

Past Protection

How **Retroactive Reporting Benefits** can protect you from claims and complaints arising from previous work

Switching from a claims-made insurance policy to Medical Protection's occurrence-based indemnity is not as challenging as you may think. When you end your current policy, it ends any cover for your previous period of practice. Given the nature of clinical negligence – where claims can arise years after treatment – any gap in cover is a serious concern.

If the necessary arrangements are not put in place, you are exposed to potential legal defence costs and damages arising from past work.

This is where we can help.

New applicants working in private practice can apply for Retroactive Reporting Benefits (RRBs), which provide a fixed five-year period of protection.

From the first day of your membership, Medical Protection's RRBs can help you transition smoothly and enjoy comprehensive protection from claims and dentolegal matters arising from your previous work.

What are Retroactive Reporting Benefits?

Retroactive Reporting Benefits (RRBs), sometimes known as 'nose cover', allow you to maintain continuity of indemnity or insurance cover when switching from a claims-made to an occurrence-based provider.

Medical Protection's RRBs offer you protection for incidents that happened before you became a member. This means that if you become aware of an incident that occurred while you were insured by another provider, you can report it to us and request assistance should it lead to a claim or a complaint.

RRBs give you the right to:

- Report notifiable incidents and claims with an incident date in the retroactive period
- ✓ Seek assistance with any such cases or claims
- Seek assistance with any subsequent claims arising from incidents appropriately notified to Medical Protection during the five-year RRB period.

What is the 'Retroactive Period'?

This is the period of claims-made protection that you want to be covered for by the RRB. So, if you were with a claims-made provider for eight years and you want the whole eight years covered, your Retroactive Period would be eight years. Our Retroactive Period is unlimited.

What is the Retroactive Reporting Benefit period?

This is the period during which you can report incidents or claims that happened during the retroactive period. It usually starts from the date of your occurrence-based membership with Medical Protection, and we offer five years as standard. If you leave Medical Protection, the cover ceases.

Do we offer RRBs for longer than five years?

No, the maximum we will provide is initially five years. After this, the RRB will be reviewed, and we may agree to extend this further.

Is the RRB claims-made or occurrence-based?

RRBs are provided on a claims-made basis. This means that as soon as you become aware of a potentially troublesome incident that happened during your Retroactive Period, you must report it to Medical Protection immediately.



Is there any cap on the RRB?

Yes. Our RRBs come with a generous cap, meaning we can pay costs of up to HK\$50 million for all matters over the five-year RRBs period.

What is covered by RRBs?

You can seek assistance for incidents that lead to a claim or complaint that are reported to us during the RRB period.

What if an incident comes to light after I die?

Your estate can still report incidents that happened during the RRB period, even if they come to light after you die.

What happens if I leave Medical Protection?

Your RRB is only valid while you are a fully paid-up member of Medical Protection. This means that if you switch from Medical Protection to another provider, your RRB will expire, and you will no longer be able to report incidents.

Are there any exclusions to RRB assistance?

We are unlikely to assist on claims or complaints if:

- they arise from incidents that occurred where you have been practising without insurance or an indemnity arrangement
- the incident has (or should have been) notified under a previous insurance or indemnity arrangement
- prior to taking out the RRB, you withheld relevant information that should have been notified under previous indemnity or insurance or to Medical Protection as part of your application into membership.

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