

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

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:
Singapore Medical Association, 2985 Jalan Bukit Merah, #02-2C SMF Building, Singapore 159457

Section A – Membership start date and personal details

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

Title		Country of practice	
First name		Country of permanent residence	
Middle name		Address for correspondence	
Surname			
Maiden/previous name (if any)			
Date of birth (DD/MM/YYYY)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Postcode (zip or postal area)	
Nationality		Email address	
NRIC/FIN/Passport number		Daytime telephone	
Any specialist registration		Evening telephone	
Main specialty		Cell number	
Specialty registration date		Fax number	
Degrees and diplomas		SMC details – your application may be delayed if this is not provided	
Medical school and country		SMC No.	
Month and year of graduation		Registration date	

IMPORTANT – Please read the following

1. If you have had previous indemnity or insurance we may approach your previous indemnity provider or ask you to obtain a copy of your claims history.
2. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to seek advice or assistance from MPS.
3. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
4. We will not assist with any matter arising from an incident pre-dating your MPS membership.
5. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure “run-off” cover for any future claim which may arise from an incident pre-dating your MPS membership.

Please note that signing the declaration on page 6 indicates acceptance of the following requirements:

Members must keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address or scope of practice could result in the suspension and/or the withdrawal of the benefits of membership and/or the cancellation and/or the termination of your membership. Members should understand that MPS is not an insurance company. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

Section B – Previous history (Please read the important information below)

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on the enclosed pages. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. Have you had any professional indemnity/insurance before? Yes (please go to Q2) No (please go to Q3)

2. Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time (if it has changed).

Organisation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	MPS number	Full name	Other membership or policy number

3. Have you at any stage practiced without professional indemnity during the last 10 years (ie please exclude any period(s) protected by state, employer, insurer or MDO indemnity)? (If in doubt please indicate YES.) If you answer YES please confirm the dates and reasons.

Yes No

4. Have there been any breaks in your clinical practice of more than 6 months in the last 2 years? (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.

Yes No

5. Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided? (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

Yes No

6. Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance? If you answer YES please provide date and full details. (If necessary please continue on a separate sheet).

Yes No

7. In the last 10 years, have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie within your own practice)? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

8. In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes No

9. Are you aware of any incident(s) that might become a claim? If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes No

10. Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/withdrawn/made conditional by a health care provider? If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes No

11. Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body? If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet).

Yes No

12. Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did NOT involve alcohol or drugs) If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and was this reported to the regulatory body. (If necessary please continue on a separate sheet).

Yes No

13. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please continue on a separate sheet).

Yes No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

Section C – Practice details

If you are registered to practise in any other Country please state which:

Will all your professional practice be carried out in the Country in which you are applying for membership?

Yes No If No, please provide Country and full details (if necessary please continue on a separate sheet).

Will you be involved in treating or providing advice to patients outside of the Country in which you are applying for membership? (eg telemedicine)

Yes No If Yes, please provide Country and full details (if necessary please continue on a separate sheet).

What is your current professional status? (eg House officer, Medical officer, General practitioner, Registrar, Consultant)

Main specialty

In which sector do you work? Private ONLY State/Public ONLY Private and State/Public

How many hours per week on average do you work in PRIVATE practice?

Up to 11 hours More than 11, up to 22 hours More than 22, up to 33 hours More than 33 hours N/A

IMPORTANT – Please see end of application form for MPS subscription categories and indicate the grade code most appropriate for your practice: (eg PGZ)

If you are unsure of the membership category applicable to you, please provide a summary of the work you carry out (ie a detailed scope of practice).

Additional space for answers

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

IMPORTANT – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ("Special Category Data"). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website medicalprotection.org/privacy

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT – Please read, sign and add the current date below

By signing and returning this form, you agree and confirm that:

- i. You wish to apply for membership of MPS subject to the Memorandum and Articles of Association.
- ii. You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- iii. You understand that membership is not conferred automatically and is subject to approval by MPS.
- iv. You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.
- v. You will inform us if your personal circumstances or scope of practice change.
- vi. We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information.
- vii. For the purposes of the Singapore law and The Personal Data Protection Act 2012, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website medicalprotection.org/privacy

Date

Please note this must be the current date

Tick here if you are submitting additional sheets or correspondence.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here.

You can contact us to update your marketing preferences.

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

- | | | |
|----|--------------------------|---|
| 1. | <input type="checkbox"/> | Personal recommendation |
| 2. | <input type="checkbox"/> | Competitive subscription rates |
| 3. | <input type="checkbox"/> | MPS membership co-ordinator, please provide their initials: |
| 4. | <input type="checkbox"/> | Group arrangement |
| 5. | <input type="checkbox"/> | Dissatisfaction with previous organisation |
| 6. | <input type="checkbox"/> | Other (please provide details) |



Medical Protection – Singapore

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 Singapore 159457

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medicalprotection.org
mps@sma.org.sg

Please ensure you are on the correct grade for the amount of hours you work per week. The hours you work should cover all your practice involving any contact with or treatment of patients as well as related activities including consultations, advice, treatment planning, consent, record keeping, practice management etc. Members in specialty grades must include their hours from all areas of practice not just the time related to undertaking specialist work.

PUBLIC PRACTICE GRADES – EXCLUDING CLAIMS INDEMNITY		GRADE
The following grades have access to the benefits of membership, excluding the right to request assistance with claims. Members on these grades must have state/employer indemnity, or have other indemnity arrangements in place at all times.		
House Officer/Post graduate year 1		SII
Medical officer/Resident		SIH
Registrar/Senior resident/Physician		SIR
Consultant/Professor		SIP

PUBLIC PRACTICE GRADES – INCLUDING CLAIMS INDEMNITY	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
	GRADE	GRADE	GRADE	GRADE
Fellow	FEL			
Medical officer/Resident	SGM			
Registrar/Senior resident/Physician	SGR			

PRIVATE PRACTICE GRADES – INCLUDING CLAIMS INDEMNITY	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
	GRADE	GRADE	GRADE	GRADE
Neurosurgery	INN	TIN	2IN	IQN
Super high risk Spinal surgery (surgical procedures performed on the spine and/or meninges performed by an orthopaedic spinal surgeon).	SHS	SHT	SH2	SHQ
Very high risk Hand surgery; gynaecology; trauma and orthopaedic surgery; bariatric surgery.	VHR	VHT	VHP	VHQ
High risk Cardiothoracic surgery; colorectal surgery; endocrine surgery, general surgery (excluding bariatric surgery); ophthalmology (including laser refractive surgery); otorhinolaryngology; plastic/reconstructive surgery; urology; vascular surgery.	MHR	MHT	MHP	MHQ
Anaesthetics	INA	TNA	ANP	INQ
Medium risk Accident and emergency; cardiology; dermatology; intensive care; oral and maxillo-facial surgery; paediatric surgery; neurology; gastroenterology; radiology; radiotherapy.	MMR	MMT	MMP	MMQ
Low risk Community health; endocrinology; general medicine; geriatric medicine; haematology; immunology; infectious diseases; nephrology; nuclear medicine; occupational health; oncology; ophthalmology (excluding laser refractive surgery); palliative medicine; pathology; pharmaceutical physician; psychiatry; rehabilitation medicine; renal medicine; respiratory medicine; rheumatology; sports medicine.	MLR	MLT	MLP	MLQ

PRIVATE PRACTICE GRADES – INCLUDING CLAIMS INDEMNITY continued The following grades have access to the benefits of membership, including the right to request assistance with claims.	More than 33 hours per week GRADE	>22 up to 33 hours per week GRADE	>11 up to 22 hours per week GRADE	Up to 11 hours per week GRADE
High Risk Paediatrics This category 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. Discretionary indemnity limited to S\$15 million any one claim/in the aggregate – subject to the discretion of MPS Council				
Claims-made protection (year 1)	PAF		PDU	
Claims-made protection (year 2)	PAF		PDU	
Claims-made protection (year 3)	PAF		PDU	
Claims-made protection (year 4)	PAF		PDU	
Claims-made protection (year 5+)	PAF		PDU	
Occurrence based protection	PAD	TPD	PDX	PAQ
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	LPT	LPD	LPQ
Obstetric practice with or without gynaecology The management of pregnancy after 24 weeks gestation. If a General Practitioner carries out any planned deliveries then the intrapartum obstetric rate must be paid. A non-obstetric GP may look after a patient up to delivery, provided that the delivery itself takes place in a hospital under the care of an obstetrician or other suitably qualified person. Discretionary indemnity is limited to S\$15 million any one claim/in the aggregate – subject to the discretion of MPS Council.				
Claims-made protection (year 1)	MOB			
Claims-made protection (year 2)	MOB			
Claims-made protection (year 3)	MOB			
Claims-made protection (year 4)	MOB			
Claims-made protection (year 5+)	MOB			
GENERAL PRACTICE GRADES – INCLUDING CLAIMS INDEMNITY The following grades have access to the benefits of membership, including the right to request assistance with claims.	More than 33 hours per week GRADE	>22 up to 33 hours per week GRADE	>11 up to 22 hours per week GRADE	Up to 11 hours per week GRADE
Family medicine – non procedural Family practitioners who undertake common and routine minor procedures, which include, but are not limited to, removal of superficial skin lesions, joint injections and drainage of abscesses. Excluding practices under family medicine – procedural.	PGZ	TGZ	PG3	PQZ
Family medicine – procedural Family practitioners who undertake procedures that include, but are not limited to, vasectomy, circumcision, insertion of IUCDs, biopsies. This grade also includes the following cosmetic procedures, provided your income from these procedures is less than 50% of your gross, pre-tax income, before expenses. <ul style="list-style-type: none"> Botulinum Toxin Injection (eg botox) Non-permanent fillers (face, neck and hands only) Superficial chemical or pressurised gas/liquid peels (affecting the intra-epidermal layer) Injection of thread veins (sclerotherapy) Radiofrequency, infra-red, ultrasound and other light-based devices, eg for skin tightening, skin rejuvenation Intense Pulsed Light (IPL) for skin rejuvenation Lasers / IPL for hair removal Photodynamic therapy Photopneumatic therapy External Lypolysis (heat/cold/ultrasound) 	PGP	GIN	PG2	PQP

GENERAL PRACTICE GRADES – INCLUDING CLAIMS INDEMNITY continued The following grades have access to the benefits of membership, including the right to request assistance with claims.	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
	GRADE	GRADE	GRADE	GRADE
Cosmetic and aesthetic medicine If your income from the above cosmetic procedures listed under PGP is greater than 50% of your gross, pre-tax income, before expenses you should pay the XGP rate. This rate is also applicable if you undertake thread lifts (absorbable only), lasers for pigmentary disorders, lasers for treating vascular disorders, fractional lasers for skin rejuvenation and/or ablative lasers for benign tumours then this rate will apply. General Practice grades do not include invasive aesthetic procedures (see the SMC Guidelines on Aesthetic Practice for further details). Members considering undertaking such procedures should contact MPS/SMA.	XGP	XGT	XGH	XGQ

SINGAPORE ARMED FORCES GRADES – EXCLUDING CLAIMS INDEMNITY	GRADE
The following grades have access to the benefits of membership, excluding the right to request assistance with claims.	
Full-time National Service medical officer	SAF
Military service with public hospital responsibilities: Medical officer	SAF
Registrar	SAF

SINGAPORE ARMED FORCES GRADES – INCLUDING CLAIMS INDEMNITY	GRADE
The following grades have access to the benefits of membership, including the right to request assistance with claims.	
Specialist – low risk	SFB
Specialist – medium risk	SFA
Specialist – high risk	SFC

OTHER GRADES – INCLUDING CLAIMS INDEMNITY	GRADE
The following grades have access to the benefits of membership, including the right to request assistance with claims.	
Non-clinical: advisory services only If you think you may qualify, please contact SMA/MPS with details of your practice.	NSM

Claims-made protection

Discretionary indemnity limited to S\$15 million any one claim/in the aggregate – subject to the discretion of MPS Council. Further information can be found at medicalprotection.org/claimsmade

Your personal information

For information on our use of your personal data and your rights, please see the Privacy Statement on our website medicalprotection.org/privacy

By continuing in membership, you agree and confirm that:

- (i) You understand that renewal is subject to approval by MPS
- (ii) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm renewal and/or entitlement to request benefits
- (iii) You will inform us if your personal circumstances or scope of practice change
- (iv) For the purposes of the Singapore law and The Personal Data Protection Act 2012, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website medicalprotection.org/privacy

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