



HEALTH
PROFESSIONS
INDEMNITY

HEALTH PROFESSIONS INDEMNITY



INTRODUCTION

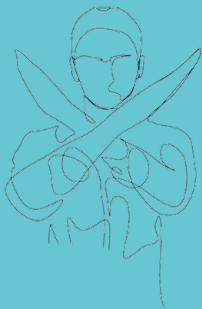
PPS Health Professions Indemnity was launched in the fourth quarter of 2018 after careful research conducted. Health professions, like you, remain the largest single membership grouping within the PPS Group. It is, therefore, important for us to cater to your evolving protection needs. A shortage of quality indemnity protection coupled to the increased cost of indemnity and the ever-increasing risk of litigation, created the opportunity for PPS to enter this market. As a company operating under the ethos of mutuality, we are perfectly placed to provide this important safety net to you.

PPS Health Professions Indemnity is designed to provide comprehensive quality indemnity protection to you for liability stemming from your clinical practice. This protection is available both during your active career and thereafter, ensuring sustainable cover that gives you the freedom to concentrate on making your practice a success.



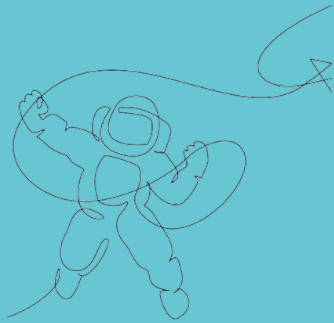
PPS VALUES

Our organisational values should inform the behaviour we demonstrate at PPS.



We take extreme ownership

One of our three values at PPS is taking extreme ownership. Taking extreme ownership is embedded in the culture of accountability, focusing on results and the ethos of accelerating impact.



We are eternally curious

One of our three values at PPS is being curious. We invested in cultivating the culture of learning; igniting the spirit of innovation, and exploring the notion of collaboration, contribution and co-creation through curiosity and versatility.



We do the right thing

One of our three values at PPS is to strive to always do the right thing, which in simple terms means making decisions by implementing sound practical judgment that align with our values framework. We committed employ ethical standards when licenced to question, experiment, and to improve.

FOUNDATION OF PPS HEALTH PROFESSIONS INDEMNITY



The best way to describe the cover provided, is that it caters for any liability stemming from your insured clinical practice.

Financial security

Underwritten by PPS Group on our PPS Short-Term Insurance license, the product comes with the security you trust from us serving the financial interest of our members for 80 years.

Comprehensive quality cover

The best description of the cover provided is that it caters for any liability stemming from your insured clinical practice. This includes legal representation as appropriate and indemnity against any successful damages claim against you. The following incidents are covered:

- Medico-legal advice
- HPCSA complaints and investigations
- Judicial inquiries
- Patient claims for damages

For clinical work performed as employees or independent contractors in the public sector, the State is responsible for patient claims for damages and no policy benefits are available for this.

ACTIVE ENGAGEMENT

This aspect of our service delivery receives the most compliments from our existing insured professionals. You have direct access to our most senior employees and this is of great comfort in your time of need. We appreciate a personal relationship with our insured professionals and do not use a call centre for servicing.



THE PRODUCT

From the outset, we recognised that the solution must provide sustainable indemnity protection both during your active years in clinical practice and thereafter. PPS Health Professions Indemnity is the leader in providing you with contract certainty over continuing cover after your active cover, no matter what the reason is for termination of active cover. For most typical life stage changes this benefit is provided at no additional cost to you e.g. death, disability and retirement provided that certain conditions are met.

Technically the product provides cover on the claims-made basis of cover which means that you need to be covered both at the time of providing clinical treatment and at the time that the claim is reported. However, the contractual Reporting Endorsement benefit – included in your active policy – provides cover for late reported claims after the termination of your active cover. This way you get the best of both worlds: the cost-benefit associated with the claims-made basis of cover; and the contract certainty over cover for late reported claims.

No two clinical practices are ever the same and we remain the only indemnity provider that individually underwrites every policy application received. This underscores our commitment to charge risk-based premiums across the portfolio and minimise cross-subsidisation between different disciplines. Factors considered in our underwriting decision include education and experience, clinical practice details and past indemnity experience.

Although self-reporting of incidents that may reasonably be considered to have the potential to result in a claim or complaint against you is encouraged, it is not a requirement for cover. The benefit of self-reporting is that it allows us to intervene early to protect you as best as we can, and additionally it helps you to effectively manage the use of your annual cover limits.

Cover limits are set consistently across disciplines and reflect our commitment to keep our members as far as possible out of harm's way. It is our responsibility to regularly review the offered cover limits for appropriateness with reference to market conditions. The only time that cover limits have a material impact on indemnity cost, is if it is set so low that risk is not materially transferred from you to us leaving you with the possible risk of cover exhaustion.

We follow an active annual renewal process to ensure that both parties are in full agreement regarding the scope of the insured clinical practice. This assists you to remain in control of your cover and annual indemnity protection cost, something that is lost with auto-renewal processes employed by some of our competitors that often leads to challenges in the event of a claim.

GROUP PRACTICE COVER

Group practices represent an interesting risk to not only the individual health professionals active in the practice but also the owners and managers of such practices. This risk is seldom understood and addressed by many indemnity products available in South Africa. Patients and their legal counsel will usually look to add as many respondents as possible to any action brought in the hope of a larger payout.

Typically, indemnity products only cover the individual health professional actively involved in clinical treatment to the specific patient. Where the group practice entity and/or its owners and/or its managers are added as respondents to any action, the indemnity product will not respond to protect them. The same also applies to the non-clinical employees of the practice i.e. vicarious liability.

PPS Health Professions Indemnity is unique in that it provides cover to practice entities either on an individual cover limit or shared cover limit basis. Best of all, where all health professionals active in the practice are insured with us, the shared cover limit basis is provided at no additional cost providing an efficient way of protecting the interest of all involved in the group practice. Our group practice solution effectively wraps the clinical liability of the group as a whole.

PROFIT-SHARE

Not only will you enjoy comprehensive indemnity protection, but those insured professionals with an existing PPS Profit-Share Account (PSA)* will benefit from further allocations to their PSA based on their contract premium. We also introduced the PPS Profit-Share Cross-Holdings Booster in 2020, which means you can earn an even bigger PSA allocation because you are using products from more than one of our subsidiaries.

*Must have a PPS life risk product to qualify for Profit-Share.

*Subject to the PPS' performance.



OUR INDEMNITY PHILOSOPHY

Known as the moment of truth in insurance, it is important to understand our approach to reported claims. We appreciate the emotional distress caused by complaints and claims and for this reason, we do not only provide the contractual benefits provided for in your policy. It is also important that we provide you with emotional support during this challenging time. We, therefore, follow a personal approach to claims where you have direct access to senior members of our team with a wealth of experience dealing with these matters.

The main objective of claims management is to protect the professional status of our insured professionals. We are on record to say that we will not merely settle claims lacking clinical merit for convenience sake. This undermines the system and increases the litigation risk for health professionals. Contractually we are not allowed to settle any claim without your approval.

We have two of the leading medico-legal experts in the country working for us. Between them, they have more than 60 years of experience servicing South African health professionals in this regard. Where it is required to provide external legal representation, we have standing arrangements with reputable and suitably experienced legal firms to assist our insured professionals.

HOW TO APPLY

We appreciate that your time is valuable and that if you are talking to us, you are not earning an income from patient consultations. Our business processes are digitally enabled. This includes the use of an online application form. However, we remain available throughout the process should you prefer a more personal approach. This includes virtual meetings, telephone calls and in-person meetings as arranged.

1.

Online application form

Complete the quick and easy online [application form](#). This takes about 15 minutes to complete. You will require: ID, HPCSA/SANC/SACSSP, practice and VAT numbers; academic qualifications; previous indemnity details; and where relevant, previous indemnity loss history.

2.

Underwriting

We use the information provided in the completed application form to assess your clinical risk and determine a risk-based premium for the disclosed clinical practice details.

3.

Quote

A quote is e-mailed to you for your consideration. This consists of the exact policy documentation that will form the basis of your insurance cover with us. We are available should you have any questions regarding your quote.

4.

Acceptance

The e-mailed quote is available for online acceptance where you will be asked to complete a debit order instruction and indicate your preferred payment frequency. Once submitted, your policy will be issued and e-mailed back to you within a few minutes.

Typically, we allow three business days for the completion of the entire new business process, but this can be fast-tracked where required.



CONTACT US

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