

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:
Malaysian Medical Association, 4th Floor MMA House, 124 Jalan Pahang, 53000 Kuala Lumpur, Malaysia

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	☐ Male ☐ Female		
Nationality			
Which hospital are you working in? (if applicable)		Postcode (zip or postal area)	
		Email address	
Main specialty		Daytime telephone	
Specialty registration date		Evening telephone	
Degrees and diplomas		Cell number	
Basic		Fax number	
Postgraduate		MMC details – your application may be delayed if this is not provided	
Medical school and country		MMC No.	
Month and year of graduation		Registration date	

IMPORTANT – Please read the following

1. If you have had previous indemnity or insurance we may approach your previous indemnity provider or ask you to obtain a copy of your claims history.
2. 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.
3. 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.
4. We will not assist with any matter arising from an incident pre-dating your MPS membership.
5. 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 practised 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 continuing 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 claim(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, final outcome of the incident and any settlement amount. (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?
 (including remote consultation or telehealth services)

☐ 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).

Scheme specific information

Identity card No. (old)

Identity card No. (new)

 Are you an MMA member? ☐ Yes ☐ No

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 Malaysia law and The Personal Data Protection Act 2010, 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. ☐ 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)

**Medical Protection – Malaysia**

Malaysia Medical Association

4th Floor, MMA House
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53000 Kuala Lumpur
Malaysia

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dentalprotection.org

mps@mma.org.my

GOVERNMENT AND HOSPITAL AUTHORITY RATES					GRADE
Government and hospital authority doctors have access to the benefits of membership, excluding claims indemnity, unless it is for Good Samaritan acts.					
House Officer					MLH
1st Year Medical Officer					MO1
2nd Year Medical Officer					MO2
3rd and subsequent Year Medical Officer					3MO
Other Government Doctors					GOV

PRIVATE PRACTICE ONLY	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 by an orthopaedic spinal surgeon).	SHS	SHT	SH2	SHQ
Very High Risk Gynaecology; trauma and orthopaedic surgery; bariatric surgery.	VHR	VHT	VH2	VHQ
High Risk Cardiothoracic surgery; colorectal surgery; endocrine surgery; general surgery (excluding bariatric surgery); ophthalmology (including laser refractive surgery); otorhinolaryngology; paediatric surgery; thoracic surgery; urology; vascular surgery.	MHR	MHT	MH2	MHQ
Anaesthetics	INA	TNA	HIN	INQ
Medium Risk Accident and emergency; cardiology; dermatology; intensive care; oral and maxillo-facial surgery; neurology; gastroenterology; radiology; radiotherapy.	MMR	MMT	MM2	MMQ
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.	MLR	MLT	M2L	MLQ
Obstetrics The management of pregnancy after 24 weeks gestation. Discretionary indemnity is limited to RM 10 million any one claim/in the aggregate – subject to the discretion of MPS Council. Claims-made protection (years 1-5+)	MOB			
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. Occurrence-based protection The number of years indicated represents the length of membership period applied.	PAD	TPD	2PA	PAQ
Low Risk Paediatrics 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 should be on the LPA grade.	LPA	LPT	2LP	LPQ

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
GP – Core services Indemnity Capped at RM 5 million per incident year for any one claim and/or in the aggregate - Available from 1 August 2021 Acupuncture including laser therapy used as an acupuncture tool; allergy testing; antenatal care (up to 24 weeks gestation); assisting at surgery; blood transfusions; cardiopulmonary resuscitation; circumcision; cortisone injections; cryotherapy; diathermy; dislocation joints requiring immediate treatment in surgery setting not requiring GA; electrocautery; exercise testing – ECG; family planning excluding vasectomy or insertion of IUD/IUCD; fractures requiring no reduction or anaesthesia; genital warts removal; geriatrics; hormone implants; hypnotherapy; immunisation; injection of varicose veins; intravenous injection; joint aspiration/injection; laser therapy – non-invasive treatment of soft tissue injuries; local anaesthesia; lumbar puncture for taking fluid for diagnosis only; occupational medicine; office pathology; palliative care; pap smear; psychotherapy (non-specialist); rehabilitation; removal of foreign bodies from eye under local anaesthetic; removal of ingrowing toe nails excluding Zadek procedures; removal of lipomas, ocular foreign bodies, sebaceous cysts; soft tissue injuries; spinal manipulation not involving sedation or intravenous anaesthesia; venepuncture/venesection; x-rays without contrast media; incision and drainage.	PGL			
GP – Core services Acupuncture including laser therapy used as an acupuncture tool; allergy testing; antenatal care (up to 24 weeks gestation) assisting at surgery; blood transfusions; cardiopulmonary resuscitation; circumcision; cortisone injections; cryotherapy; diathermy; dislocation joints requiring immediate treatment in surgery setting not requiring GA; electrocautery; exercise testing – ECG; family planning excluding vasectomy or insertion of IUD/IUCD; fractures requiring no reduction or anaesthesia; genital warts removal; geriatrics; hormone implants; hypnotherapy; immunisation; injection of varicose veins; intravenous injection; joint aspiration/injection; laser therapy – non-invasive treatment of soft tissue injuries; local anaesthesia; lumbar puncture for taking fluid for diagnosis only; occupational medicine; office pathology; palliative care; pap smear; psychotherapy (non-specialist); rehabilitation; removal of foreign bodies from eye under local anaesthetic; removal of ingrowing toe nails excluding Zadek procedures; removal of lipomas, ocular foreign bodies, sebaceous cysts; soft tissue injuries; spinal manipulation not involving sedation or intravenous anaesthesia; venepuncture/venesection; x-rays without contrast media; incision and drainage.	PGS	TGZ	2GZ	PQZ
GP – with Obstetrics This category is for general practitioners who also provide obstetric services beyond 24 weeks ie intra-partum care.	PGO			
GP – Procedural Insertion of IUCD, sigmoidoscopy; endoscopy; D&C; termination of pregnancy. Botulinum toxin (eg Botox), collagen, other non-permanent fillers in the treatment of wrinkles and/or lip enhancement, superficial chemical facial peels (affecting the intra-epidermal layer), microdermabrasion, intense pulse light (IPL), superficial sclerotherapy, skin tightening procedures radiofrequency, ultrasound, infrared up to upper dermis, provided your income from these procedures is less than 50% of your gross, pre-tax income, before expenses.	PGP	GIN	2PG	PQP
Cosmetic / Aesthetic Medicine If your income from botulinum toxin (eg Botox), collagen, other non-permanent fillers in the treatment of wrinkles and/or lip enhancement, superficial chemical facial peels (affecting the intra-epidermal layer), microdermabrasion, intense pulse light (IPL), superficial sclerotherapy, skin tightening procedures radiofrequency, ultrasound, infrared up to upper dermis is greater than 50% of your gross, pre-tax income, before expenses you should pay the XGP rate. This rate is also applicable if you do medium depth chemical peels, lasers for treating skin pigmentation, lasers for skin rejuvenation (including fractional ablative), lasers for hair removal (eg long pulsed Nd:YAG, Diode). For further details, please contact MMA/MPS. Medical Protection expects members undertaking aesthetic practice to: · comply with all applicable credentialing requirements · adhere to all relevant regulatory guidelines around aesthetic practice and registration · limit the scope of their practice to procedures and treatments for which they hold a valid Letter of Credentialing and Privileging (LCP).	XGP	XGT	XGH	XGQ

GOVERNMENT DOCTORS ALSO WORKING IN THE PRIVATE SECTOR		GRADE
To qualify for these rates you must be in government employment and work for a total of no more than two days per week in the private sector. (This can be taken as an average over a year eg, four days per week for six months.)		
Neurosurgery		MNG
Super High Risk		MSG
Very High Risk		MVG
High Risk		MHG
Anaesthetics		MAG
Medium Risk		MMG
Low Risk		MLG
GP Procedural		P1G
GP Non-Procedural		P2G
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. Occurrence-based protection The number of years indicated represents the length of membership period applied.		PDZ
Low Risk Paediatrics 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 should be on the LPG grade.		LPG

OTHERS		GRADE
Non-clinical Advisory services only. If you think you may qualify, please contact MMA with details of your practice.		HNC
Student		FY1 - FY5

NOTE

As an overseas supplier, the Medical Protection Society Limited is not registered for Malaysian GST and does not charge GST on membership subscriptions. MPS members may or may not be required to account for GST in Malaysia under the Reverse Charge mechanism on membership subscriptions, pursuant to Section 13 of the GST Act 2014. The members should seek their own GST advice.

**Medical Protection – Malaysia**

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