

Practice Membership application

South Africa



rsaenquiries@medicalprotection.org

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

Please provide practice details

Practice name		
Trading name (if different to practice name)		
Practice address	Post code	
Registered office (if different to practice address)		
Telephone		
Primary email address		
Secondary email address		

Contact details

Authorised person (primary contacts) Please provide details of the person authorised by the applicant to arrange, renew or vary the Practice Membership and to discuss any relevant details

Title and name	Date of birth	
Position in the practice		
Telephone		
Email		
Address (if different)		
Signature		

Contact details for any additional authorised person

Title and name	Date of birth	
Position in the practice		
Telephone		
Email		
Address (if different)		
Signature		

Other details			
Is the practice based on more than one site?		Yes	No If Yes, please provide additional details below
Trading since (dd/mm/yyyy)			
When would you like your Practice Membership to start? (dd/mm/yyyy) This cannot be a date in the past			
<p>Retroactive protection can be added to this membership.</p> <p>Please note: Assistance will only be granted for claims or circumstances that occurred during the retroactive period when</p> <p>a) the claim or circumstance have not been or should have been reported to a previous insurer</p> <p>b) any treating dental practitioner(s) named in the claim or circumstance held their own valid Dental Protection membership at the date of the incident.</p> <p>Would you like to add retroactive protection to this membership? Yes No If Yes, please provide the date you would like your retroactive protection to start (dd/mm/yyyy).</p> <p>If Yes, please confirm you understand that assistance will not be granted for claims or circumstances that occurred during the retroactive period which have or should have been notified to a previous insurer or where the treating dental practitioner did not hold their own valid individual Dental Protection membership at the date of the incident.</p> <p>I, as authorised person on behalf of the practice confirm the above.</p>			
Professional activities			
What is the nature of your professional activities for which indemnity is required? Please provide a breakdown of activities, (please specify below, or continue on page 6).			
<p>Name of owner(s) of the business. If the applicant is not administered by the owner(s), please outline the administrative structure.</p> <p>By signing below, you are providing your consent for your individual Dental Protection membership (if applicable) to be associated with this Practice Membership.</p> <p>To find out more about how we collect, use and handle your data including special category data, please see the Privacy Notice on our website dentalprotection.org/privacy</p>			
Name and title	Dental Protection membership number (if applicable) Indemnity/ Insurance provider (non-members)	Signature	Date
How many registered dental practitioners work for the practice whether owner, employed, subcontracted, locum volunteer or other? Please include Dental Practitioners/Specialists, Dental Therapists, Dental Hygienists, and any other registered health practitioners.			
How many of these hold individual Dental Protection Membership?			

Please complete the table below in respect of all registered dental practitioners not named in the owners section who hold individual Dental Protection membership.

By signing below, you are providing your consent for your individual Dental Protection membership to be associated with this Practice Membership. To find out more about how we collect, use and handle your data including special category data, please see the Privacy Notice on our website dentalprotection.org/privacy

Title and name	Dental Protection membership number	Signature	Date

Please complete the table below in respect of all registered dental practitioners not named in the owners section who work for the practice and do not hold individual Dental Protection membership. Whether employed, subcontracted, locum volunteer or other. Please include Dental Practitioners/ Specialists, Dental Therapists, Dental Hygienists and any other registered health practitioners.

By signing below, you are providing your consent for your practice to provide proof of your indemnity/insurance to Dental Protection if requested and confirm you will comply with all the terms and conditions associated with your indemnity/insurance.

***Appropriate grade** (please refer to the sheet at the end of this application form and select the grade most appropriate to the individual's scope of practice)

To find out more about how we collect, use and handle your data including special category data, please see the Privacy Notice on our website dentalprotection.org/privacy

Title and name (Remember to sign and add date)	Professional status	Specialty/area of practice	Appropriate grade *see above	Proof of indemnity/ insurance held by the practice? Yes/ No
Signature			Date	
Signature			Date	
Signature			Date	
Signature			Date	
Signature			Date	

Please confirm the applicant checks and records indemnity/insurance arrangements annually for all registered dental practitioners and that current indemnity/insurance is in place. Dental Incorporated Practice membership is provided subject to the condition that all registered dental practitioners who work for the practice, whether owner, employed, subcontracted, locum, volunteer or other hold their own adequate indemnity or insurance. Assistance under this membership will not be granted where proof of indemnity or insurance cannot be provided for any registered dental practitioner if requested by Dental Protection.

Yes No

Have any of the registered dental practitioners named in this application including the owners been suspended or removed from the relevant professional register, or been subject to criminal prosecution in the last 10 years?

Yes No If Yes, please provide further details

Practice Membership

Does the practice presently hold indemnity/malpractice insurance

Yes, Dental Protection

Yes, another provider (please state provider)

No

Have you or any owner ever had a liability indemnifier/insurer decline a proposal or application or impose any non-standard terms or conditions (including an enhanced subscription/premium)?

Yes **No** If **Yes**, please provide details

Have you or any owner ever had a renewal declined or had insurance/indemnity cancelled by the provider?

Yes **No** If **Yes**, please provide details

Can you confirm that there are documented policies and procedures in place for the following:

Formal Complaints Procedure **Yes** **No**

Reporting and investigating adverse incidents **Yes** **No**

Claims and circumstances

During the past 10 years has any claim been made, settled or defended, or has malpractice or negligence been alleged, against the practice or any present or former owner. Have any circumstances been notified to indemnifiers/insurers which may result in a claim?

Yes **No** If **Yes**, please provide details

Are there any circumstances not already notified to indemnifiers/insurers which may give rise to a claim against the applicant or practice?

Yes **No** If **Yes**, please provide details including Dental Protection case number if applicable. When providing details please do not include identifiable data for any other parties.

Are there any claims against previous practices which have been identified, which may give rise to a claim against the applicant or practice or owner?

Yes **No** If **Yes**, please provide details

Please confirm the statements below

You maintain accurate descriptive records of all dental services and equipment used in procedures.

Yes

You store and dispose dental records in line with official guidance on managing records, including the retention schedule published by the relevant professional bodies.

Yes

You maintain a record of all requests on behalf of patients for dental records.

Yes

If you are unable to confirm any of the above statements, please provide an explanation why.

Is there any further information that you are aware of that might affect our estimate of risk or decision to grant Practice Membership?

Yes No If Yes, please provide details

Additional space for answers

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

Important – Data Protection information

To find out more about how we collect, use and handle your data including special category data, please see the Privacy Notice on our website dentalprotection.org/privacy

Please tick the following box to confirm that you have read the above declaration.

Important – Please read the following information

Please note – once fully complete this application should be signed, and dated below, and submitted by a duly authorised representative within 7 business days. Any delay in returning after signing may invalidate this application. If all applicable sections are not completed fully, this will delay the processing of your application.

By applying for Dental Protection membership, you confirm you understand that membership of Dental Protection is subject to:

- Approval and is not conferred automatically.
- Payment of the appropriate subscription.
- MPS's Memorandum and Articles of Association as amended from time to time, and that all benefits are granted at the discretion of MPS's council.
 - You confirm that you are, and will remain duly licensed, in accordance with the law to practice at the address specified on page 1 of the form.
 - You confirm that all staff are fully trained and competent for the work they undertake and properly supervised.
 - You confirm that all dental records will be made available for inspection and use, without charge, by us or our appointed representatives together with any oral or written information, assistance, signed statements, evidence or depositions as required in the investigation or defence of any case or claim.
 - You confirm that all clinical activities conducted within the practice, fall within the approved scope of practice of the registered dental practitioners, and are undertaken within the jurisdiction of South Africa.
 - You acknowledge that Dental Protection is not an insurance company and that the benefits of membership are discretionary.
- You warrant that all information provided to Dental Protection:
 - i) is true, accurate and complete in all aspects.
 - ii) has been collated and sent by a properly authorised person.

Signed

Date of application (dd/mm/yyyy)

Print name

Position

For and on behalf of (practice name)

If your application is approved it will be dated from the day following receipt of your application, unless you specify a later start date in the box (dd/mm/yy).

Dental Protection

Please return the completed form by email to rsaenquiries@medicalprotection.org

dentalprotection.org

Dental Protection is a trading name of The Medical Protection Society Limited ("MPS"). MPS is a company limited by guarantee in England with company number 00036142 at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. Dental Protection serves and supports the dental members of MPS with access to the full range of benefits of membership, which are all discretionary, and set out in MPS's Memorandum and Articles of Association. MPS is not an insurance company. Dental Protection® is a registered trademark of MPS.

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Membership grades

MAXILLOFACIAL PROCEDURES – Extra oral procedures to the face, head and neck, excluding any non-surgical cosmetic procedures beyond the oral and peri-oral area;

- Excision of maxilla;
- Hemi-maxillectomy;
- Osteotomies;
- Prosthetic replacement of temporo-mandibular joints including arthroplasty;
- Block dissection of lymph nodes in management of metastatic disease;
- Surgical treatment of thyroid and parathyroid glands;
- Surgery involving the orbital complex;
- Rhinoplasty (other than immediate trauma aftercare);
- Facial cosmetic surgery including face lifts, dermabrasion, otoplasty, blepharoplasty and liposuction;
- Sinus lifts (irrespective of the technique used);
- Bone harvesting from anywhere other than mandible or maxilla.

SPECIFIED PROCEDURES:

- Placing of implants in the mandible or maxilla. Includes the use of bone grafts but excludes sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting (which are classed as maxillofacial procedures);
- Constructing and fitting any kind of implant-supported restoration(s);
- Dento-alveolar surgical procedures, where these procedures occupy more than 50% of the total clinical hours worked.

NOTE

1. If you fit any restorations to an implant, whether you have placed that implant yourself or not, your grade will need to include specified procedures.

NON-SURGICAL COSMETIC AND ADJUNCTIVE PROCEDURES (INCLUDES THE USE OF BOTOX AND DERMAL FILLERS)

Current HPCSA Scope Of The Profession Regulations restrict the provision of these procedures to the oral and peri-oral area. Protection therefore applies in accordance with these Regulations and the following restrictions;

- Techniques used only after appropriate training has been undertaken;
- Techniques are carried out for less than 10 hours of clinical activity per week;
- Techniques provided by a clinician who has been qualified for more than 3 years.

DENTO-ALVEOLAR PROCEDURES/SURGERY:

Means surgery to intra-oral tissues, teeth and tooth carrying bones, ie mandible and maxilla only. Protection for these procedures is provided in all clinical grades unless these procedures occupy more than 50% of the total clinical hours worked.

- Exodontia including wisdom teeth removal;
- Apicectomies;
- Management of intra oral soft tissue lesions including biopsy;
- Dental cyst removal;
- Minor pre-prosthetic surgery.

Please ensure that you refer to the preceding relevant definitions when selecting a grade of membership.

PRIVATE DENTAL PRACTITIONER	Specified procedures	Maxillo-facial procedures	Cosmetic and adjunctive procedures	GRADE
Private Practitioner Excluding specified maxillofacial, cosmetic and adjunctive procedures.	X	X	X	YD3
Private Practitioner Including specified and cosmetic and adjunctive but excluding maxillofacial procedures.	✓	X	✓	PSF
Private Practitioner Including specified and maxillofacial procedures, but excluding cosmetic and adjunctive procedures.	✓	✓	X	YD4
Private Practitioner Including specified, maxillofacial, cosmetic and adjunctive procedures.	✓	✓	✓	DPF
ANCILLARIES				GRADE
Dental Therapist				YDT
Dental Hygienist				YDS