

# APPLICATION FOR APPROVAL OF PGEA ACCREDITED COURSE

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



PORTSMOUTH HOSPITALS  
NHS TRUST  
Queen Alexandra & St Mary's Hospitals

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

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

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

Title of Course: GOSPORT GP STEERING GROUP.

(Please restrict title to 20 characters)

Date(s): 4 - JUNE 1997

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

### TYPE OF MEETING:

(Please tick)

**Open**  
(anyone can attend)

**Closed**  
(limited attendance)

**Inter- Practice**

Lecture   
Workshop   
\*Small Group   
Other

Intra-practice   
Age Specific   
Sex Specific   
Other (ie Medical Societies)

**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

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 HEALTH CENTRE  
Other NHS  Practice  Non-NHS

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

Contact Person: HUGH JAMES

Address: FINCHDEAN HOUSE, PORTSMOUTH H.O.

Tel No: Code A

Expected number of participants - GPs 7 Other categories 2

**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	2
Disease Management	
Health Promotion	

**AIMS OF THE COURSE:**

GP involvement in purchasing.

*to follow*

I enclose a cheque for £20 made payable to St Mary's ~~GP Trust~~ Fund *CHE 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 ..... Dated *2-6-97* .....

(GP or other medical organiser)

For Official Use Only

H	0	6	2	8
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**PORTSMOUTH & S.E. HAMPSHIRE HEALTH AUTHORITY**

**CHEQUE REQUEST FORM**

Please draw a cheque:

PAYABLE TO: St. Mary's CME Account

ADDRESS: POSTGRADUATE EDUCATION CENTRE,  
ST MARYS HOSPITAL, PORTSMOUTH.

REASON FOR REQUEST: PGE A. FOR BOSPORT GP  
(Please attach all supporting documentation) STEERING GROUP: 4/6/97

ANY SPECIAL INSTRUCTIONS .....  
(Eg Urgency, Collection) .....

Value £ 20 ..... WORDS TWENTY .....

COST CENTRE ACCOUNT CODE

cfacs Code

**Code A**

**Code A**

AUTHORISED SIGNATURE ..... DATE 2/6/97 .....

PLEASE PRINT NAME: JOHN HENLY ..... PHONE: 5020 .....

FOR PAYMENTS TO STAFF  
PLEASE QUOTE PAYROLL NO.

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FINANCE COUNTER SIGNATURE: .....

DATE: ..... CHEQUE NUMBER: 

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- NOTES**
- 1 Cheques must be sent to Payee, and not to person requesting cheque.
  - 2 Cheque Request Form IS NOT BE BE USED TO PAY ANY INVOICE. Invoices are processed via Booking-In Goods if SIS order, or by completing Internal Advice Note (IAN) if no order has been raised.
  - 3 Payments to members of staff may be made direct to their bank account so please quote payroll number.
  - 4 Cheque Request Forms are to be completed in full and sent to:  
FINANCIAL ACCOUNTS  
FINANCE & CORPORATE SERVICES DIRECTORATE  
FINCHDEAN HOUSE

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

This is to Certify that

Dr

of

attended Course No     SMH0415(C)

entitled        :        GOSPORT GPS STEERING GROUP

at        :        GOSPORT HEALTH CENTRE

on        :        4 JUNE 1997

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