

GENERAL PRACTICE APPLICATION FORM

0800 561 9000 (Monday to Friday 08.00 to 18.30) | member.help@medicalprotection.org | medicalprotection.org

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 with Medical Protection 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

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

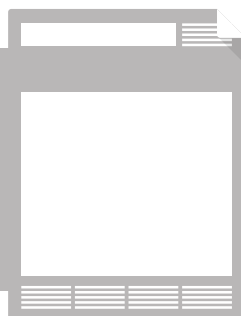
What percentage of your clinical time is spent in England Wales Northern Ireland Scotland

Please state any other country in which you are registered to practise:

Will you be involved in treating or providing advice to patients outside of the country in which you are applying for membership?

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 Medical Protection membership. If you do not have these documents please let us know so that we can send them to you. Contact us by telephone **0800 561 9000** or via email at 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 Medical Protection. In support of this application, a full case history will be required if you have held indemnity or insurance with any other providers in the last ten years (periods of State indemnity should not be included). Please request this case history from your previous indemnity/insurance providers and send this to us with your application or within 42 days of your application being accepted. If we do not receive this within 42 days, or if the information received does not match the information provided on your application form, it could lead to your membership being cancelled. Failure to disclose full and accurate details about your previous history may delay your application and if you are accepted into membership could result in the suspension and withdrawal of membership benefits and/or the cancellation of your membership. If necessary please continue your answers on pages 8-9

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

2. **Please give the name of all other organisations and the dates during the last 10 years when you were a member or policyholder. If you were previously a member of Medical Protection, 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	Medical Protection number	Full name	Other membership or policy number

3. **Have you at any stage practised without professional indemnity during the last 10 years (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 (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 Medical Protection 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. For your main country of practice. **(Please tick one box only):**

GP partner

Pharmacist

Locum GP

Physiotherapist

Salaried GP

Paramedic

Nurse

Physician associate

Nurse partner

Practice manager

Practice manager partner

How many sessions do you work in total in an average working week? Please round your answer up to the nearest whole number.

If in England/Wales: What is your projected gross revenue for additional work you undertake (beyond your primary medical services contract) for which you require indemnity for clinical negligence claims?

For Practice manager partners only. Do you require claims indemnity for clinical negligence claims for your liability as a practice partner?

Yes No

Do you undertake any of the following activities/roles:

Forensic medical examiner

NHS Work Private Work

Prison medical officer

NHS Work Private Work

Minor surgery

NHS Work Private Work

Cosmetic/aesthetic practice

NHS Work Private Work

Unscheduled care

NHS Work Private Work

Teleconsulting or virtual consulting for unregistered patients or patients for whom the member does not hold full medical records

NHS Work Private Work

Pre-hospital care for professional sports persons as the clinician in-charge

NHS Work Private Work

2. For your secondary country of practice,

GP partner

Pharmacist

Locum GP

Physiotherapist

Salaried GP

Paramedic

Nurse

Physician associate

Nurse partner

Practice manager

Practice manager partner

How many sessions do you work in total in an average working week? Please round your answer up to the nearest whole number.

If in England/Wales : What is your projected gross revenue for additional work you undertake (beyond your primary medical services contract) for which you require indemnity for clinical negligence claims?

Do you undertake any of the following activities/roles:

Forensic medical examiner NHS Work Private Work

Prison medical officer NHS Work Private Work

Minor surgery NHS Work Private Work

Cosmetic/aesthetic practice NHS Work Private Work

Unscheduled care NHS Work Private Work

Teleconsulting or virtual consulting or virtual consulting for unregistered patients or patients for whom the member does not hold full medical records NHS Work Private Work

Pre-hospital care for professional sportsperson(s) as the clinician in-charge NHS Work Private Work

3. Are you involved in the treatment of a professional sportsperson(s) If you are unsure please contact Membership Services on 0800 561 9000. **(for further information visit medicalprotection.org information for applicant)**

Yes (please provide details below) No

4. Please indicate if you are a:

Single-handed GP

GP with special interest or acting in an extended role

Specialty:

Last accreditation date (DD/MM/YYYY):

5. Do you work within a practice that is part of the Practice Xtra scheme? If yes, please provide details below:

Practice name:

Practice ID number:

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 (eg 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.

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 practise 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.

IMPORTANT NOTES – SCHEDULED AND UNSCHEDULED CARE

For some 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**.

Minor surgery

defined as any invasive procedure undertaken in general practice rather than a day case or inpatient hospital setting. Examples include (but are not limited to) joint injection, cautery, cryotherapy, religious circumcisions, excision of 'lumps and bumps' and the insertion of contraceptive implants or intrauterine devices. Minor surgery does not include phlebotomy or vaccination administration.

Teleconsulting or virtual consulting

Includes all forms of electronic/digital communication with patients that is not 'in-person' face to face contact.

Unscheduled care

Scheduled care is defined as work undertaken during the scheduled opening hours of the practice (Monday to Sunday 08.00 - 20.00) where registered patients are seen by appointment and where staff have access to the patient's full general practice records. Unscheduled care is anything that falls outside of scheduled care. This includes care given at any time in walk-in/urgent care centres, and consultations (via any format) at any time of day without full general practice records.

Additional space for answers to Section B

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

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

Medical Protection

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2 Victoria Place
Leeds, LS11 5AE
United Kingdom.

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

member.help@medicalprotection.org

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

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