

Please complete in BLOCK CAPITALS, sign and return to:

Member Operations, Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK.

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the area provided:

DD	MM	YYYY
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## Section A – Personal details

<p>Title _____</p> <p>First name _____</p> <p>Surname _____</p> <p>Previous name if any _____</p> <p>Date of birth (DD/MM/YYYY) _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>GMC registration number _____</p> <p>Degrees and diplomas _____</p> <p>Medical school _____</p> <p>Month and year of graduation (MM/YYYY) _____</p>	<p>Address in UK for correspondence _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p> <p>Email address _____</p> <p>Daytime telephone _____</p> <p>Evening telephone _____</p> <p>Mobile telephone _____</p>
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What percentage of your clinical time is spent in England/Wales  Northern Ireland  Scotland

If you are registered to practise in any other Country please state which: \_\_\_\_\_

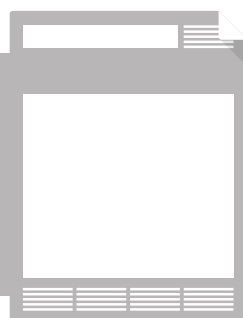
Will all your professional practice be carried out in the Country in which you are applying for membership?

Yes  No If No, please provide Country and full details (if necessary please continue on a separate sheet)

Will you be involved in treating or providing advice to patients outside of the Country in which you are applying for membership? (eg telemedicine)

Yes  No If Yes, please provide Country and full details (if necessary please continue on a separate sheet)

Please read all of the important additional information provided



Please read the relevant **Information for applicants** and **Membership guidance** for your application for MPS membership. If you do not have these documents please let us know so that we can send them to you. Contact us by telephone on **0800 561 9000** or via email at [member.help@medicalprotection.org](mailto:member.help@medicalprotection.org)

**Section B – Previous History**  PLEASE READ THE IMPORTANT INFORMATION BELOW

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on pages 9 to 11. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. **Have you had any professional indemnity/insurance before?**  Yes (Please goto Q2)  No (Please go to Q3)

2. **Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time (if it has changed)**

Organisation	From DD/MM/YYYY	To DD/MM/YYYY	MPS number	Full Name	Other membership or policy number

3. **Have you at any stage practised without professional indemnity during the last 10 years (i.e. Please exclude any period(s) protected by state, employer, insurer or MDO indemnity)?** (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reasons below.

Yes  No

4. **Have there been any breaks in your clinical practice of more than 6 months in the last 2 years?** (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.

Yes  No

5. **Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided?** (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

Yes  No

6. **Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance?** If you answer YES please provide date(s) and full details (If necessary please continue on a separate sheet)

Yes  No

7. **In the last 10 years, have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie within your own practice)?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet)

Yes  No

8. **In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet)

Yes  No

9. **Are you aware of any incident(s) that might become a claim?** If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet)

Yes  No

10. **Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/ withdrawn/ made conditional by a health care provider?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the incident(s) occurred, name of indemnifier, the final outcome of the incident and was this reported to the regulatory body (If necessary please continue on a separate sheet)

Yes  No

11. **Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet)

Yes  No

12. **Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did not involve alcohol or drugs.)** If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and was this reported to the regulatory body (If necessary please continue on a separate sheet)

Yes  No

13. **Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership?** (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please continue on a separate sheet)

Yes  No

## Section C – Professional status and scope of practice

1. Please tick below to indicate your status:

Substantive NHS consultant

Locum NHS consultant

Honorary NHS consultant

Private specialist ONLY (no NHS work)

Pharmaceutical physician

Palliative medicine physician

Ophthalmic medical practitioner

Research clinician

Part-time Department of Work and Pensions (Benefits Agency)

Public health physician

Other – including academic appointments (**Please specify**):

2. Please confirm the specialty/ies in which you practice and if you are on the GMC Specialist Register for each specialty. (See information/12) **Please note:** List Obstetrics and Gynaecology as separate specialties.

Main specialty: Are you on the specialist register?  Yes  No

Other specialty 1: Are you on the specialist register?  Yes  No

Other specialty 2: Are you on the specialist register?  Yes  No

3. Are you in a salaried position that is **NOT** covered by any employer/NHS indemnity?

4. Do you do any private practice **EXCLUDING** medicolegal work category 2 work?

5. Please indicate expected income from **unindemnified private practice** for which you require MPS indemnity. (**See Information/12**) Please provide details of your expected income EXCLUDING any NHS salary or salary from an employer who provides you with indemnity.

- Include any income paid into department funds or charity
- Exclude any medicolegal income
- Exclude any category 2 work eg insurance reports and cremation certificates
- Each specialty should be shown separately as in Q2. Do not combine income figures
- Include any salary that is not covered by any employer/NHS indemnity

Approx. gross income for main specialty £ approx. gross income:

Approx. gross income for other specialty 1 £ approx. gross income:

Approx. gross income for other specialty 2 £ approx. gross income:

Approx. expenses for all specialties combined (**See Information/12**) £ approx. expenses:

6. Do you do any medicolegal work? **Please note:** Medicolegal work is defined as “examinations and/or reports prepared in the context of prospective and/or actual proceedings in the civil and criminal courts and/or tribunal proceedings.”

Yes  No

7. What is your approximate gross income and expenses from medicolegal work?

£ approx. gross income + expenses:

8. Do you perform any private endoscopy within your specialty?

Yes  No

9. Do you perform any private bariatric procedures within your specialty?

Yes  No

10. **For Radiologists only.**

Do you perform any **private** interventional procedures for diagnosis or treatment?

**(We define interventional radiology as the use of minimally invasive image guided procedures to diagnose and treat disease. This includes the taking of biopsies and the use of intravascular catheters to introduce contrast media (peripheral IV injection via venflon type cannula is not classed as an interventional procedures.)**

Yes  No

11. If Yes, do any of these interventional procedures involve the cervical and/or cerebral vasculature or direct interventions to the spine, meninges and/or brain?

Yes  No

12. Do you perform any **private** fetal anomaly scanning?

Yes  No

13. **For Ophthalmologists only.** Do you do any **private** refractive laser surgery?

Yes  No

14. **For Ophthalmologists only.** For which commercial organisations do you work? **(Please tick all that apply)**

Optimax

Ultralase

Maxivision

Other (please specify):

15. **For General surgeons only.** Do you do any **private** bariatric surgery?

Yes  No

16. **For Orthopaedic surgeons only.** Do you perform any **private** spinal surgery, (surgical procedures performed on the spine and/or meninges)?

Yes  No

17. **For Paediatricians only.** Do you undertake any **private** clinical management of newborns in the first 7 days of life in a hospital inpatient setting and/or involvement in the prenatal management of the foetus and/or attendance at deliveries?

18. **For Obstetricians/Gynaecologists only.**

How many **private** deliveries do you anticipate undertaking in the year ahead?

19. Please tick any cosmetic/aesthetic treatments/procedures you undertake. (See Information/10)

- Non-permanent and semi permanent fillers in the treatment of wrinkles and/or lip enhancement
- Botox
- IPL
- Microdermabrasion
- Superficial chemical peels only (affecting the intra-epidermal layer)
- Sclerotherapy
- Other: (Please specify below any other cosmetic/aesthetic procedures or treatments you undertake not listed above, eg laser treatments)

20. Please tick if more than 50% of your working time is spent in cosmetic/aesthetic **medicine**?

21. Please tick below if you undertake any **cosmetic/aesthetic surgery** in the specialties you identified in Q2

- Main specialty  Yes  No
- Other specialty 1  Yes  No
- Other specialty 2  Yes  No

22. Are you involved in the treatment of elite/professional sportsmen or sportswomen? If you are unsure please contact the membership helpline on 0800 561 9000. (See Information/10)

- Yes (please provide details below)  No

23. If you are a substantive NHS consultant, please tell us what kind of contract you have. (Please tick one box only)

- OLD standard NHS contract
- NEW standard NHS contract (from 2004)
- Other contract type (Please specify):

24. If you have an old standard NHS contract, please specify which type of contract you hold. (Please tick one box only)

- Whole time
- Maximum part-time
- Part-time
- Honorary

25. **NHS consultants with a NEW standard NHS contract only.**

How many weekly programmed activities are you contracted to perform?

**Number of weekly programmed activities:**

26. **NHS consultants with a NEW standard NHS contract only.** Is your contract a job share contract?

- Yes  No

27. Where do you do your private practice? **(Please tick all that apply)**

Private consulting rooms/clinic

Private hospital

NHS premises

Home

Other **(Please specify):**

28. Do you have admitting privileges at a private hospital/clinic?

Yes  No

29. Are you recognised as a specialist by one or more private healthcare providers eg, Spire, PPP etc.?

Yes  No

30. Do you (wholly or partly) own/manage the healthcare premises from which your private practice is conducted?

Yes  No

31. If you do any private practice, how is this practice run? **(Please tick all that apply)**

Sole trader (independent contractor)

Limited liability company in which you are a shareholder, but not a director

Informal group arrangement (no contract)

Limited liability company in which you are a director, but not a shareholder

Partnership

Limited liability company in which you are a director and a shareholder

Other **(Please specify):**

32. Do you employ staff in your private practice?

Secretary **(Specify number employed):**

Administrator/Manager **(Specify number employed):**

Nurse **(Specify number employed):**

Other **(Specify role/number employed):**

## IMPORTANT! – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership (“Special Category Data”). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (e.g. from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website [medicalprotection.org](http://medicalprotection.org).

**When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).**

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

## IMPORTANT! – Please read, sign and add the current date below.

By signing and returning this form, you agree and confirm that:

- You wish to apply for membership of MPS subject to the Memorandum and Articles of Association
- You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership
- You understand that membership is not conferred automatically and is subject to approval by MPS
- You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits
- You will inform us if your personal circumstances, scope of practice or other details (including in relation to income and number of sessions worked) change
- We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information
- You have read the appropriate information for applicants guidance sheet

Date         **Please note must be current date**

**Please note that failure to hold adequate and appropriate insurance or indemnity in respect of your professional practice could result in General Medical Council (GMC) sanction and, ultimately, the loss of your licence to practice medicine. GMC guidance makes it clear that you should provide an indemnity provider, such as MPS, with accurate and up to date information about the scope and nature of your practice and review your membership at regular intervals to make sure that it continues to provide sufficient indemnity for all the medical work that you do.**

If you are submitting additional sheets or correspondence, please tick here

Please check that you have completed a payment instruction form telling us how you would like to pay for your subscription and please tick here to confirm that the form is enclosed

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here

You can update your marketing preferences by contacting us.

**Please remember to inform us promptly of any change to your personal circumstances or scope of practice.**

## Please tell us why you have chosen MPS – Your comments are important to us, please tick below

1.  Personal recommendation
2.  Competitive subscription rates
3.  MPS membership co-ordinator, please provide their initials:
4.  Group arrangement
5.  Dissatisfaction with previous organisation
6.  Other (please provide details in the space provided)







**Additional space for answers to Section B – Previous history**

Please clearly indicate the question number that you are providing details for below.

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## Medical Protection

Member Operations  
Victoria House  
2 Victoria Place  
Leeds, LS11 5AE  
United Kingdom.

**0800 561 9000** (Mon – Fri: 8.00am – 6.30pm)

Calls to Member Services may be recorded for training and monitoring purposes

**[member.help@medicalprotection.org](mailto:member.help@medicalprotection.org)**

**[medicalprotection.org](https://www.medicalprotection.org)**

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