MEDI|GUARD

Medical Malpractice

Surgeons Proposal Form

IMPORTANCE NOTICE TO THE PROPOSER:

It is important that you provide us with all the information that Insurers require to be able to provide a quotation. Any 'material fact' any information which may alter the judgement of an insurer in assessing the risk must be disclosed to the Insurers. Any 'material change' must be disclosed to the Insurers. A 'material change' is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.
Following a reasonable search you must provide us with all the information which may be material to the cover we offer in a clear and accessible manner.
Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in ny doubt whether w fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM:

This proposal form must be completed in black ink by the proposed individual/company. If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form.

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SECTION 1 – PERSONAL DETAILS

1.1 Please provide the following details:

COMPANY/ INDIVIDUAL FULL NAME:		DATE OF BIRTH:	
PRACTICE ADDRESS:	POSTCODE:		
HOME ADDRESS (IF APPLICABLE)	POSTCODE:		
MOBILE TEL NO:		PRACTICE TEL NO:	
EMAIL:			

SECTION 2 - QUALIFICATIONS

2.1 Please state your primary medical qualifications

MEDICAL QUALIFICATIONS	MEDICAL SCHOOL ATTENDED	YEAR

2.2 Please state your post graduate qualifications you have attained or any areas of specialist training or fellowship

MEDICAL QUALIFICATIONS	WHERE	YEAR

2.3 Please state when you first commenced private practice:

Y ☐ N ☐

2.4 Please state whether you have ever ceased private practice for any period of time (e.g. sabbatical):

If yes, please explain why, including dates:

SECTION 2 - QUALIFICATIONS

2.5 (a) Your GMC Registration Number:

(b) Registration type - (Specialist, Full, Provisional)

(c) The date of original GMC registration:

(d) Date started private practice

(e) Whether you are on any specialist register(s): Y ☐ N ☐

If yes please state which one(s) and the registration dates(s):

Specialist register	Registration

(f) Whether you are a member of any professional association(s)? Y ☐ N ☐

If yes please provide full details:

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SECTION 3: YOUR PRACTICE

3.1 Please provide a full breakdown by time spent of the medical and clinical professional services in which you are qualified and licensed to practice.

The total of all activities listed should equal 100%

Anaesthesia	%	Orthopaedics:	%
Bariatrics:	%	Otorhinolaryngology:	%
Cardiology:	%	Paediatrics:	%
Cardiothoracic:	%	Pathology:	%
Dermatology:	%	Pharmacology:	%
Endocrinology:	%	Physiology:	%
Gastroenterology:	%	Plastic & reconstructive surgery:	%
General practice:	%	Psychiatry:	%
General surgery (see below):	%	Palliative Care:	%
Genetics:	%	Radiography / radiotherapy: Radiology:	%
Gynaecology:	%	Rehabilitation:	%
Haematology:	%	Rheumatology:	%
Immunology:	%	Urology:	%
Maxillofacial:	%	Vascular:	%
Neurology:	%	Other:	%
Nuclear Medicine:	%		
Oncology:	%	Total:	100%
Ophthalmology:	%		

If you are a general surgeon, or have indicated 'other', please provide full details

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3.2 Turnover

What was your total Turnover from Private practice prior to any deductions for the past 12 months:	What is your projected total Turnover from Private practice prior to any deductions for the next 12 months:
£	£

3.3 Patients

Please confirm your total patients for the past 12 months:	
In-Patients:	
Day case surgery:	
Non-Surgical Procedures:	
Consultations:	
Medico-legal reports:	

Please confirm your total projected patient numbers for the next 12 months:	
In-Patients:	
Day case surgery:	
Non-Surgical Procedures:	
Consultations:	
Medico-legal reports:	

SECTION 3: YOUR PRACTICE

3.4 Please state whether you hold or have held any NHS consultant grades(s)/appointments(s): Y ☐ N ☐

If yes please provide full details:

Hospital Trust	Dates of appointment:

3.5 Please state your current practicing privileges:

Hospital Name	Private hospital group (e.g. BMI, Spire, Nuffield, Ramsey, HCA, Circle)	Percentage of your overall time in Private Practice

3.6 Please state whether you perform any of the following roles:

MAC Chair	Y ☐	N ☐
Member of a Medical Advisory Committee:	Y ☐	N ☐
Clinical Supervisor:	Y ☐	N ☐
Training Programme Director:	Y ☐	N ☐
Examiner:	Y ☐	N ☐
Other:	Y ☐	N ☐

SECTION 4: OTHER ACTIVITIES

4.1 Please state whether you undertake any type of work (paid or unpaid) for any sports club(s) or sports professional(s): Y ☐ N ☐

If yes, please provide full details, including the nature of the services provided, the type of sport, the level at which it is played and a copy of any contract in place:

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4.2 Please state whether you treat any high profile patients whose income is generated by public or media appearances? Y ☐ N ☐

If yes, please provide full details

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4.3 Please state whether you provide any oncology services in private practice: Y ☐ N ☐

If yes, please state whether you are part of a multidisciplinary team: Y ☐ N ☐

If no, explain why not:

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SECTION 4: OTHER ACTIVITIES

4.4 Please state whether you are involved in any transplant work in private practice Y ☐ N ☐

If yes, please give full details including the number of procedures undertaken per year:

Type of transplant — No. of procedures:

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4.5 Please state whether you are involved in any pain management clinics in private practice: Y ☐ N ☐

If yes, please give full details including the number of hours worked per month:

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4.6 Please state whether you treat any trauma patients in private practice: Y ☐ N ☐

If yes, please give full details the number of patients per year:

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4.7 Please state whether you have peer support available to discuss unusual or complex cases which are at the limit of your expertise/experience: Y ☐ N ☐

If yes, please explain what you would do if presented with such a case:

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SECTION 4: OTHER ACTIVITIES

4.8 Please state whether you are involved in any clinical trials for which you require cover: Y ☐ N ☐

If yes, please provide full details:

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4.9 Please state whether you provide any remote prescribing or telemedicine services in private practice: Y ☐ N ☐

If yes, please provide full details including the number of hours per month:

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4.10 Please state whether you participate in any activities that fall outside of your area of specialty for which you require cover (e.g. voluntary work, complementary medicine): Y ☐ N ☐

If yes, please provide full details:

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4.11 Please state whether you plan to retire or cease practice in the UK during the next 5 years: Y ☐ N ☐

If yes, please advise when

4.12 If you have answered yes to 4.14 above, please state whether you intend to undertake any voluntary work after you retire. Y ☐ N ☐

If yes, please provide full details

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SECTION 5: CLAIMS EXPERIENCE

5.1 In relation to your business activities., are you aware after reasonable enquiry of any shortcoming in your work which is likely to lead to a claim against you?
This includes, but is not limited to the following:

Yes ☐ No ☐

a. Adverse reaction causing pain, discomfort or scarring whether temporary or not:
b. A verbal or written complaint to a member of staff;
c. Clients refusal to pay in full or part or delay of payment for treatment;
d. Clients not coming back for a consultation after an adverse reaction;
e. Client not coming back for a planned post consultation;
f. Client not coming back for another pre-booked appointment or treatment.
g. Been subject to any conditions or suspension to practice by any employer or private hospital where you hold or have held practicing privileges?
h. Had your practicing privileges suspended, reviewed or revoked?

If so, please provide details

Date of Incident	Type of procedure	Name of administering practitioner	Nature of client and name of claimant	Value of claim	Paid or reserved?

5.2 Has any claim whether successful or not, ever occurred or been made against you or any past or present partner, director or employee in respect of any risk now required to be insured?

Yes ☐ No ☐

If so, please provide details:

Date of Incident	Type of procedure	Name of administering practitioner	Nature of client and name of claimant	Value of claim	Paid or reserved?

5.3 Has any Insurer declined to insure you, impose special terms, cancelled or decline to renew your insurance?
If Yes – Please use the Additional information sheet

Yes ☐ No ☐

SECTION 6 : ADDITIONAL COVER

6.1 Do you require Public Liability cover Y ☐ N ☐

6.2 Please advise of the first day cover is required: DD MM YEAR

SECTION 7: INDEMNITY HISTORY

7.1 Please provide full details of previous cover – please include all since qualification

Indemnity provider	Limit of Indemnity	Start Date	Excess	Premium

7.2 Please state limit of indemnity required (GBP): **£**

Has prior cover been on a CLAIMS MADE basis? Y ☐ N ☐

If 'Yes' what is the retroactive date?

SECTION 8: DECLARATION

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

I agree that this proposal form together with any other information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform Insurers of any material alterations to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after completion of the proposal form and throughout any period of insurance (any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature ……

Print name …….

Date…….

This proposal form, duly completed, together with any supplementary information, must be signed in ink. Signature of the form does not bind the Proposer or the Underwriters to complete this insurance.

Data Protection Act – All personal information supplied by you will be treated in confidence by GS London Markets Ltd and will not be disclosed to any third parties except in the process of providing insurance terms, unless your consent has be received or where permitted by law. In order to provide you with products and services this information will be held in the data systems GS London Markets Ltd or our agents or subcontractor.

ADDITIONAL INFORMATION SHEET