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PLASTIC AND RECONSTRUCTIVE SURGERY 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 Plastic Surgeon: ☐ Yes ☐ No

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

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

b) Please state the number of PAs, or equivalent time in Private Practice, spent performing your sub-specialty activities during the last year in Private Practice and the NHS:

Sub-specialty	Private Practice	NHS
Aesthetic surgery:		
Breast surgery:		
Cancer:		
Congenital conditions:		
Hand and upper limb surgery:		
Head and neck:		
Skin:		
Trauma:		
Other:		
Total:		

If other, please provide full details:

1.3 Please provide a full breakdown of the surgical procedures you performed during the last year in Private Practice and the NHS:

Surgical procedure:	Surgical procedure performed in Private Practice only?				Number of years' experience in this field	Private Practice	NHS
Face/head:							
Blepharoplasty – lower:		Yes		No			
Blepharoplasty – upper:		Yes		No			
Brow lift:		Yes		No			
Cheek implants:		Yes		No			
Chin implants:		Yes		No			
Full facelift including brow:		Yes		No			
Neck lift:		Yes		No			
Otoplasty:		Yes		No			
Short scar facelift:		Yes		No			

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Surgical procedure:	Surgical procedure performed in Private Practice only?				Number of years' experience in this field	Private Practice	NHS
Nose:							
Rhinoplasty – open:		Yes		No			
Rhinoplasty – closed:		Yes		No			
Breast:							
Augmentation:		Yes		No			
Correction of gynaecomastia:		Yes		No			
Implant removal:		Yes		No			
Mastopexy:		Yes		No			
Reduction:		Yes		No			
Genital:							
Clitoral hood reduction:		Yes		No			
Labiaplasty:		Yes		No			
Penile surgery or enhancement:		Yes		No			
Vaginoplasty or rejuvenation:		Yes		No			
Skin:							
Botox - face:		Yes		No			
Botox - platysmal bands:		Yes		No			
Chemical peels:		Yes		No			
Demal Fillers - permanent:		Yes		No			
Demal Fillers - semi-permanent:		Yes		No			
Demal Fillers - temporary:		Yes		No			
Dermabrasion:		Yes		No			
Excision of skin lesions:		Yes		No			
Hyperhidrosis:		Yes		No			
Laser Surgery: *If yes, please state which areas of the body:*		Yes		No			
Mole removal:		Yes		No			
Skin grafts:		Yes		No			
Tattoo removal:		Yes		No			
Other:							
Adominoplasty:		Yes		No			
Arm, buttock or thigh lifts:		Yes		No			
Brachioplasty:		Yes		No			
Buttock, calf or pectoral Implants:		Yes		No			
Fat transfer: *If yes, please state whether this involves the face, breast or other part of the body:*		Yes		No			
Hair transplant:		Yes		No			
Hand surgery:		Yes		No			
Liposuction:		Yes		No			
Other:		Yes		No			
Total:							

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If other, please provide full details:

1.4 Please state whether you have ever used PIP implants or macrolane in Private Practice: ☐ Yes ☐ No

If yes, please state:

a) the number and type of any procedures performed during the last year:

b) the date of the last procedure you performed in Private Practice: MM / YY

1.5 Please state whether you have ever performed, or assisted in, bariatric surgery: ☐ 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 and how many years you have performed these procedures:

Procedure	Private Practice	NHS	Number of years' experience performing this procedure
Gastric balloon:			
Gastric band:			
Gastric bypass:			
Gastric sleeve:			
Total:			

b) If you have performed secondary bariatric surgery, please state the nature of the surgery and number of procedures performed:

c) If you no longer perform, or assist in, bariatric surgery please state the date of the last procedure you preformed in Private Practice: MM / YY

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

If yes, please provide full details.

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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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