# Individual Medical Malpractice Proposal Form

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## Section 1 - Personal Details

| | | | |
|---|---|---|---|
| 1.1 | Title: | Forename(s): | Surname: |
| | Date of birth: | Nationality: | Gender: M / F |
| | Contact tel: | Contact email: | |
| | Registration body: | Registration number: | |
| | Registration date: | Registration type: | |

| | | |
|---|---|---|
| 1.2 | **Home address**<br>House number/name:<br>Line 1:<br>Line 2:<br>Town:<br>County:<br>Country:<br>Postcode: | **Principle practice address**<br>House number/name:<br>Line 1:<br>Line 2:<br>Town:<br>County:<br>Country:<br>Postcode: |
| | Do you practice at any other locations from the principle practice address above? Yes / No<br>If "yes" please list details of other practices on blank page provided at the back of this proposal form | |

**Academic Details:**

| | | |
|---|---|---|
| 1.3 | Country of qualification: | Year of qualification: |
| 1.4 | Post graduation qualifications/training: | |
| 1.5 | Membership of any professional organisations or associations: | |
| 1.6 | Medical/Dental school: | |

## Section 2 - Employment Details

| | | | | |
|---|---|---|---|---|
| 2.1 | Practice details: | | | |
| | Practice owner: ☐ | Employed: ☐ | Self-employed: ☐ | Contractor: ☐ |
| | Associate: ☐ | Performer: ☐ | Not currently employed: ☐ | Provider: ☐ |

| | | | |
|---|---|---|---|
| 2.2 | **Sessions:** | | |
| | Full time: | Yes / No | |
| | Part time: | Yes / No | If "Yes" number of sessions per week: |
| | Split between NHS/Private | NHS: % | |
| | | Private: % | |

| | | | | |
|---|---|---|---|---|
| 2.3 | Income: | | Public | Private |
| | Previous year | Gross income (before expenses) if self employed: | | |
| | | Gross income (before tax and national insurance) if employed: | | |
| | Next year | Gross income (before expenses) if self employed: | | |
| | | Gross income (before tax and national insurance) if employed: | | |

## Section 3- Area of Practice

3.1

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Audiologist | ☐ | Medical Lab Technician | ☐ | Orthopaedics* | ☐ | Psychologist | ☐ |
| Cardiologist | ☐ | Microbiologist | ☐ | Paediatrician | ☐ | Radiographer | ☐ |
| Dentist* | ☐ | Neurologist | ☐ | Paramedic | ☐ | Radiologist | ☐ |
| Dermatologist | ☐ | Nuclear Medicine | ☐ | Pathologist | ☐ | Sonographer | ☐ |
| Dietician | ☐ | Nurse | ☐ | Perfusionist | ☐ | Speech Therapist | ☐ |
| Endocrinologist | ☐ | Nutritionist | ☐ | Pharmacist | ☐ | Surgeon* | ☐ |
| First Aider | ☐ | Occupational therapist | ☐ | Physiologist | ☐ | Urologist | ☐ |
| General Practicioner* | ☐ | Oncologist | ☐ | Physiotherapist | ☐ | Venereologist | ☐ |
| Gynaecologist | ☐ | Opthalmologist | ☐ | Physician | ☐ | | |
| Haematologist | ☐ | Optometrist/Optician | ☐ | Prosthetist/Orthotist | ☐ | | |
| Immunologist | ☐ | Orthodontist* | ☐ | Psychiatrist | ☐ | | |

Other (please specify):

* Please complete relevant Surgeon's, Dentist's or General Practitioner's addendum

## Section 4 - General Questions

| | | |
|---|---|---|
| 4.1 | Do you treat any high profile individuals (defined as an individual in the public eye or whose income is generated from public/media appearances) | Yes / No |
| 4.2 | Do you treat any professional sports players or work for any professional sports club | Yes / No |
| 4.3 | Are you involved in any medical work which requires you to travel outside of the United Kingdom or the Channel Isles and for which you require medical indemnity insurance? | Yes / No |
| 4.4 | Do you plan to retire in the next 5 years? | Yes / No |
| 4.5 | Have you ever been the subject of/aware of any circumstances that could give rise to, a disciplinary inquiry by your employer or practice privileges refused/withdrawn/made conditional by a health care provider? | Yes / No |
| 4.6 | Have you ever been subject to/aware of any circumstances that could give rise to any referral, complaint, inquiry or investigation or hearing by the GMC/GDC or any other registration body or had conditions imposed on your practice or been suspended or erased from a dental/medical/specialist register? | Yes / No |
| 4.7 | Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)? | Yes / No |
| 4.8 | Are there any other issues of which we might reasonably need to be aware when considering your application for membership? | Yes / No |
| 4.9 | Have you ever been subject to a Medical Defense Organisation adverse member procedure? | Yes / No |
| 4.1 | Has any medical indemnity insurer/Medical Defense Organisation ever: | |
| | Declined to insure you? | Yes / No |
| | Imposed special conditions | Yes / No |
| | Declined to renew/canceled your insurance? | Yes / No |
| 4.11 | Have you ever been convicted of a criminal offence or received a formal police caution (not spent under the Rehabilitation Offenders Act 1974)? | Yes / No |

If you have answered "yes" to any of the questions in Section 4, please can you provide **full details** on the back page of this proposal form, including the following information:

Question number
Dates relevant to the incident,
Summary of the event/s including your involvement and any relevant supporting documentation,
The action you took, if any, including any involvement by your indemnity provider,
Details of any indemnity payments made on your behalf including any associated legal costs.

## Section 5 - Risk Management

| | | |
|---|---|---|
| 5.1 | Do you have a complaints system and nominated complaints manager? | Yes / No |
| 5.2 | Do you have a reliable method for recording and passing on messages? | Yes / No |
| 5.3 | Do you have a system of peer review in place to monitor standards of patient note taking? | Yes / No |
| 5.4 | Do you have a reliable method for making sure that the results of tests and investigations are received and communicated to patients? | Yes / No |
| 5.5 | Do you have a system for reviewing repeat prescriptions | Yes / No |
| 5.6 | Do you have a proceedure for recording and reporting events with adverse outcomes or the potential for an adverse outcome? | Yes / No |
| 5.7 | If you use locums are they properly inducted? | Yes / No |
| 5.8 | Do you have a documented informed consent proceedure? | Yes / No |
| 5.9 | Do all staff fully understand the concepts of informed consent? | Yes / No |
| 5.10 | Do you have a policy for managing difficult patients? | Yes / No |
| 5.11 | Are all staff vaccinated against Hepatitis B and is this monitored appropriately? | Yes / No |
| 5.12 | Do you obtain written agreement before using patient statements or photos | Yes / No |
| 5.13 | Does the practice have a system to ensure that patients on medication requiring monitoring are identified and treated properly? | Yes / No |

## Section 6 - Previous Medical Indemnity Details and Claims History

| | | |
|---|---|---|
| 6.1 | Have you had indemnity insurance before | Yes / No |

6.2 Please give full details of your previous medical malpractice indemnity cover, including periods covered by NHS indemnity. Provide 10 years history or since practicing if later:

| Insurer/MDO | From (dd/mm/yyyy) | To (dd/mm/yyyy) | Limit of indemnity | Excess | Premium |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |

| | | |
|---|---|---|
| 6.3 | Have there been any gaps in your medical malpractice indemnity during the last ten years? If you have answered "Yes" please confirm the dates and the reason for any gap below. | Yes / No |
| 6.4 | Are you aware of any complaints and/or claims that have ever been brought or threatened against you, and/or any circumstances which could lead to a complaint and/or claim against you?<br>If "Yes" please provide full details below or on claims adendum or a copy of letter of good standing: | Yes / No |
| 6.5 | Please confirm all of the above claims, complaints, circumstances been made and accepted by your previous medical indemnity providers | Yes / No |

**Section 7 - Indemnity Requirements**

| | | |
|---|---|---|
| 7.1 | Please advise the date that cover is first required: | |
| 7.2 | Was previous cover on a claims made basis? | Yes / No |
| | If "yes" what retroactive date is required? | |
| 7.3 | Please indicate the limit of indemnity now required? | |

**Section 8 - Declaration**

I/We declare that after full investigation I/we are unaware of any claims and/or circumstances that could give rise to a claim, other than those already declared in the proposal

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto).

I/We acknowledge that any deductible applied to my/our insurance policy is inclusive of all legal costs and I/we are financially responsible for paying this amount**.**

Signing this proposal form does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director: _____

Date:_____

Print Name:_____

Position:_____

Please use this page for any additional information requested in the proposal form or that Insurers might otherwise need to be made aware of.