

ORTHOPAEDIC SUPPLEMENTARY QUESTIONNAIRE

Please use the data from your last successfully submitted annual appraisal to complete this questionnaire.

1.1 Please state whether you are employed by the NHS as a Consultant Orthopedic Surgeon:  Yes  No

1.2 Please state whether you have a sub-specialty interest:  Yes  No

If yes, please state the sub-specialty organisations of which you are a member:

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1.3 Please state the number of PAs, or equivalent time in Private Practice, spent performing orthopaedic surgery during the last year in Private Practice and the NHS:

Area of surgery	Private Practice	NHS
Ankle/foot:		
Elbow:		
Hip/Hip resurfacing:		
Knee:		
Oncology:		
Shoulder:		
Spinal:		
Sports injuries:		
Total:		
Trauma:		
Wrist/hand:		
Other:		
Total:		

*If other, please provide full details:*

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1.4 Please state whether you have ever performed invasive spinal surgery, either individually or as part of a team:  Yes  No

a) If yes, please provide a breakdown of the number of procedures you performed during the last year in Private Practice and the NHS:

Private Practice	NHS

b) If you no longer perform invasive spinal surgery, please state the date of the last procedure you performed in Private Practice:

1.5 Please state whether you have ever performed any other type of spinal treatment, including but not limited to spinal injections (e.g. for pain management) during the last year:  Yes  No

*If yes, please provide full details:*

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1.6 Please state whether you have ever used metal-on-metal hip implants (e.g. large head hip replacements or all-metal pinnacle cups):  Yes  No

a) If yes, please state the number of procedures performed during the last year in Private Practice:

b) If you no longer use metal-on-metal hip implants please state the date of the last procedure you preformed in Private Practice

1.7 Do you anticipate any changes to your activities during the next 12 months?  Yes  No

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DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: \_\_\_\_\_ Full name: \_\_\_\_\_

Date: \_\_\_\_\_ DD / MM / YY

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