title of qualification | Date awarded |
| | | |
| | | |
| | | |

Facilities

Address at which minor surgery is to be carried out

1

Ves

OA Code A O 3 HJ

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

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See also SFA paragraph 56, schedule 1, paragraph 7

Relevant medical experience

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

| | To | Post | Employing authority |
|---------------|----------------------------------------------|--------------------------------------------------------|-------------------------|
| 1980 - | - 19900 mards | CASUALTY OFFICER | POSTSWORTS LISTRICE |
| | | | HEARTH ARRESTY |
| | | | |
| | | | |
| | | | |
| Providing min | nor surgery in general | practice | |
| please give t | full details of services p | rovided on a separate sheet) | |
| rom | То | Practice address | 200 000 |
| 120 | present | Ke gular Minor der | la holdines at Contill, |
| <u> </u> | | and oranowal and | the polldenes at |
| | | surgen premises | |
| | | 1420 TERTON KD. GO | stor Pon3HA |
| Thera | nge of senues | show has been your | ievoux on a regular ba |
| Relevant cou | | | |
| rom | To | Title of course | Organiser |
| | | | |
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| | | | |
| Declaratio | n | | |
| Declaratio |) n | I declare that the information on | |
| Declaratio | n S | I declare that the information on this form is correct | |
| Declaratio | | this form is correct | |
| Declaratio | Doctor's signature | this form is correct Code A | |
| Declaratio | | this form is correct | |
| Declaratio | Doctor's signature Date | this form is correct Code A | |
| Declaratio | Doctor's signature | this form is correct Code A | |
| Declaratio | Doctor's signature Date Practice Stamp | this form is correct Code A 1-3-10. | |
| Declaratio | Doctor's signature Date | this form is correct Code A 1-3-10. | |
| Declaratio | Doctor's signature Date Practice Stamp | this form is correct Code A 1-3-30 | |

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 varicose veins | M0 M0 | |
| Excisions: | | |
| ganglions Other: | No | |
| ligation of varicose veins | NO | |
| MINOR OPERATIONS | | PLEASE TICK |
| Injections: | | |
| peri articular | | |
| Aspirations: | | |
| joints cysts bursae hydrocele | | ン |
| Incision: | | |
| abcesses cysts thrombosed external piles | | |
| Excisions: | | |
| sebaceous cysts lipoma skin lesions for histology intradermal naevi, papilloma dermatofibroma & similar cond warts | iitions | |
| removal of toe nails (partial | L & 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 P | lease tick box 2 |
| Sterilising: Autoclave CSSD packs available Not required for procedures applied for | or Y |
| 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 | or |
| Location of treatment room - at surgery - elsewhere | |
| (If elsewhere, please specify) | |
| 1. Minor OPERATION THEATRE, GUMH, GOSPORT. | |
| Please give details of any ancillary staff who will | |
| 1. TREATMENT MIRSES. ALL SRN. AT SURE | ey (|
| 1 Of SISTERS & STATE, bromet Code A Signature of doctor: | |
| Name (in block capitals please):A. BARTON | |
| Date:1-3-50 | |

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Details of GP

HAMPSHIRE Family Practitioner Committee

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| Address at which minor surgery is to be carried out | Code A | |
| | (3) MINOR OFERATING THEAT | LE, GOSFORT WAK |
| Do your facilities meet FPC requirements? (See attached list) | 3 MINOR OFERATING THEATE MANORIAL HOSPIAL Dies I no | GOSPORT HANG |

See also SFA paragraph 56, schedule 1, paragraph 7

Relevant medical experience

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| In hospital and | or commenty posts | | taran kalendara da araba da a |
|-------------------------------------------|-------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------|
| From | To | Post | Employing authority |
| 1980 - | 79908 mards | CASUALTY OFFICER | POSTSWOWNS PISTRICE |
| | | | HEART ARRESTY |
| | | | |
| | | | |
| | | | |
| Providing mino | or surgery in general | practice | |
| (please give ful | I details of services p | provided on a separate sheet) | |
| From | То | Practice address | - 1-2 MA |
| 1980 | present | Regular Minor dur | In somows at GOODS, |
| | | and oranowal and | the pollowes at |
| | | myry premises | |
| | | 148 FORTON KD GO | SPOU PONSHAL |
| The Yan Relevant course | ge of senues | shoul has been sorn | ienour on a regular ba |
| The Pan Relevant course | | | |
| | ge of senues | Title of course | Organiser |
| A. S. | | | |
| Party. | | | |
| Party. | | | |
| A. S. | | | |
| A. S. | | | |
| From | То | | |
| | То | | |
| From | То | | |
| From | То | I declare that the information on | |

THE SURGERY

Practice Stamp

Code A

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| Excisions: | | |
| ganglions Other: | No | |
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| peri articular | | |
| Aspirations: | | |
| joints cysts bursae hydrocele | | |
| Incision: | | |
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| Excisions: | | |
| sebaceous cysts lipoma skin lesions for histology intradermal naevi, papilloma, dermatofibroma & similar cond warts removal of toe nails (partial | litions | |

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| Containers and preservatives for histology Appropriate instruments Appropriate clinical waste disposal | ולולוחלולו |
| Location of treatment room - at surgery - elsewhere | |
| (If elsewhere, please specify) | |
|) munor operation THEATRE, 6 wm H, GOSPORT. | |
| Please give details of any ancillary staff who will a | ssist you:- |
| D. TREATMENT MIRSES. ALL SRN. AT SURBER | 4 |
| Signature of doctor: Code A | |
| Name (in block capitals please): J.A. BARTON | |
| Name (in block capitals please): | |