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# APPLICATION FOR APPROVAL OF PGEA ACCREDITED COURSE



Please complete this form and send it with the fee to:

Course No : \_\_\_\_\_

Dr A White  
G P Tutor  
Education Centre  
St Mary's Hospital  
PORTSMOUTH PO3 6A

Approved: \_\_\_\_\_ G P Tutor \_\_\_\_\_ Date \_\_\_\_\_

Title of Course: GOSPORT GP STEERING GROUP

(Please restrict title to 20 characters)

Date(s): 21-1-98

Timing : Morning  Lunchtime  Afternoon  Evening  ..Days/Weekend   
(Please tick)

## TYPE OF MEETING:

(Please tick)

<b>Open</b> (anyone can attend)	<b>Closed</b> (limited attendance)	<b>Inter- Practice</b> <input type="checkbox"/>
Lecture <input type="checkbox"/>	Intra-practice <input type="checkbox"/>	
Workshop <input type="checkbox"/>	Age Specific <input type="checkbox"/>	
*Small Group <input checked="" type="checkbox"/>	Sex Specific <input type="checkbox"/>	
Other <input type="checkbox"/>	Other (ie Medical Societies) <input type="checkbox"/>	

Wessex Trust  Independent

\*A small group meeting is a regularly held group of 6 - 8 doctors

## ACCREDITATION CHARGES:

### Wessex Trust Meetings

You can apply to Dr White for your accreditation fee (£10 per hour) to be paid for by the Trust. However, this does mean that any GPs who attend, who are not members of the Trust will be charged £10 per hour, and as organiser you should make these GPs aware of this.

### Independent Meetings

£10 per hour for mainstream meetings. £10 per event for small group meetings.  
£10 per individual programme of study for a maximum of 30 hours.

### Pharmaceutical Company Meetings

£30 plus £10 per hour for all meetings held outside individual practices

Is the meeting sponsored Yes/~~No~~ Name of Sponsor PORTSMOUTH H.A.

Nature of sponsorship: catering/venue costs/evaluation/chairmans fee/  
(please tick or give detail plus estimated costs)

Venue: (please tick) Name of venue: GOSPORT HEALTH CENTRE  
PGMC  Other NHS  Practice  Non-NHS

Name of nominated Organiser:  
(usually a GP experienced in medical education)

Dr JANE BARTON.

Contact Person: HUGH JAMES

Address: PORTSMOUTH H.A.

Tel No: Code A

Expected number of participants - GPs 10

Other categories 3

**Categories and hours of Education**

(Whole hours only (no fractions) and exclusive of refreshment time)

AM				PM			
Session	National Category	Hours	Content Code	Session	National Category	Hours	Content Code
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			

(The content code will be entered by the GP Tutor)

**TOTAL HOURS & CATEGORIES**

**AIMS OF THE COURSE:**

	Total Hours
Service Management	2
Disease Management	
Health Promotion	

GP involvement in commissioning services.

To follow

I enclose a cheque for £ 20 made payable to St Mary's CME Account

I enclose the course programme and I note an official Evaluation Form must be completed

IT IS THE RESPONSIBILITY OF THE NOMINATED ORGANISER TO ENSURE THAT OFFICIAL REGISTERS ARE COMPLETED AND CERTIFICATES OF ATTENDANCE ISSUED AT THE END OF THE COURSE.

Signed Code A  
(GP or other Medical Organiser)

Dated 12-12-97

**ST MARY'S HOSPITAL PORTSMOUTH****POSTGRADUATE EDUCATION ALLOWANCE****CERTIFICATE OF ATTENDANCE**

This is to Certify that

Dr

of

attended Course No      SMH0496(C)

entitled:                      GOSPORT GP STEERING GROUP

at                                :      GOSPORT HEALTH CENTRE

on                                :      21 JANUARY 1998

which can be accredited towards the following:

SERVICE MANAGEMENT      for      TWO      hours

DISEASE MANAGEMENT      for                      hours

HEALTH PROMOTION &      for                      hours  
PREVENTION OF ILLNESS

Authorised by

\_\_\_\_\_  
\_\_\_\_\_  
(Adviser / GP Tutor / Course Organiser - as applicable)

This Certificate has to be given to your FHSA in order that your attendance record may be updated.

For Hampshire GPs please send your certificates to: Elaine Roddis, Payments Assistant,  
Portsmouth & South East Hampshire Health Authority, Operations Department,  
Friarsgate, Winchester, SO22 5DH

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