

APPLICATION FOR APPROVAL OF PGEA ACCREDITED COURSE

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



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

Course No : _____

Copy

Approved: _____ G P Tutor _____ Date _____

Title of Course: GOSPORT GP STEERING GROUP

(Please restrict title to 20 characters)

Date(s): 10-12-97

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

TYPE OF MEETING:

(Please tick)

Open (anyone can attend)	Closed (limited attendance)	Inter- Practice <input checked="" 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 H. A.

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

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

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

Contact Person: HUGH JANE S

Address: FINCHDEAN HOUSE

Tel No: Code A

Expected number of participants - GPs 7

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

	Total Hours
Service Management	1
Disease Management	
Health Promotion	

AIMS OF THE COURSE:

GP involvement in equity of practice nurse, district nurse & health visitor resources.

I enclose a cheque for £10 made payable to St Mary's CME Account

To follow.

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 1-12-97

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

This is to Certify that

Dr

of

attended Course No SMH0486(C)

entitled: GOSPORT GP STEERING GROUP

at : GOSPORT WAR MEMORIAL HOSPITAL

on : 10 DECEMBER 1997

which can be accredited towards the following:

SERVICE MANAGEMENT for ONE 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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ST MARY'S HOSPITAL, PORTSMOUTH POSTGRADUATE EDUCATION ALLOWANCE

REGISTER FOR GP PRINCIPALS

COURSE TITLE: GOSPORT GP STEERING GROUP

COURSE NO: SMH486(C)

DATE: 10 DECEMBER 1997

SERVICE MANAGEMENT ONE HRS
 DISEASE MANAGEMENT HRS
 HEALTH PROMOTION HRS

copy

SURNAME (in capitals)	INITLS	GMC CODE	HA	TRUST Y/N	SIGNATURE
1 BARTON	JA	1587920	Hants	Y	Code A
2 BOALD	EA	2609872	Hants	Y	
3 Snowden	J. N.	820559	Hants	Y	
4 YOUNG	D.A.	1703672	Hants	Y	
5 BASSETT	J.M.	2641755	Hants	Y	
6 EVANS	DA	1455663	Hants	Y	
7 PENNELL	RA	?	Hants	Y	
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

ATTENDANCE REGISTER FOR NON-GP PRINCIPALS

COURSE TITLE: GOSPORT GP STEERING GROUP

COURSE NO: SMH486 (C)

DATE: 10 DECEMBER 1997

(PLEASE PRINT YOUR NAME AND TICK ONE CATEGORY)

SURNAME (in capitals)	INITIAL S	TRAINEE	ATTACHED TO PRIMARY TEAM	EMPLOYED BY PRIMARY HC TEAM	OTHER DOCTOR AND JOB TITLE
¹ JAMES	H.				P. H. A.
² CLARK	A.				P. H. A.
³ ROSS	E				PHC.
⁴ HOYLE	D.				PATIENT SERVICES OFFICER - HASLAR
⁵					
⁶					
⁷					
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⁹					
¹³					
¹⁴					