	ACCRE	R APPROVA ITED COU		PORTSMOUTH HOSPITALS NHS TRUST Queen Alexandra & SI Mary's Hospitals
Course No : Approved:	G P Tutor		Date	Dr A White G P Tutor Education Centre St Mary's Hospital PORTSMOUTH PO3 6A
Title of Cour	se: GOSP	DRT GP	STEERIN	6 GROUP
(Please restrict titl				
Date(s):	22/	10/97		
Timing: (Please tick)	Morning		fternoon 🔄 Ev	eningDays/Weekend
TYPE OF ME	ETING:			
(Please tick) Open (anyone can atten	d)	Closed (limited attendanc	e)	Inter- Practice
Lecture Workshop *Small Group Other		Intra-practice Age Specific Sex Specific Other (ie Medica	al Societies)	
Wessex Trus		Independen		

ACCREDITATION CHARGES:

Wessex Trust Meetings

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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) REFRESH DENTS

Venue: (please tick)	N	ame of venue: -	GUSPORT	HEALTH	CENTRE.
		Other NHS	Practice		Non-NHS

Name of nominated Organiser: (usually a GP experienced in medical education) Contact Person: $HUGH$ $JAHES$				
Address: RORTSMOUTH 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)

АМ			РМ				
Session	National Category	Hours	Content Code	Session	National Category	Hours	Content Code
1				1		1	
2				2			
3				3			
4				4			
5				5		1	
6				6			
7				7			
8				8			

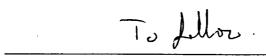
(The content code will be entered by the GP Tutor)

TOTAL HOURS & CATEGORIES

Total HoursCService Management2_Disease Management0Health Promotion0

AIMS OF THE COURSE:

OP involvement in Commissioning and in discussions with R.H.Hadar.



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 OFFI-CIAL REGISTERS ARE COMPLETED AND CERTIFICATES OF ATTENDANCE ISSUED AT THE END OF THE COLUMN



Dated 8/1/97

NHE000351-0003

For Official Use Only				
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PORTSMOUTH & S.E. HAMPSHIRE HEALTH AUTHORITY

CHEQUE REQUEST FORM

Please draw a cheque:

Please drav	•	1			
PAYABLE	TO: SJ M	Pary's CME account. ADUATE EDUCATION CENTRE,			
ADDRESS	ROSTGRA	ADUATE EDUCATION CENTRE,			
	ST MAR	RYS HOSPITAC.			
REASON FOR REQUEST: (Please attach all supporting documentation)		60SPORT GP STEERING GROUP 22/10/97			
ANY SPECIAL INSTRUCTIONS					
Value	£	E 20-00 WORDS TUENTY			
cfacs Code		Image: CENTRE ACCOUNT CODE			
AUTHORI	SED SIGNATURE .	DATE			
PLEASE P	RINT NAME:	PHONE:			
FOR PAYMENTS TO STAFF PLEASE QUOTE PAYROLL NO.					
FINANCE C	COUNTER SIGNATURE:	· · · · · · · · · · · · · · · · · · ·			
DATE:		CHEQUE NUMBER:			
NOTES		e sent to Payee, and not to person requesting cheque.			
	are processed via	Form IS NOT BE BE USED TO PAY ANY INVOICE. Invoices a Booking-In Goods if SIS order, or by completing Internal Advice			
		o order has been raised. Embers of staff may be made direct to their bank account so please			
	quote payroll nur	imber.			
	FINANCIAL AC				
		ORPORATE SERVICES DIRECTORATE HOUSE			
	 Payments to mer quote payroll nur Cheque Request FINANCIAL AC 	embers of staff may be made direct to their bank account so please imber. The Forms are to be completed in full and sent to: CCOUNTS ORPORATE SERVICES DIRECTORATE			