



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

Please provide practice details

Practice name

Trading name (if different to practice name)

Practice address

Post code

Registered office (if different to practice address)

Telephone

Primary email address

Secondary email address

Contact details

Authorised person (primary contacts) Please provide details of the person authorised by the applicant to arrange, renew or vary the Practice Membership and to discuss any relevant details

Title and name

Date of birth

Position in the practice

Telephone

Email

Address (if different)

Signature

Contact details for any additional authorised person

Title and name

Date of birth

Position in the practice

Telephone

Email

Address (if different)

Signature

Other details			
Is the practice based on more than one site?		Yes	No If Yes, please provide additional details below
Trading since (dd/mm/yyyy)			
When would you like your Practice Membership to start? (dd/mm/yyyy) This cannot be a date in the past.			
Retroactive protection can be added to this membership. Please note: Assistance will only be granted for claims or circumstances that occurred during the retroactive period when a) the claim or circumstance have not been or should have been reported to a previous insurer b) any treating healthcare practitioner(s) named in the claim or circumstance held their own valid MPS membership at the date of the incident.			
Would you like to add retroactive protection to this membership?		Yes	No If Yes, please provide the date you would like your retroactive protection to start (dd/mm/yyyy).
If Yes, please confirm you understand that assistance will not be granted for claims or circumstances that occurred during the retroactive period which have or should have been notified to a previous insurer or where the treating healthcare practitioner did not hold their own valid individual Medical Protection membership at the date of the incident.			
I, as authorised person on behalf of the practice confirm the above.			
Professional activities			
What is the nature of your professional activities for which indemnity is required? Please provide a breakdown of activities, eg GP led primary care, specialist practice (please specify below, or continue on page 6).			
Name of owner(s) of the business. If the applicant is not administered by the owner(s), please outline the administrative structure. By signing below, you are providing your consent for your individual Medical Protection membership (if applicable) to be associated with this Practice Membership. To find out more about how we collect, use and handle your data including special category data, please see the Privacy Notice on our website medicalprotection.org/privacy			
Title and name	MPS membership number (if applicable) Indemnity/Insurance provider (non-MPS members)	Signature	Date
How many registered health practitioners work for the practice whether owner, employed, subcontracted, locum volunteer or other? Please include Doctors, Nurse Practitioners, Nurses and other Allied Health Professionals.			
How many of these hold individual Medical Protection Membership?			

Please complete the table below in respect of all registered health practitioners not named in the owners section who hold individual Medical Protection membership.

By signing below, you are providing your consent for your individual Medical Protection membership to be associated with this Practice Membership. To find out more about how we collect, use and handle your data including special category data, please see the Privacy Notice on our website medicalprotection.org/privacy

Title and name	MPS membership number	Signature	Date

Please complete the table below in respect of all registered health practitioners not named in the owners section who include Doctors, Nurse Practitioners, Nurses and other Allied Health Professionals.

By signing below, you are providing your consent for your practice to provide proof of your indemnity/insurance to Medical Protection Society if requested and confirm you will comply with all the terms and conditions associated with your indemnity/insurance.

***Appropriate grade** (please refer to the sheet at the end of this application form and select the grade most appropriate to the individual's scope of practice)

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Title and name (Remember to sign and add date)	Professional status (eg GP, Specialist Allied Health Professional)	Specialty/area of practice	Appropriate grade *see above	Proof of indemnity/ insurance held by the practice? Yes/ No
Signature			Date	
Signature			Date	
Signature			Date	
Signature			Date	
Signature			Date	

Please confirm the applicant checks and records indemnity/insurance arrangements annually for all registered health practitioners and that current indemnity/insurance is in place. Medical Incorporated Practice membership is provided subject to the condition that all registered health practitioners who work for the practice, whether owner, employed, subcontracted, locum, volunteer or other hold their own adequate indemnity or insurance. Assistance under this membership will not be granted where proof of indemnity or insurance cannot be provided for any registered health practitioner if requested by MPS.

Yes No

Have any of the registered health practitioners named in this application including the owners been suspended or removed from the relevant professional register, or been subject to criminal prosecution in the last 10 years?

Yes No If Yes, please provide further details

Practice Membership

Does the practice presently hold indemnity/malpractice insurance

Yes, MPS

Yes, another provider (please state provider)

No

Have you or any owner ever had a liability indemnifier/insurer decline a proposal or application or impose any non-standard terms or conditions (including an enhanced subscription/premium)?

Yes **No** If **Yes**, please provide details

Have you or any owner ever had a renewal declined or had insurance/indemnity cancelled by the provider?

Yes **No** If **Yes**, please provide details

Can you confirm that there are documented policies and procedures in place for the following:

Formal Complaints Procedure **Yes** **No**

Reporting and investigating adverse incidents **Yes** **No**

Claims and circumstances

During the past 10 years has any claim been made, settled or defended, or has malpractice or negligence been alleged, against the practice or any present or former owner. Have any circumstances been notified to indemnifiers/insurers which may result in a claim?

Yes **No** If **Yes**, please provide details

Are there any circumstances not already notified to indemnifiers/insurers which may give rise to a claim against the applicant or practice?

Yes **No** If **Yes**, please provide details including MPS case number if applicable. When providing details please do not include identifiable data for any other parties.

Are there any claims against previous practices which have been identified, which may give rise to a claim against the applicant or practice or owner?

Yes **No** If **Yes**, please provide details

Please confirm the statements below

You maintain accurate descriptive records of all medical services and equipment used in procedures.

Yes

You store and dispose medical records in line with official guidance on managing records, including the retention schedule published by the relevant professional bodies.

Yes

You maintain a record of all requests on behalf of patients for medical records.

Yes

If you are unable to confirm any of the above statements, please provide an explanation why.

Is there any further information that you are aware of that might affect our estimate of risk or decision to grant Practice Membership?

Yes No If Yes, please provide details

Additional space for answers

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

Important – Data Protection information

To find out more about how we collect, use and handle your data including special category data, please see the Privacy Notice on our website medicalprotection.org/privacy

Please tick the following box to confirm that you have read the above declaration.

Important – Please read the following information

Please note – once fully complete this application should be signed, and dated below, and submitted by a duly authorised representative within 7 business days. Any delay in returning after signing may invalidate this application. If all applicable sections are not completed fully, this will delay the processing of your application.

By applying for MPS membership, you confirm you understand that membership of MPS is subject to:

- Approval and is not conferred automatically.
- Payment of the appropriate subscription.
- MPS's Memorandum and Articles of Association as amended from time to time, and that all benefits are granted at the discretion of MPS's council.
 - You confirm that you are, and will remain duly licensed, in accordance with the law to practice at the address specified on page 1 of the form.
 - You confirm that all staff are fully trained and competent for the work they undertake and properly supervised.
 - You confirm that all medical records will be made available for inspection and use, without charge, by us or our appointed representatives together with any oral or written information, assistance, signed statements, evidence or depositions as required in the investigation or defence of any case or claim.
 - You confirm that all clinical activities conducted within the practice, fall within the approved scope of practice of the registered healthcare practitioners, and are undertaken within the jurisdiction of South Africa.
 - You acknowledge that MPS is not an insurance company and that the benefits of membership are discretionary.
- You warrant that all information provided to MPS:
 - i) is true, accurate and complete in all aspects.
 - ii) has been collated and sent by a properly authorised person.

Signed

Date of application (dd/mm/yyyy)

Print name

Position

For and on behalf of (practice name)

If your application is approved it will be dated from the day following receipt of your application, unless you specify a later start date in the box (dd/mm/yy).

Medical Protection

Please return the completed form by email to rsaenquiries@medicalprotection.org

medicalprotection.org

Medical Protection is a trading name of The Medical Protection Society Limited ("MPS"). MPS is a company limited by guarantee in England with company number 00036142 at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. Medical Protection serves and supports the medical members of MPS with access to the full range of benefits of membership, which are all discretionary, and set out in MPS's Memorandum and Articles of Association. MPS is not an insurance company. Medical Protection® is a registered trademark of MPS.

For information on MPS's use of your personal data and your rights, please see our Privacy Notice on the website.

Membership grades

GENERAL PRACTITIONERS AND NON-SPECIALISTS	GRADE
Non-procedural Non Procedural GP (Consultative Office Procedures). This grade is for GPs who perform routine, minor procedures, 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. Emergency Medicine in a private trauma unit, and circumcision are classified as procedural. If you carry out any of these procedures, the Procedural GP grade would be required.	PGZ
Procedural GP This grade is for procedures not covered by the above and normally carried out under general*/regional anaesthesia, including vasectomy or circumcision, termination of pregnancy, tonsillectomy, appendectomy. Emergency medicine for GPs spending less than 50% of their time working in Accident & Emergency. If you carry out basic pregnancy scans, please contact your Relationship Manager. Botox, non-permanent fillers, which includes Restylane, and chemical facial peels (superficial epidermal only) are included provided income from these procedures is less than 50% of gross income. If more than 50% the XGP grade applies. For all other cosmetic procedures contact your Relationship Manager. *If you administer general anaesthesia, the GP including general anaesthesia grade would be required.	PGP
GP including general anaesthesia This grade is for GPs who administer general anaesthesia.	EGP
Cosmetic and Aesthetic medicine If income from Botox, non-permanent fillers and chemical facial peels (superficial epidermal only) is greater than 50% of gross income this grade applies. This grade is also applicable if you are undertaking any collagen injections, hair transplants without flap surgery and laser therapy (non surgical).	XGP
GP Including detailed pregnancy scans, see note 1	FAG
GP Including Intrapartum Obstetrics – Includes basic pregnancy scans, see note 1 GPs carrying out planned and unplanned deliveries.	PGQ
Neurosurgery	INN
Super High Risk Orthopaedic Spinal Surgery (surgical procedures on the spine and/or meninges performed by an orthopaedic spinal surgeon).	SHS
Very High Risk Bariatric surgery; fertility medicine; general surgery; gynaecology, including antenatal screening/prenatal tests, ie screening for Downs syndrome or Spina Bifida, and management of pregnancy up to 24 weeks; orthopaedic surgery; trauma surgery; vascular surgery	VHR
Plastic and Reconstructive Surgery	PLT
High Risk Cardiac surgery; cardiothoracic surgery; oral & maxillo-facial surgery; thoracic surgery; gynaecology excludes antenatal screening/prenatal tests, includes treatment of non-continuing pregnancies and pregnancy viability scans.	MHR
Radiology – Including detailed pregnancy scans.	FAR
High Risk Lower Ophthalmology (including laser refractive surgery); urology.	MHL
Anaesthetics	INA

Further grades overleaf

	GRADE
Medium Risk Cardiology; gastroenterology; intensive care; neurology; paediatric surgery; radiologists – includes basic pregnancy scans; otorhinolaryngology, see note 1; dermatology (including cosmetic dermatology).	MMR
Medium Risk Lower Emergency medicine (including GPs spending more than 50% of their time working in Accident & Emergency).	MNR
Ophthalmology Treating/Screening retinopathy of prematurity (excluding laser refractive surgery).	OPR
Low Risk All pathology; endocrinology; nuclear medicine; oncology; Ophthalmology (excluding laser refractive surgery and screening, diagnosis or paediatric treatment of ROP); physician; psychiatry; rheumatology, dermatology (excluding cosmetic dermatology).	MLR
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
High Risk Paediatrics This grade 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.	PAF
Obstetrics The management of pregnancy, including after 24 weeks gestation, detailed scans, planned and unplanned deliveries.	MOB

IMPORTANT NOTES

Note 1 – Basic pregnancy scans are those performed in the 1st trimester and limited to the confirmation of pregnancy, its location and gestational age by measurement of crown-rump length or biparietal diameter.

- **If you are a GP carrying out any pregnancy scans (including those performed in the 1st trimester), please contact your Relationship Manager.**
- **If you are a Radiologist carrying out pregnancy scans other than basic pregnancy scans performed in the 1st trimester, please contact your Relationship Manager.**

ASSOCIATES	GRADE
Nurse Practitioner (Excludes midwifery)	NUP
Practice Nurse (Excludes midwifery)	PRN
Speech Therapist/Audiologist	STP
Physiotherapist	PHY
Dietician	DTD
Clinical Associate	CSC
Medical Technologist/Laboratory Scientist – Laboratory Owner	MLO
Psychologist	CPS
Radiographer/sonographer – Excludes pregnancy scans	RDP
Radiographer/Sonographer – Includes basic pregnancy scans, see note 1	FAS
Radiographer/Sonographer – Includes detailed pregnancy scans	FAZ
Medical Technologist	LSP
Laboratory Scientist	LABC

IMPORTANT NOTES

Note 1 – Basic pregnancy scans are those performed in the 1st trimester and limited to the confirmation of pregnancy, its location and gestational age by measurement of crown-rump length or biparietal diameter.

If you are a GP or Radiologist carrying out pregnancy scans other than basic pregnancy scans performed in the 1st trimester, please contact your Relationship Manager.

Note 2 – For all nurse membership categories, the benefits of membership do not extend to midwifery.