



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:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

### Section A – Personal details

Title _____	Practice Xtra number (if known) _____
First name _____	Address in the UK for correspondence _____ _____ _____ _____ _____
Surname _____	Postcode _____
Previous name if any _____	Email address _____
Date of birth (DD/MM/YYYY) _____	Daytime telephone _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female _____	Evening telephone _____
GMC registration number _____	Mobile telephone _____
Are you on the GMC GP register? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Degrees and diplomas _____ _____	
Medical school _____	
Month and year of graduation (MM/YYYY) _____	

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:

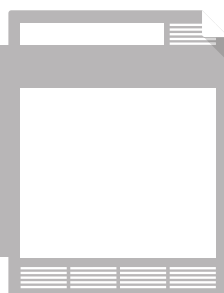
Will all your professional practice be carried out in the Country in which you are applying for membership?

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 952 0441** or via email at [gppractice@medicalprotection.org](mailto:gppractice@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 practiced 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 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 (i.e. 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 – Primary care status and scope of practice

1. Please state your **MAIN** primary care status. (Please tick one box only):

- |                                                                                                   |                                            |                                               |
|---------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> NHS employing partner/GP provider                                        | <input type="checkbox"/> Salaried GP       | <input type="checkbox"/> GP assistant         |
| <input type="checkbox"/> Private GP (Non NHS)                                                     | <input type="checkbox"/> GP retainer       | <input type="checkbox"/> GP returner          |
| <input type="checkbox"/> Forensic medical examiner (police surgeon)                               | <input type="checkbox"/> Career start      | <input type="checkbox"/> Academic             |
| <input type="checkbox"/> GP in unscheduled care/walk-in centre<br>(See important notes on page 6) | <input type="checkbox"/> Armed forces      | <input type="checkbox"/> GP appraiser         |
| <input type="checkbox"/> Flexible career scheme                                                   | <input type="checkbox"/> School doctor     | <input type="checkbox"/> Ships doctor         |
| <input type="checkbox"/> Prison service (including part-time and locum)                           | <input type="checkbox"/> Clinical director | <input type="checkbox"/> Freelance GP (Locum) |
| <input type="checkbox"/> Other (Please specify):                                                  |                                            |                                               |

2. Please indicate **ALL ADDITIONAL** primary care roles undertaken. (Please tick all relevant boxes below):

- |                                                                                                   |                                            |                                               |
|---------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> NHS employing partner/GP provider                                        | <input type="checkbox"/> Salaried GP       | <input type="checkbox"/> GP assistant         |
| <input type="checkbox"/> Private GP (Non NHS)                                                     | <input type="checkbox"/> GP retainer       | <input type="checkbox"/> GP returner          |
| <input type="checkbox"/> Forensic medical examiner (police surgeon)                               | <input type="checkbox"/> Career start      | <input type="checkbox"/> Academic             |
| <input type="checkbox"/> GP in unscheduled care/walk-in centre<br>(See important notes on page 6) | <input type="checkbox"/> Armed forces      | <input type="checkbox"/> GP appraiser         |
| <input type="checkbox"/> Flexible career scheme                                                   | <input type="checkbox"/> School doctor     | <input type="checkbox"/> Ships doctor         |
| <input type="checkbox"/> Prison service (including part-time and locum)                           | <input type="checkbox"/> Clinical director | <input type="checkbox"/> Freelance GP (Locum) |
| <input type="checkbox"/> Other (Please specify):                                                  |                                            |                                               |

3. Are you on a Performers List?  Yes  No

4. How are you remunerated? (Please tick one box only):  Self employed  Paid a salary  Combination of self employed and salaried

5. Please indicate if you are paid a salary by anyone other than the practice?

- NHS England/Scotland  Ministry of Defence  Other (Please specify):

6. If you are paid a salary by any of the above do you benefit from any employer/NHS indemnity?  Yes  No

7. For how many sessions per week do you benefit from employer/NHS indemnity?

(Please note – A session is normally defined as a half day or continuous period of work between 3.5 and 5 hours)

8. Do you do any unscheduled care work for which you require MPS indemnity (including sessions for a GP co-op)?  Yes  No

9. On average, how many sessions per week do you do unscheduled care work?

(Weekly unscheduled care sessions calculated as total weekly hours divided by 4 and rounding up to the nearest whole number)

10. If you are a salaried GP also undertaking GP freelance (locum) work, is more than 50% of your average weekly working time spent carrying out locum GP sessions?  Yes  No

11. If you work as a Forensic Medical Examiner (FME), on average how many sessions per week do you do?

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

The following treatments are included in a GP subscription. (Please also complete Q13-15)

- 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

13.  Other. (Please specify any other surgical cosmetic/aesthetic procedures or treatments you undertake not listed in Q12 above, eg, laser treatments, mesotherapy, hair transplants etc): Continue on pages 6 and 7 if needed.

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

15. How many cosmetic/aesthetic **medicine** sessions do you do per week?

Sessions per week:

16. **IMPORTANT – Please state your TOTAL weekly clinical GP sessions for which you require MPS indemnity including out-of-hours work, FME and cosmetic/aesthetic medicine sessions (involving those treatments included in a GP subscription as above).**

TOTAL WEEKLY SESSIONS:

17. Do you work in any of the following areas?

Termination of pregnancy

Gross £pa:

Complementary/alternative medicine

Gross £pa:

Slimming clinics

Gross £pa:

(Please provide details below):

Family planning

Gross £pa:

18. Are you involved in the treatment of elite/professional sportsmen or sportswomen?  Yes (Please provide details below)  No  
If you are unsure please contact Member Services on 0800 952 0441 (See Information/11)

19. Please indicate if you are a:

Single-handed GP

GP with special interest: Specialty:  Last accreditation date (DD/MM/YYYY):

20. Please tick what services **you** provide:

GMS – Essential  GMS – Additional  GMS – Enhanced  Private GP Practice (non NHS)  PMS  Other

21. Please tick what services **your practice** provides:

GMS – Essential  GMS – Additional  GMS – Enhanced  Private GP Practice (non NHS)  PMS  Other

22. How many whole-time equivalent GPs work in your practice?

Number of GPs:

23. How many patients are registered with your practice?

Number of registered patients:

24. If you do any work outside the scope of GP practice please specify:

25. If you do any NHS secondary care work please tell us your:

Status:

Specialty:

Is this work indemnified?  Yes  No

Are you on the GMC specialist register for this specialty?  Yes  No

## 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:

- (i.) You wish to apply for membership of MPS subject to the Memorandum and Articles of Association
- (ii.) 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
- (iii.) You understand that membership is not conferred automatically and is subject to approval by MPS
- (iv.) 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
- (v.) 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
- (vi.) 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
- (vii.) You have read the appropriate information for applicants guidance sheet and, where your practice/organisation is part of Practice Xtra, if your application is accepted:
- (viii.) You consent to your membership being included in Practice Xtra;
- (ix.) You understand that (a) your personal MPS membership will be retained but your membership subscription renewal date may be brought in line with that of the practice and this may affect your subscription payment schedule and (b) your membership correspondence address may be changed to that of the practice and membership documentation may be shared with the practice administrator; and
- (x.) MPS and the practice administrator may share information in respect of your membership and you authorise the practice to provide details of any changes to your personal circumstances, scope of practice or other details (including in relation to income and number of sessions worked)

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.

Date 

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

**Please note must be current date**

**Please remember to inform us promptly of any change to your personal circumstances, scope of practice or other details (including in relation to income and number of sessions worked).**

**IMPORTANT NOTES – SCHEDULED AND UNSCHEDULED CARE**

For the majority of GP members we currently set subscriptions based on the number of weekly sessions you undertake. We define sessions as either being **Scheduled Care sessions** or **Unscheduled Care sessions**.

**Scheduled care**

Scheduled care sessions are defined as work undertaken during the scheduled opening hours of the practice (Mon – Sun, 8.00am – 8.00pm) where registered patients are seen by appointment and where staff have access to the patient’s full general practice records.

**Unscheduled care**

Unscheduled care is anything that falls outside of scheduled care. This includes care given at anytime in walk in / urgent care centres. If any of your work is undertaken in unscheduled care then you need to identify this on your application in Section C on page 4.

**Additional space for answers – Please clearly indicate the question number that you are providing details for below.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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)



## Medical Protection

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

**0800 952 0441** (Mon – Fri: 8.00am – 6.30pm)

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

**[gppractice@medicalprotection.org](mailto:gppractice@medicalprotection.org)**

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