



MDU

**PRACTICE**

**CARE** Made For Your TEAM

**Application for membership**



To set up **PRACTICECARE**, all GP partners and salaried GPs at the practice must join the MDU, your practice must be located in Scotland. **PRACTICECARE** provides benefits of membership to all MDU GPs in your practice, as well as providing indemnity benefits for other practice staff for which they are vicariously liable.

The information provided on this form allows us to hold accurate records for the GPs.

## Information | **PRACTICECARE** scheme membership

MDU membership and **PRACTICECARE** benefits are only available to existing members and new applicants who are accepted into MDU membership. **PRACTICECARE** benefits cannot be given retrospectively. The MDU reserves the right to add, withdraw or amend benefits of **PRACTICECARE** at its discretion.

Visit [themdu.com/practicecare](http://themdu.com/practicecare) for more information about the benefits available.

### A Practice details

Name of practice	<input type="text"/>	Practice address	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	Postcode

### B Practice manager or **PRACTICECARE** scheme administrator

If you have more than one practice manager working at the practice, please nominate one person to administer the scheme. The nominated practice manager will act on behalf of the practice to administer the scheme, including payment of membership subscriptions on behalf of the practice.

Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MDU number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Title	<input type="text"/>	Surname	<input type="text"/>	Forenames	<input type="text"/>	
Job title	<input type="text"/>			Email address	<input type="text"/>	
Current defence organisation (if not the MDU)	<input type="text"/>			Renewal/expiry date of current medical defence organisation (if not the MDU):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Declaration: I confirm the details contained on this form are correct. I confirm I am applying for the benefits of **PRACTICECARE** scheme membership on behalf of all those named within this form and that all those named are aware of this application and consent to the disclosure to the MDU of their personal data<sup>1</sup>. I confirm that the practice will pay subscriptions on behalf of all GPs in the practice. I will provide completed individual membership applications for GPs and other medical staff at the practice. I understand that acceptance onto the **PRACTICECARE** scheme is dependant on the MDU accepting individual applications.

Signature:

Date:

**C GPs (please copy and attach as separate sheet if required)**

Session<sup>†</sup> information is required for all GP principals and GP non-principals at the practice.

	Former MDU number (if applicable)	Surname	Initials	Date of birth (DD/MM/YY)	Gender (M/F)	Job title (GP principal, GP non-principal)	GMC number	No of sessions per week <sup>†</sup>	Current indemnity provider	Renewal/ expiry date of current indemnity
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
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5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									

<sup>†</sup>Please see section E for information on calculating sessions.

**Note for PRACTICECARE scheme administrators.**

You may prefer to complete and return the **PRACTICECARE** consent form with this application. This may make it easier to manage future changes to your scheme.

The consent form can be downloaded from **themdu.com/practicecare**

**This scheme excludes GPSTs and locum GPs.**

**D Nurse practitioners / Advanced nurse practitioners (please copy and attach as separate sheet if required)**

The benefits of membership may extend to all practice staff for whom the GPs are vicariously liable.

Please provide the name(s) and details of all nurse practitioners and advanced nurse practitioners.

	Former MDU number (if applicable)	Surname	Initials	Date of birth (DD/MM/YY)	Gender (M/F)	Job title <i>Nurse practitioner (NP)</i> <i>Advanced nurse practitioner (ANP)</i>	NMC number	No of hours per week <sup>†</sup>	Current indemnity provider	Renewal/ expiry date of current indemnity
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									

**The number of practice managers, practice nurses, healthcare assistants, physician assistants and phlebotomists**

	Role	FTE no of staff*
1	Practice managers	
2	Practice nurses	
3	Healthcare assistants	
4	Physician assistants	
5	Phlebotomists	

\*FTE - full time equivalent

## E Sessional based subscriptions

### What is a session?

If you do work outside of or in addition to your contracted principal or non-principal sessions (but still at the same practice) you should calculate the average number of additional 4 hour sessions worked per week and add this figure to your contracted sessions. Likewise if you have a substantial amount of time away from the practice through extended holiday, sabbatical, study leave or other reason such that your average weekly sessions is substantively different from the contracted ones, you should calculate the number of sessions based on the formula below. Any additional work elsewhere needs to be added separately to your membership in the appropriate GP category.

Where we have asked you to calculate an average number of sessions worked per week, please use the following calculation:

Hours per week worked  $\times$  Weeks per year worked  $\div$  52  $\div$  4 = Average weekly sessions worked  
*(excluding holidays and study leave)*

<sup>1</sup> The Medical Defence Union Ltd's (the MDU) Privacy Policy, which can be sent to you upon request and is available on the MDU website sets out:

- that the MDU, MDU Services Ltd (MDUSL) and other Permitted Users will keep and use personal information which you supply regarding your members, officers, partners, employees and contractors;
- the purposes for which such personal information will be used.



**Completed PRACTICECARE application forms and individual GP application forms should be returned together to:**

**FREEPOST MDU SERVICES LIMITED**

**If you have any queries about our PRACTICECARE scheme, please contact us on:**

*Freephone* **PRACTICECARE helpline 0800 716 376**

*Email* **practicecare@themdu.com**

*Fax* **020 7202 1696**

*Write to* **MDU Services Limited, One Canada Square, London E14 5GS**

*Website* **themdu.com/practicecare**

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