



MDU

PRACTICE
CARE Made For Your TEAM

Application form

General Practitioners

**Please print your answers clearly, using a black or blue pen.
Please complete all sections of this form, read the declaration and agreement on page 14 and sign the statement at the bottom of page 5.
Incomplete or unsigned forms cannot be processed and will be returned.**

If you require any help completing this form please contact us.

Call our freephone membership helpline:

0800 716 376 Lines are open 8am to 6pm, Mon-Fri (except bank holidays).

or

Visit our website

themdu.com for details of your local MDU GP liaison manager.

Before returning this form to us check you have:

- completed each relevant section
- completed your payment choice
- signed the statement on page 5

Return the completed form to:

FREEPOST MDU SERVICES LIMITED (no further address details required) or email to **membership@themdu.com**

The information provided by you in this application is to enable us to set up a **PRACTICECARE** scheme for your Practice. If you undertake work outside the **PRACTICECARE** scheme for which you would like a quote, please include details in the form and we will respond separately in relation to this other work.

A Personal details

Please write in CAPITALS

Date of birth Former MDU number (if applicable)

Title _____ Surname _____

Forenames _____ Previous surname (if applicable) _____ Gender

Home address _____

Postcode: _____

Correspondence will be sent to this address unless indicated in F3K

Preferred email _____ (Please tick home or work)

Secondary email _____ (Please tick home or work)

Contact number(s) Mobile _____ Alternative _____ (Please tick home or work)

B Practice details for PRACTICECARE scheme

Please write in CAPITALS

Practice name _____

Practice address _____

Postcode: _____

Practice web address _____

Practice telephone number _____

Practice email _____

C Academic details

Please write in CAPITALS

Country of qualification	Name of training establishment	Date of qualification	Qualifications obtained
_____	_____	_____	_____
_____	_____	_____	_____

D Previous professional indemnity history (since qualification)

Please write in CAPITALS

Please complete all sections of the table below to confirm full details of all your indemnity/insurance providers since qualification.

All dates should be accounted for, including periods when you were not working (e.g. parental leave) or had indemnity provided by your employer (e.g. indemnity from NHS bodies) or indemnity was not required in the country you were working in.

Start date	End date	Indemnifier name (and address if not UK) or reason for gap	Registration no / Membership no
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You may wish to contact your previous indemnity provider(s) directly to request a letter of good standing; this will help with the application process.

E Other details

Please write in CAPITALS

GMC registration number Do you have 'registration with a licence to practise' or 'registration only'? Are you on the GMC GP Register? N YAre you on a performers list? N Y

Please complete the form and sign below

I confirm that the information provided within this form is complete and an accurate representation of my practice. I consent to all use and processing of my personal data in accordance with the terms of the MDU/DDU's privacy policy. I agree to receive notices, documents and other information from the MDU by electronic communication unless I have indicated otherwise on **page 14**.

I authorise and request my current and any former medical defence organisation, insurance company or indemnity provider to release to MDU Services Ltd information regarding my membership or my insurance or indemnity contract, complaints of a medico-legal nature, claims or actions for damages or compensation, past or present, during my period of membership and/or indemnity, whether or not there has been a final resolution, and I consent to the disclosure of such information to the MDU.

I understand that the benefits of **PRACTICECARE** membership of the MDU are on a 'claims made' basis. This means that I will be able to receive benefits and notify claims for as long as both I and the Practice continue in **PRACTICECARE** membership. If I leave the Practice or the Practice leaves **PRACTICECARE** membership of the MDU, then either I or the practice will have to put in place arrangements to ensure that indemnity is in place for claims that have not yet been reported.

I understand that the Practice named above will act as my agent in order to pay membership subscriptions on my behalf.

Signature _____

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office use only

E General questions

Please tick relevant answer



Please read questions E1 to E11 carefully. Any misrepresentation or omission of information may lead to the rejection of your application, subsequent termination of membership or withdrawal or denial of benefits. If in doubt, tick 'yes'

If you answer 'yes' to any question, please provide details on page 7 including:

- Question number
- Relevant dates of incident(s), hearing(s) etc.
- The nature of the matter in question
- The status of the matter? Potential issue/ongoing matter/concluded
- If concluded, please advise how was the matter resolved
- Whether you were assisted by an insurer, medical defence organisation or other body

We may telephone you during the processing of your application.

E1	Have you, in the last 10 years, had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness?	<input type="checkbox"/> N	<input type="checkbox"/> Y
E2	Have any concerns ever been raised about your conduct, clinical practice or performance, educational progress, business administration or probity by an employer, medical school, NHS trust, clinical colleague or any other body? (e.g. Care Quality Commission or a private hospital)	<input type="checkbox"/> N	<input type="checkbox"/> Y
E3	Have you ever been the subject of an investigation or action under a disciplinary process or the NHS Performers List Regulations, irrespective of the merits or seriousness of the matter that led to this?	<input type="checkbox"/> N	<input type="checkbox"/> Y
E4	Have you ever been suspended or dismissed from a post or had practice privileges or admitting rights withdrawn, suspended or made subject to restrictions or conditions?	<input type="checkbox"/> N	<input type="checkbox"/> Y
E5	Have you ever been the subject of an investigation or an adverse finding by a registration or licensing body? (e.g. GMC/GDC – case examiner stage onwards) or any other body, e.g. the National Clinical Assessment Service or a Royal College)	<input type="checkbox"/> N	<input type="checkbox"/> Y
E6	Have you ever had any condition, undertakings or restrictions imposed on your registration or licence to practise, or been removed, refused or erased from registration, or had a licence to practise withdrawn or refused, by a registration or licensing body?	<input type="checkbox"/> N	<input type="checkbox"/> Y
E7	Are you aware of any incidents or circumstances involving you, irrespective of their seriousness, which could lead to an investigation, complaint, claim, disciplinary action, legal dispute, suspension from practice, imposition of restrictions or conditions on your registration or licence to practise, or your removal from a professional register or of your licence to practise, by a registration body?	<input type="checkbox"/> N	<input type="checkbox"/> Y
E8	Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution? (Including any motoring offence even if you were fined but not imprisoned but excluding fixed penalty notices for speeding offences or parking tickets. You should not disclose any cautions or convictions which are 'protected' under the 2013 amendment to the Rehabilitation of Offenders Act 1974 Exceptions Order 1975)	<input type="checkbox"/> N	<input type="checkbox"/> Y
E9	Has any professional indemnity insurer or medical defence organisation ever declined to indemnify you, required special terms to indemnify you, cancelled or refused to renew your policy or membership or charged you an additional premium/subscription?	<input type="checkbox"/> N	<input type="checkbox"/> Y
E10	Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors?	<input type="checkbox"/> N	<input type="checkbox"/> Y
E11	Are there any other facts or circumstances that may be relevant to our considering your application? If so, please provide details	<input type="checkbox"/> N	<input type="checkbox"/> Y



Additional information for section E

Question number	

Please continue on a separate sheet if necessary.

F Work circumstances

Do you work outside Scotland?

N Y

Practicecare is available to practices located in Scotland treating patients based in Scotland.

F1 General practitioners

The MDU defines a session as 4 hours of clinical work or part of 4 hours worked

Please indicate below your type of work and the number of contracted 4 hour sessions per week you work.

Note for all GPs (except GP locums): if you undertake work outside of, or in addition to, your contracted sessions you should calculate the average number of additional 4 hour sessions worked per week and add this figure to your contracted sessions (see below for instructions on how to calculate average weekly sessions). Likewise if you have 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.
Note: please use the average weekly session formula below to calculate your sessions per week.
Please exclude any work you have listed in questions F3A to F3J from the table below.

Please detail below all the work you undertake for which you require access to indemnity from the MDU indicating whether this is for the practice named in section B or elsewhere.

Type of work	No. of sessions per week at named practice	No. of sessions per week elsewhere
Principal/Partner Please include out-of-hours work for patients registered with your own practice		
Non-principal A GP employee of a primary care provider, rather than a partner in a practice, with a contract of employment with the primary care provider, has tax deducted before receiving a salary and also receives holiday and sick pay. Please include out-of-hours work for patients registered with your own practice		
Locum A Locum (or freelance) GP does not work for one fixed practice, but undertakes temporary contracts, sometimes but not always via a locum agency. They are self employed and pay their own tax. Please use the average weekly session formula below to calculate your sessions per week		
Out-of-hours GP This category is appropriate for any primary care services provided on an ad-hoc basis for patients not registered with the practice providing the service. This is irrespective of the time of day the work is carried out. Examples of work which fall into this category include: deputising services, GP co-operatives, walk-in centres, minor injuries/illness units.		
Private GP A private GP provides care for private (non-NHS) patients. Private GPs may be employed or self-employed.		
If you are an employed private GP, please also answer the following:		
Name of the employer <input type="text"/>		
In respect of claims arising, is your work indemnified through an employers indemnity scheme?		<input type="checkbox"/> N <input type="checkbox"/> Y
If not, do you require access to indemnity from the MDU?		<input type="checkbox"/> N <input type="checkbox"/> Y

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

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

F2 Other GP work

Trust indemnified	Number of sessions per week	<input type="text"/>	Doctors retainer scheme	Number of sessions per week	<input type="text"/>
Academic GP	Number of sessions per week	<input type="text"/>	GP career start scheme	Number of sessions per week	<input type="text"/>
Other GP schemes	Number of sessions per week	<input type="text"/>	Please give details of other scheme	<input type="text"/>	

F Work circumstances (continued...)

F3 Questions for all GPs

F3A Are you active as a GP specialist (GPwSI)? (if not, please go to F3B)

 N Y

Do you have formal accreditation from the local health board or commissioning board for this role?

 N Y

Please indicate the areas in which you specialise

Number of hours per week and income as an NHS GPwSI **not** indemnified by an NHS body
(e.g. most primary care settings)

Please exclude this work from question F1

Number of hours per week and annual income as a private GPwSI **not** indemnified by an NHS body

Hours per week	Gross* annual income	Net* annual income

Number of hours per week as an NHS GPwSI that **are** indemnified by an NHS body (e.g. most secondary care settings)

Number of hours per week and annual income as a private GPwSI

Hours per week	Gross* annual income	Net* annual income

Please exclude this work from question F1

***Some MDU subscriptions are income related.** If we ask for your **gross** income, we mean the gross annual income generated from your work, whether or not you receive any or all of this. However, before calculating the subscription due we allow deductions for reasonable expenses up to a maximum of 50% of the gross figure. Expenses deducted must be wholly, exclusively and necessarily incurred for the purpose of clinical practice. If we ask for your **net** income, we mean your gross annual income minus deductions for reasonable expenses as described above, but before tax is deducted. Please be aware that you need to declare your income for your MDU membership year (and not your tax year), and that you may be required to provide documentation to support the expenses calculations. The MDU is aware that practice expenses may differ between specialties.

F3B Please indicate the number of sessions of any additional work you undertake. Exclude the work detailed below from F1.

Type of work	No. of hours per week at named practice	No. of hours per week elsewhere														
<p>Surgical procedures as part of your General Practice work</p> <table border="0"> <tr> <td>Aspiration of cyst or bursa</td> <td>Cryotherapy (e.g. of warts, verrucae, molluscum contagiosum)</td> </tr> <tr> <td>Curretage and diathermy</td> <td>Drainage of hydrocoele</td> </tr> <tr> <td>Ingrowing toenail surgery (removing of nail only - not nailbed)</td> <td>Intra articular injections</td> </tr> <tr> <td>Sebaceous cysts</td> <td>Small 'lumps and bumps'</td> </tr> <tr> <td>Small lipomas</td> <td></td> </tr> </table> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">Gross* annual income</td> <td style="width: 50%; text-align: center;">Net* annual income</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Aspiration of cyst or bursa	Cryotherapy (e.g. of warts, verrucae, molluscum contagiosum)	Curretage and diathermy	Drainage of hydrocoele	Ingrowing toenail surgery (removing of nail only - not nailbed)	Intra articular injections	Sebaceous cysts	Small 'lumps and bumps'	Small lipomas		Gross* annual income	Net* annual income				
Aspiration of cyst or bursa	Cryotherapy (e.g. of warts, verrucae, molluscum contagiosum)															
Curretage and diathermy	Drainage of hydrocoele															
Ingrowing toenail surgery (removing of nail only - not nailbed)	Intra articular injections															
Sebaceous cysts	Small 'lumps and bumps'															
Small lipomas																
Gross* annual income	Net* annual income															
<p>Please detail other surgical procedures not listed above.</p> <p>Procedure:</p> <table border="1" style="width: 100%; margin-bottom: 10px;"> <tr> <td style="width: 50%; text-align: center;">Gross* annual income</td> <td style="width: 50%; text-align: center;">Net* annual income</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p>Procedure:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Gross* annual income</td> <td style="width: 50%; text-align: center;">Net* annual income</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Gross* annual income	Net* annual income			Gross* annual income	Net* annual income										
Gross* annual income	Net* annual income															
Gross* annual income	Net* annual income															
<p>Placing sub-dermal or intra-uterine contraceptive devices</p> <p>If you undertake this work, do you hold a current letter of competence from the RCOG Faculty of Sexual & Reproductive Healthcare or equivalent proof of suitable training? <input type="checkbox"/> N <input type="checkbox"/> Y</p>																
<p>Prison Medical Examiner?</p>																
<p>Forensic Medical Examiner (FME)/police work?</p> <p>Please include the time you spend with patients and the time, when the patient is not present, that you spend writing up notes and doing other patient related administration work.</p>																
<p>Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures for which you require indemnity? <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>(please detail procedures below)</p>																

F3C Do you undertake online advice / prescribing or e-consultations?

 N Y

Do you provide patient specific advice?

 N Y

Do you provide general health advice?

 N Y

Do you prescribe online (i.e. prescribing over the internet)?

 N Y

Will an assessment of the patient be undertaken either in person or verbally?

 N Y

Will you be providing advice / prescribing to patients outside the UK?

 N Y

If 'yes' which country?

Are the patients on your individual list / listed at the practice named in section B?

 N Y

If 'no' what arrangements are in place for communication with patient's own GP?

Please exclude this work from question F1

F Work circumstances (continued...)

F3D Medico-legal work (acting as an expert)

What is your annual income from medico-legal work?

Gross* annual income	Net* annual income

Please exclude this work from question F1

F3E If you provide non clinical work in your role as a doctor for the practice named in section B, for which you require indemnity, please provide details below.

Type of work	Hours per week	Gross* annual income	Net* annual income

Please exclude this work from question F1

F3F Do you provide intrapartum care which is not indemnified by NHS bodies?

N Y

If 'yes', please specify the number of deliveries per year

F3G Do you have any arrangement (contractual or not) with a club/organisation to assess and/or treat professional sportsmen or women?

N Y

If 'yes', do you require access to indemnity from the MDU?

N Y

If 'yes', please provide details below.

Club/Organisation name	Days per year	Gross* annual income	Net* annual income

Please exclude this work from question F1

F3H Do you carry out cosmetic procedures as part of your work for the practice named in section B? (We define a cosmetic procedure as one where the primary purpose is to alter the aesthetic appearance of the patient rather than treat pathology)

N Y

If 'yes', do you require access to indemnity from the MDU?

N Y

If 'yes', do you do any of the following:

Botulinum toxin FDA approved temporary dermal fillers (including Collagen) IPL
 Microdermabrasion Superficial facial peels (not using TCA) Thread vein work

If 'yes', please provide your income from this group of procedures:

Gross* annual income	Net* annual income

Do you carry out any other cosmetic procedures?

N Y

If 'yes', please provide details below:

Procedure	Gross* annual income	Net* annual income

Please exclude this work from question F1

F Work circumstances (continued...)

F3I If you do anything which would not normally fall within the remit of General Practice and you require indemnity from the MDU, which you have not already detailed in this form, please provide details below.

Type of work	Volume	Location	Gross annual income	Net* annual income

Please exclude this work from question F1

F3J Do you require access to MDU indemnity for any other work not mentioned above?

N Y

If 'yes', please provide details below.

Type of work	Volume	Location	Gross annual income	Net* annual income

Please exclude this work from question F1

F3K Please provide details of the location of all work you have advised us of in this form not undertaken at the Practice named in section B.

Type of work (such as GP principal or GP locum)

One location N Y If 'yes' please provide address and tick if this is your preferred address for correspondence

Postcode:

Multiple locations (please tick regions worked in):

England and Wales Isle of Man Northern Ireland
 Channel Islands Scotland

Type of work

One location N Y If 'yes' please provide address and tick if this is your preferred address for correspondence

Postcode:

Multiple locations (please tick regions worked in):

England and Wales Isle of Man Northern Ireland
 Channel Islands Scotland

Type of work

One location N Y If 'yes' please provide address and tick if this is your preferred address for correspondence

Postcode:

Multiple locations (please tick regions worked in):

England and Wales Isle of Man Northern Ireland
 Channel Islands Scotland

If you work in more than one region, we may telephone you during the processing of your application form to discuss your work further.

G Why have you chosen to apply for MDU membership?

Please tick all that apply

Reputation of the MDU as established UK market leader Subscription rates Personal recommendation Dissatisfaction with previous indemnity provider

Other

(please give details in space provided) _____

H Services - text alerts

We can send important text alerts to your mobile phone provided you have given us your mobile number on page 4. Please indicate below if you would like to opt in to text alerts. You can stop text alerts at any time in the 'My membership' section of our website.

 Notification regarding your MDU renewal**I** Paying your subscription

Payments for PRACTICECARE membership of the MDU will be arranged with the practice named in Section B.

Your prospective membership will commence from the date that your completed application form and **PRACTICECARE** application form is received by our membership department. This does not constitute acceptance of your membership, however, we will notify you if and when this is successful. If you require a quote for work undertaken outside the practice named in section B, please complete the 'Get a quote' form at themdu.com/quote, or **call our membership team on 0800 716 376**. Lines are open Mon to Fri, 8am to 6pm (except bank holidays).

Please be aware that subject to the information you provide and the date you submit your application, the **PRACTICECARE** subscription may change. If this is the case the practice will be informed prior to being accepted into membership.

Declaration and agreement

I hereby apply for membership of The Medical Defence Union Limited (the MDU), in accordance with its Memorandum and Articles of Association.

I understand and acknowledge that

- MDU Services Limited (MDUSL) is the service company for the MDU and any notices or information which I am required to give to the MDU should be sent to MDUSL;
- benefits of membership of the MDU are discretionary and are subject to its Memorandum and Articles of Association;
- benefits may be granted to me only as long as I comply with the laws on registration and licensing in force in any country where I practise or engage in postgraduate study;
- removal from a professional register (even if voluntary) or any change in registration should be notified to MDU Services Limited (MDUSL) as this will affect membership;
- with the exception of Good Samaritan acts, the benefits of membership do not extend to any practice undertaken in the USA or Canada or any litigation which may arise in these countries or in the territories and principal island groups under their sovereignty. Restrictions also apply for other countries;
- I must notify MDUSL in writing of any change in address, country or practice or any other circumstance which may be relevant to membership;
- a condition of membership of the MDU is that any misrepresentation or misstatement in, or omission of, any information which is likely to influence the acceptance or assessment of this application, whether intentional or not, is cause for immediate rejection of this application or termination of membership and that in such circumstances all benefits of membership of the MDU may be withdrawn or denied.

I declare that to the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts.

Third party reimbursements

I understand and acknowledge that, should a third party pay my membership subscription on my behalf, any reimbursement of that subscription will be returned to that third party unless I notify you in writing to the contrary.

Third party authorisation

Please tick if you authorise a third party to:

- discuss only
- discuss and amend

your membership after membership has been confirmed.

Please provide the third party's

First name _____

Surname _____

Please provide a password that the person named above will need to give when discussing or amending your membership on your behalf

Data protection

Note: The MDU/DDU's privacy policy, which can be found on the MDU website at themdu.com/privacy sets out:

- that the MDU/DDU, MDUSL and other Permitted Users will keep and use your personal information;
- the purposes for which your personal information will be used and what the MDU/DDU and MDUSL can send to you, including marketing communications.

Please read the privacy policy carefully as your signature of the declaration on page 5 of this application is your consent to the way in which your personal data may be used.

Communications

We will send you materials we think will be of interest to you. You can choose NOT to receive these by ticking below or, at any time in the future, updating your preferences on the MDU website at themdu.com. You may also write to the membership team at One Canada Square, London E14 5GS or email membership@themdu.com

I do NOT wish to receive:

- marketing communications about similar products and services.
- email marketing communications. This does not include medico-legal updates and information about managing your membership.

Statutory communications

I agree to:

- having access to the MDU's annual accounts, directors' report and auditor's report, and any other documents or information sent or supplied by the MDU, on the MDU website at themdu.com
- notice of general meetings of the MDU being given to me by access on the MDU website, together with details of any proxy appointment deadlines
- being notified by electronic mail of the publication or availability of notice of general meetings, or any other documents or information sent or supplied by the MDU, on the MDU website, the address of the website, the place on the website where the documents or information may be accessed and how the documents or information may be accessed
- being sent or supplied by the MDU with notice of general meetings or any documents or information, by electronic mail
- notify MDUSL of my email address, which may be used for sending electronic mail for the above purposes. Any email address given by me elsewhere on this form is the relevant email address for this purpose, until I notify any change. I understand that if the MDU does not have my email address, I will receive notification by post instead of electronically
- notify MDUSL of changes in my email address.

Further information on electronic communication and statutory information, including any system requirements, is available at themdu.com/agm

As a not for profit, mutual membership organisation we have to send you statutory communications. If you DO NOT wish to receive statutory communications electronically, tick here and it will be sent to you by post.

How to contact us

Membership

t 0800 716 376

e membership@themdu.com

Medico-legal team

t 0800 716 646

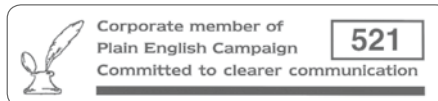
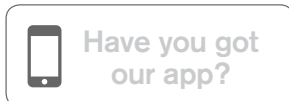
e advisory@themdu.com

Your feedback

Give us your feedback about the MDU
themdu.com/feedback

Website

themdu.com



MDU Services Limited (MDUSL) is authorised and regulated by the Financial Conduct Authority for insurance mediation and consumer credit activities only. MDUSL is an agent for The Medical Defence Union Limited (MDU). MDU is not an insurance company. The benefits of MDU membership are all discretionary and are subject to the Memorandum and Articles of Association.

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