

MAIN

FAMILY PRACTITIONER COMMITTEE OF THE AREA HEALTH AUTHORITY FOR HAMPSHIRE

Report to the Medical Practices Committee enclosing a copy of an Application for Inclusion in the Medical List

Name of applicant: Dr. Jane Ann BARTON Requested date of inclusion 1.4.80

1. I enclose a copy of an application received from the doctor which is ~~is not~~ supported by my Committee, after consulting the Local Medical Committee. I have checked that he is a full registered practitioner.

2. The doctor will be included for classification purposes in the practice area of Gosport

.....
which is classified as Intermediate Excluding this doctor and all pending Medical List changes already notified to the Medical Practices Committee, the area is served by 29 main practitioners and - assistants. The patient registrations total Code A and the average list is Code A

3. The doctor ~~is~~/is not a full time assistant in this practice area (Principal's name Dr. H.A.B. Nicholls).

4. (a) A declaration of partnership is ~~is not~~ attached.

or

(b) The applicant is to practise single-handed and is

- (i) now able to start providing general medical services;
- (ii) applying provisionally.

5. Reasons why the application is/is not supported.

6. (a) Attached are details of the intended partner(s) practice (if any) and the neighbouring practices.

or

(b) the Medical Practices Committee have agreed in principle, in their letter dated 20th December 1979, ~~to this admission~~/to an admission of an additional partner/~~replacement partner in the proposed partnership practice.~~

Date 6th March 1980

At **Code A**

NOTES Para. 5 DESIGNATED AND OPEN Areas. Please give reasons only supporting.
INTERMEDIATE AND RESTRICTED Areas. Please give reasons for supporting or not supporting.

Para. 6(a) Complete only if the area is classified as INTERMEDIATE or RESTRICTED.