

Membership application

Hong Kong

800 908 433 | mps@hkma.org | medicalprotection.org

Please complete all editable sections of this form electronically and return by email to the address above

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:
Hong Kong Medical Association, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Section A – Membership start date and personal details

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 box to the right: (DD/MM/YYYY)

| | | | |
|--|---|---|--|
| Title | | Country of practice | |
| First name | | Country of permanent residence | |
| Surname | | Address for correspondence | |
| Maiden/previous name (if any) | | | |
| Date of birth (DD/MM/YYYY) | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| ID number | | Postcode (zip or postal area) | |
| Nationality | | Email address | |
| Which hospital are you working in? (if applicable) | | Daytime telephone | |
| | | Evening telephone | |
| Main specialty | | Cell number | |
| Specialty registration date | | Fax number | |
| Degrees and diplomas | | HKMC details – your application may be delayed if this is not provided | |
| Medical school and country | | HKMC No. | |
| Month and year of graduation | | Registration date | |

IMPORTANT – Please read the following

- As part of our normal process, we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
- Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to seek advice or assistance from MPS.
- When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
- We will not assist with any matter arising from an incident pre-dating your MPS membership.
- If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure “run-off” cover for any future claim which may arise from an incident pre-dating your MPS membership.

Please note that signing the declaration on page 6 indicates acceptance of the following requirements:

Members must keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address or scope of practice could result in the suspension and/or the withdrawal of the benefits of membership and/or the cancellation and/or the termination of your membership. Members should understand that MPS is not an insurance company. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

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 the enclosed pages. 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 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 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 (ie 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 reasons.

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

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. 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.

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 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

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

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. 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.

Section C – Practice details

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).

What is your current professional status? (eg House officer, Medical officer, General practitioner, Registrar, Consultant)

Main specialty

In which sector do you work? Private ONLY State/Public ONLY Private and State/Public

How many hours per week on average do you work in PRIVATE practice?

Up to 11 hours More than 11, up to 22 hours More than 22, up to 33 hours More than 33 hours N/A

IMPORTANT – Please see end of application form for MPS subscription categories and indicate the grade code most appropriate for your practice: (eg PGZ)

If you are unsure of the membership category applicable to you, please provide a summary of the work you carry out (ie a detailed scope of practice).

Additional space for answers

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

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/privacy

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 or scope of practice 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. For the purposes of the Hong Kong law and the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong), we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website medicalprotection.org/privacy

Date

Please note this must be the current date

Tick here if you are submitting additional sheets or correspondence.

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 contact us to update your marketing preferences.

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

- | | | |
|----|--------------------------|---|
| 1. | <input type="checkbox"/> | Personal recommendation |
| 2. | <input type="checkbox"/> | Competitive subscription rates |
| 3. | <input type="checkbox"/> | MPS membership co-ordinator, please provide their initials: |
| 4. | <input type="checkbox"/> | Group arrangement |
| 5. | <input type="checkbox"/> | Dissatisfaction with previous organisation |
| 6. | <input type="checkbox"/> | Other (please provide details) |



Medical Protection – Hong Kong

Hong Kong Medical Association
 15 Hennessy Road, 5th Floor
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 Hong Kong

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 F 2865 0943
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mps@hkma.org

With effect from 1 February 2021 to 31 January 2022

The benefits of membership are only available to members paying the appropriate subscription.

GOVERNMENT AND HOSPITAL AUTHORITY RATES

Government and hospital authority doctors are entitled to apply for the full benefits of membership except indemnity for claims apart from good Samaritan acts. Indemnity is provided by the government/hospital authority for claims arising from duties performed under the terms and contracts of employment with the government/hospital authority. This indemnity now includes assistance with external regulatory matters. For work outside contracts of employment with the government/hospital authority or for protection for internal investigations, please contact HKMA.

| HOSPITAL AUTHORITY MEMBERSHIP EXCLUDING REGULATORY ASSISTANCE | GRADE |
|---|-------|
| Intern | HJI |
| Medical officer / Medical officer trainee / Assistant professor | HJM |
| Senior medical officer / Specialist / Associate professor | HJS |
| Consultant / Professor / Director | HJC |

| HOSPITAL AUTHORITY MEMBERSHIP INCLUDING REGULATORY ASSISTANCE | GRADE |
|---|-------|
| Intern | HGI |
| Medical officer / Medical officer trainee / Assistant professor | HGM |
| Senior medical officer / Specialist / Associate professor | HKS |
| Consultant / Professor / Director | HKC |

| GOVERNMENT MEMBERSHIP INCLUDING REGULATORY ASSISTANCE | GRADE |
|---|-------|
| Medical officer / Medical officer trainee / Assistant professor | HDM |
| Senior medical officer / Specialist / Associate professor | HDS |
| Consultant / Professor / Director | HDC |

| SPECIALIST GRADES | More than 33 hours per week | >22 up to 33 hours per week | >11 up to 22 hours per week | Up to 11 hours per week |
|---|-----------------------------|-----------------------------|-----------------------------|-------------------------|
| | GRADE | GRADE | GRADE | GRADE |
| Neurosurgery | INN | TIN | 2IN | IQN |
| Super high risk Plastic and reconstructive surgery; spinal surgery (surgical procedures performed on the spine and/or meninges performed by an orthopaedic spinal surgeon). | SHS | SHT | SH2 | SHQ |
| Very high risk Gynaecology; general surgery; trauma surgery; vascular surgery; orthopaedic surgery; bariatric surgery. | VHR | VHT | VH2 | VHQ |
| High risk Cardiothoracic surgery; ophthalmology (including laser refractive surgery); otorhinolaryngology; paediatric surgery; urology. | MHR | MHT | MH2 | MHQ |
| Anaesthetics | INA | TNA | HIN | INQ |

| | | | | |
|--|---|---|---|---|
| <p>Medium risk Accident and emergency; cardiology; dermatology; oral and maxillo-facial surgery; neurology; gastroenterology; radiology; radiotherapy.</p> | MMR | MMT | MM2 | MMQ |
| <p>Low risk Audiological medicine; blood transfusion; clinical cytogenetics; clinical genetics; clinical immunology and allergy; community health; endocrinology; general medicine; genito-urinary medicine; geriatric medicine; haematology; immunology; infectious diseases; nephrology; nuclear medicine; occupational health; oncology; ophthalmology (excluding laser refractive surgery); palliative medicine; pathology; pharmaceutical physician; physiology; psychiatry; preventative medicine; rehabilitation medicine; renal medicine; respiratory medicine; rheumatology; sports medicine; thoracic medicine.</p> | MLR | MLT | M2L | MLQ |
| <p>High Risk Paediatrics This category is for paediatricians whose work includes any of the following: involvement in the prenatal management of the foetus; attendance at deliveries; clinical management of newborns in the first 7 days of life in a hospital inpatient setting. Discretionary indemnity limited to HK\$150 million any one claim/in the aggregate – subject to the discretion of MPS Council.</p> | | | | |
| Claims-made protection (year 1) | PAF | | | |
| Claims-made protection (year 2) | PAF | | | |
| Claims-made protection (year 3) | PAF | | | |
| Claims-made protection (year 4) | PAF | | | |
| Claims-made protection (year 5+) | PAF | | | |
| Occurrence based protection | PAD | TPD | 2PA | PAQ |
| <p>Low Risk Paediatrics This grade is for paediatricians involved in the management of babies and children after the first 7 days of life, or, in the first 7 days of life exclusively in an office-based or outpatient setting.</p> | LPA | LPT | 2LP | LPQ |
| <p>Obstetrics The management of pregnancy after 24 weeks gestation. Discretionary indemnity limited to HK\$150 million any one claim/in the aggregate – subject to the discretion of MPS Council.</p> | | | | |
| Claims-made protection (year 1) (See below) | MOB | | | |
| Claims-made protection (year 2) (See below) | MOB | | | |
| Claims-made protection (year 3) (See below) | MOB | | | |
| Claims-made protection (year 4) (See below) | MOB | | | |
| Claims-made protection (year 5+) (See below) | MOB | | | |
| GENERAL PRACTICE | More than 33 hours per week GRADE | >22 up to 33 hours per week GRADE | >11 up to 22 hours per week GRADE | Up to 11 hours per week GRADE |
| <p>GP non procedural – consultative office procedures and assisting This grade is available to any doctor as described within grade PGZ (see below) who has a family medicine or general practice qualification that is part of the HKMC quotable qualifications list. For further information please contact HKMA.</p> | PGM | TGM | 2GM | PG4 |
| <p>GP non procedural – consultative office procedures and assisting This rate is for GPs who perform the usual range of routine, minor procedures, usually in their own rooms, under local (if any) anaesthesia (including finger and toe blocks), eg injections, excisions, curette cautery, cryocautery, nasal cautery and IUD insertion.</p> | PGZ | TGZ | 2GZ | PQZ |

| | | | | |
|--|-----|-----|-----|-----|
| <p>GP procedural Procedural but excluding obstetrics eg, general/regional anaesthesia, vasectomy or circumcision, termination of pregnancy, tonsillectomy, appendectomy and/or any procedures which are usually performed with general/regional anaesthesia. This rate also applies if these procedures are undertaken without anaesthetic. Also Botox, non-permanent fillers, which includes Restylane and chemical facial peels (superficial epidermal only) provided income from these procedures is no more than 50% of gross income.</p> | PGP | GIN | 2PG | PQP |
| <p>GP risk with obstetrics Procedural including obstetric services beyond ante-natal care (after 24 weeks gestation), including planned deliveries.</p> | PGO | | | |
| <p>Cosmetic and aesthetic medicine If your income from Botox, non-permanent fillers and chemical facial peels (superficial epidermal only) is greater than 50% of your gross income you should pay the XGP rate. This rate is also applicable if you are undertaking collagen injections, hair transplantation without flap surgery and laser therapy. For further details, please contact HKMA.</p> | XGP | XGT | XGH | XGQ |

| OTHER | GRADE |
|--|-------|
| <p>Non-clinical: advisory services only Please contact HKMA/MPS with details of your practice if you think you may qualify for this rate.</p> | NSM |
| Physiotherapist | PHY |
| Dietician | DTC |
| Occupational therapist | OCU |
| Student | |

NOTES

Benefits of membership

MPS aims to help doctors with legal problems that arise from their clinical practice. The services we provide have a number of aims:

- Helping doctors with specific problems they face.
- Promoting safer practice, reducing the number of problems in the future.

We do this through a range of membership benefits, provided subject to the conditions set out in the Memorandum and Articles of Association, including:

Medicolegal advice

We help to resolve medicolegal dilemmas as they arise in everyday practice. Our panel lawyers take calls for medicolegal advice during office hours, while our out-of-hours team of medicolegal advisers – doctors with legal training – is always available to help members in an emergency.

Indemnity

MPS offers indemnity against adverse awards for costs and damages in clinical negligence cases.

Legal representation

MPS provides first-class specialist legal advice and representation in a range of circumstances, such as clinical negligence claims (in respect of which an indemnity is offered) and disciplinary hearings.

Media relations

If members are unfortunate enough to be involved in a case that attracts adverse publicity, we can help. By preparing statements and acting as a spokesperson we can shield members from press intrusion as far as is possible.

Education and risk management

Medical Protection strongly believes in the preventative value of education and risk management. In 2007, MPS formed a specialist education department, Educational Services, to ensure that members worldwide have access to world class education. Members in Hong Kong have access to a number of widely acclaimed courses and a range of education that is being constantly tailored to suit your needs. We also produce a range of educational materials, including Casebook and other medicolegal publications, information leaflets and online educational products. The MPS website contains useful advice for reference or download, and printed copies of our publications are also available to members.

These benefits are personal to you, but indemnity may, depending on the circumstances, be extended to an employee.

Please note

- (i) Failure to notify us of a change of address and/or the scope of your practice could result in delay in providing or the suspension or withdrawal of the benefits of membership and/or the cancellation or termination of your membership.
- (ii) You may cancel your membership at the end of any subscription by giving us prior notice.

Your personal information

For information on our use of your personal data and your rights, please see the Privacy Statement on our website medicalprotection.org/privacy

By continuing in membership, you agree and confirm that:

- (i) You understand that renewal is subject to approval by MPS.
- (ii) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm renewal and/or entitlement to request benefits.
- (iii) You will inform us if your personal circumstances or scope of practice change.
- (iv) For the purposes of the Hong Kong law and the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong), we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website medicalprotection.org/privacy



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