

Transcript

Steven Bruce

Good evening. Welcome to this slightly unusual show. I do apologise that we've had to mess around with our normal schedule but the general osteopathic council had their webinar yesterday evening from 630 to 730. I hope that osteopaths amongst you will have watched that very useful in fitness to practice matters, but we thought we would still put on a broadcast this week. And so for this evening, I'm joined by two guests. I have Liz coffee with me who is an osteopath who has put a lot of work and thought into helping newly graduated osteopath undergrads set up their business and develop their businesses more quickly, avoiding all the pitfalls that you and I had to go through when we set up our own businesses. But I thought we'd put Liz on the spot as well. So I've actually got a live student who's about to graduate in the studio with us. This is Georgina Jost. Georgina is at UCL. She's graduating next month, and is representing not just herself, but also her year group of probably every other osteopathic and chiropractic student in the country with the sort of concerns that they have. So Liz, great to have you with us. Thank you very much. Thank you for coming in. I know you've been in once before because you came in for our live band event as well. So at least you're familiar with the studio. I'm going to start with you because I think what's most important here is understanding what's going through the mind of students at the moment as they're about to come out of the colonies blinking into the headlights and worrying about setting up in business.

Georgina Joss

Yeah, so obviously having a chat with my fellow soon to be graduates it's very daunting coming up to the end. A lot of us have set their mind to coming associates and trying to find their footing they're trying to find their identity and who they are as a practitioner, whether they want to specialise. I've been asked so many times what I want to specialise in, I have no idea. I want to be an osteopath. First I want to, you know, feel the grounds really. A lot of people wish to set up their own practice in the future. And which is difficult, because we know absolutely nothing about setting up and

Steven Bruce

we were told we were talking about this before we went live when we were saying that we knew the colleges don't teach almost all colleges, I'm sure what we're saying they don't teach how to set up in business, which is perfectly understandable because I got so much to cram into their four year courses that they can't go off on our business tangent. Do any great degree.

Elizabeth Curphey

Exactly. It's almost a separate course that we need to take.

Steven Bruce

So what have you been Have you been pointed in the direction of the many business gurus that are out there purporting to be able to help you set up in business we good there are lots of people out there willing to take lots of money off us that they will get your website perfectly SEO and get your marketing through Google Pay Per Click and all that sort of stuff. And I really am interested in getting money out of your pocket and into theirs. However, we have got of course a blessing to have having been through all this indeed for the audience this evening. Unlike myself, you know you you've learned the lessons and what's more, you put them down on paper Haven't we have how to survive and thrive as a newly qualified osteopath and I've got two copies of that kindly sent me

Elizabeth Curphey

one I did. I did thank you for buying it very grateful.

Steven Bruce

I'm gonna give one away this evening and I'm deciding which of you should have tempted not to give this to Georgina because it was I don't want her setting up in prison.

Elizabeth Curphey

Or having to sign it before we go just in case I get very famous in the future. Remember this moment,

Steven Bruce

waters waterstone. But anyway, how to survive and thrive as a newly qualified osteopath, which of course, would relate just as well to chiropractic.

Elizabeth Curphey

Absolutely. Yeah, the

Steven Bruce

manual therapy really

Elizabeth Curphey

wouldn't. Yeah, so when I talk about osteopathy tonight, I don't want to ignore any of the manual therapists at all. It's just I am an osteopath. So that's, that's all I can talk about, really. So it's really interesting, all those comments that you made. I've covered really similar things in the book because they're exactly how I felt 23 years ago, so I qualified 23 years ago. And it could be nice that they're, you know, everything that you were saying I've experienced and my colleagues have experienced. And so I'm the same as you just a little bit further down the line just with like 23 years of experience behind me. And why I decided to write the book was that I wanted to share that experience. And I wanted to allow the new generation coming through to be as successful as happy and as passionate about osteopathy as I am, and to you know, I've had a great life and being an osteopath. It's a wonderful career. It has its challenges. It's hard work being an osteopath. But it's a great life, you can do so much with your skill set. And so I wanted to bring that to the next generation of osteopaths and a half what do you think

Steven Bruce

about this pressure that Georgina has described that that she should specialise? Immediately she goes out of college.

Elizabeth Curphey

Well, I can tell you a funny story about that actually, if you'd like me to so I probably been qualified about six, seven years, and I knew I particularly wanted to go into women's health and paediatrics so I was doing a paediatrics course with that wonderful Sue and Rick Allen who you may well know tres be based osteopath brilliant course. And ended the first day with that in the pub, of course, having a drink looking back over the day. And there's two very recent osteopathy graduates sat next to me. And I was asking them about what they were doing and what they were planning to do. And they were very much of that mindset. You know, I've done this course. And next I'm going to do that course they were obviously on a course at the moment. And I and I said to them in a very kind of gentle way. I think you need to find your feet as an osteopath first and it's great to do all these courses. But actually what you need to do is to get your skill set up, get your competence up, and then you will find your way in osteopathy. I think sometimes that the need to specialise comes with the feeling that you're not confident enough in all areas. So you want to specialise in one area.

Steven Bruce

I was suspicious when I went through training that there were a number of practitioners who said that they weren't interested in manipulation No velocity thrusts, things like that. And they were going to do cranial. And in some cases, I thought that that was because they had not practised HV T's enough. And therefore, rather than expose themselves to being not as good as their colleagues, say, I'm gonna go down a different route. And I'm not saying that I know it is correct. No other choice should be made when you're sufficiently competent. So yes, this is the one I want to do is this.

Elizabeth Curphey

Absolutely. And you use the word competence, which is a really interesting word to use. Because in order to be confident, you have to be competent in something. And that's one of the things that I talked with my team, my graduates about, is finding that competence, and then you will get the confidence from there. So I think HVT is tricky, isn't it, when you've just qualified you, you've always got that lovely support of your tutors behind you, and you've got someone who you can practice on. When you're in clinic with that patient for the first time doing a neck thrust, it's it's very scary telling

Steven Bruce

you when it's safe to do it. And not exactly,

Elizabeth Curphey

there's so much pressure put on it, existence and safety drilled into us, which is what you have to do now. It's important. Yeah, that's absolutely. The whole benefits and risks speech, someone standing and watching you do this technique, and maybe just adjusting your hands a little bit. If you're not quite in the right.

Steven Bruce

We were just talking about getting confident and competent. In a technique, we've run a number of courses with Laurie Hartman, who pretty much every qualified osteopath will know if not all know of if not know, personally, we're running one in a couple of weekends time, in fact, and it's quite clear that when he was an undergraduate, he must have spent every waking minute working out the angles of every joint so that he could get his thrust, right. And when he manipulates it is it is a complete delight to watch. But he's a long, long way, from what we came out of our colleges capable of doing. Yeah, even though we had a short course from him at the end. And

Elizabeth Curphey

that's because he's had all that experience as well. I think sometimes as a new graduate, you feel that you need to have all these experiences, and you need to be fully rounded. We did a live in our Facebook group the other week, and I had what I call my panel of experts is wonderful for us to pass that came to talk to the group. And we were talking about how to get yourself an associate job. And they all said, we're not expecting you to be fully rounded, we're expecting you to be a little bit rough around the edges, because that's what you are. So please don't come out of college expecting to be able to do all this. Well, we're there to guide you. I'm not unfortunately, not all osteopaths associates, how is lucky to have principles like that. But these four in particular are wonderful. And so yeah, it's that it's that don't worry if you're not completely good at everything. If you work for a good principle, as I'm sure you will. They can guide you that they can help you with that massive reassurance to hear especially, especially for our year, gone through experiencing COVID. So we do have that, like you mentioned earlier, that kind of imposter syndrome. Am I everyone has that? Am I going to be as good as I can be at the stage that I'm in? So that's obviously a

Steven Bruce

comment in from Aiden, who's a basic just supporting what we've said here. So surely you've got to get your feet under the table and learn what you're doing before you decide to specialise. That could be the basis of experience not not a pre plan the decision.

Elizabeth Curphey

And the thing you don't always know until you've experienced a lot of patients of a certain type, whether you're going to like that, because I wasn't sure that particularly liked working with the elderly, but actually they are wonderful. And I have had so many incredible conversations with people, I've learned so much because there are different you know, we've had patients in their 90s they lived a completely different life. And then we have the other extreme of babies in the you know, nine days old. So that's the joy of osteopathy, I think is that yes, you can specialise. But you've got that whole range of human life in front of you, which is which is wonderful. So sounds like

Steven Bruce

question. It's not really related. But when is your final day at university?

Elizabeth Curphey

I'm not really sure. I think I know my results days on the 24th of June.

Steven Bruce

All right, so your all your exams are finished before June. Excellent because when Lori Hartman's here on the 11th of 12, which is a weekend, I suggest that you come down and see us Yeah, absolutely. We'll make a space on that course. Because if you're gonna work in our clinic, I would love you to be the recruitment.

Elizabeth Curphey

If you get the chance to see Laurie,

Steven Bruce

Laurie Harmon will blow your mind. Yeah, absolutely. Alright, let's get back to setting other people I've been in business, not Georgina, she's this will be going through people's minds, won't it? It'll be should they be an associate? Should they be looking to set up a business

straight away? And I knew that in recent years in our clinic and many others, people have had trouble finding associates because they don't want to travel they expect to find work on their doorstep, or they think they're just gonna go and sit in business by themselves straightaway. Is there a pro and a con do either

Elizabeth Curphey

I was told by one of my lovely principals. I've been very lucky. I've worked for lots of lovely principals and And then it's always good to have that experience in with someone else. So you can if you'd like, make your mistakes and have someone to cover for you. And you've got someone to bounce ideas off. It can be a very lonely profession, osteopathy. So if you are going from the lovely supportive clinic environment straight to work on your own, that could be quite hard. So I think learning the business side, it's always good to be in a practice. So you can see how the business is run. When I was setting up my practices, I worked at three different places. And I would go on, I liked the way that that person does that. But I don't want that or I think I'd adopt that. But I can never find me doing that in my clinic. So it gives you an idea of what works in practice what patients like as well, because it's important to look at a clinic from a patient perspective as well. So I think there are pros and cons, I would always say it's lovely to have a good principal that you can, we'll support you and will guide you. But maybe think about, you know, two, three years down the line, setting up something of your own as well. One thing

Steven Bruce

before we before we go on one thing I just do want to say is that I didn't welcome students to this. For those people who are watching, you're watching. There are numerous students watching this many of the for Georgina's own group and others from the colleges. And don't be shy about asking your own questions because, you know, we need your feedback. And we want to hear all your hopes and fears and aspirations as well. Well, we go through this so sorry, sorry to interrupt the flow of the conversation. Well, while we did that, but say

Elizabeth Curphey

that yes, because that's what we're here for. We're here, we're here to help them support them. Because we know what that mountain is you just climbed. I was talking with one of my lovely person that I'm working with. And she described finishing her degree as climbing the mountain, turning around to find all her support teams gone. And Everest was ahead of her without the Sherpas. So it can feel a bit like that it

Steven Bruce

can feel a bit momentous when you're qualified.

Elizabeth Curphey

And my Well, I suppose Really though, my principles. We didn't have anything like this.

Steven Bruce

No, but who were your principles that you thought were providing you with this respect.

Elizabeth Curphey

So I was I've always been very lucky. Jane scratchy and Litchfield and Tom London, I worked in the Midlands to start with, then I moved up north back to where I where I now work with Margaret Horner, who some of the students will know because she's a teacher at the College of osteopaths. And another wonderful practice in Brown Hall, Joe cine who was great principal as well. So I've I've been very, very lucky. And I think one of the things to look

out if you're looking for an associate job is that you're on the same wavelength as the principal. Because there is this real the can be this real problem can't live between principals and Associates, not really getting on and being slightly loggerheads together. So there's lots of things to think about when you're looking for for an associate role is to is the person I'm working for diverse share the same sort of principles as me. So for example, you could be the sort of person that likes to start at 10 o'clock in the morning, but you're happy to do a later clinic where the place place that you're working is very much, you know, we start at half, eight, we finish at five, and you don't quite fit into that pattern. And that's when the disconnect happens really always

Steven Bruce

work terribly well, that sort of offering yourself up for late appointments in the evening, though, does it?

Elizabeth Curphey

I suppose it depends whether that's your time of day sort of prove I've read your book. Well done. Yes, indeed, there is a section in the book about that. But yes, so if though, if that's what the clinic wants, and you're happy to do that, then it's it's quite a nice way for you to build your list up.

Steven Bruce

It's not you can learn a lot of what not to do in practices as well. Claire and I were both lucky, we had a lot of time in a practice in London with Robbie Prasad and John and Brooke and others who were brilliant. And it was it was a lovely, lovely practice working. But certainly there are others where you know, I've not felt as comfortable with the way patients were handled, or perhaps maybe the way that my finances were organised by the clinic. Yes.

Elizabeth Curphey

And I think that goes back to having a conversation and really getting to know almost a principle before you work for them. When we had the meeting of the week with the support group with my panel of experts, they suggested just going out for a drink with someone rather than an interview, just going for a drink seeing if you get on and then if you like that person or you feel you could work for the person, then you go a bit further. Just making it a bit less formal, because one of the things that they said is how nervous graduates can be when you're going for a job, which is completely understandable. Listen to

Steven Bruce

the FCC all over again. Exactly. Especially when your principal says, Well, I want you to demonstrate this technique. Yes. I remember Robbie said to me, oh, and once I'm ugly, so could you just adjust this for me? I had no idea how to do that particular manipulation. I felt so stupid. Yeah. Yeah. And I think he knew. Yeah, even though I was older than Robbie, I had only recently graduated.

Elizabeth Curphey

And that was one of the questions that they asked us. Are we expected an interview to show off our techniques? And most people said yes. So that is something to bear in mind. If you're going for an interview. Take your clinic coat with you. Wear appropriate clothing as well. aqua some people have gone very kind of office based and actually what they want you to do is clinic close. So you can change into clinic code and actually, you know, maybe do an examination of the receptionist or like say sometimes the principal as well will say, Well, just my daughter was

Steven Bruce

her would Georgina's colleagues and other students, how would they go about finding a suitable principal? What's the best way of doing

Elizabeth Curphey

that? I've thought a lot about this actually. Because it can be quite difficult to find the right person. I think the first thing to think about is where you want to work where you if you want to stay local to family, because their demographic is changing, isn't it? Most of us are not all young people necessarily there lots of second career. So do you want to stay local to where you are? And then you know, what's the capacity in that area? If you did, for example, want to set up your own practice where I am up north, there's not very many of us. But no further south, there's a lot more. So it's always a good idea to get a lay of the land Think before you before you start to look.

Steven Bruce

So someone calls you out of the blue says, Listen, I'm about to graduate. I'm looking for a position. Yes. Would you category so well? No, I'm not looking for someone or would you say you're interested? Could I fit someone else in? Or would you appreciate the call?

Elizabeth Curphey

Absolutely. Because I think if someone has reached out to you, and they're keen for work, it doesn't there's no harm in having a conversation with them. I learned a long time ago that just because there's an osteopath down the road from you don't see them as competition. For me, the more people who know about osteopathy who get access to it and who benefit from it. There's there's enough patience for all of us. No shortage, and it's the same with chiropractors and physios. I don't believe we should have any kind of distinction between them. If if chiropractic works with someone fantastic. If osteopathy works better with people, brilliant, I think whoever gets you better, people will find the person that works for them. That's why I say to new graduates that your your your tribe will find you sort of person you like treating.

Steven Bruce

Let's let's be controversial. What of your colleagues, you and your colleagues been told about chiropractors to be as rude as you like, because

Elizabeth Curphey

very little actually. Yeah, no, we haven't really.

Steven Bruce

Yeah, because I don't know about you in my day, we were led to believe that they were the devil.

Elizabeth Curphey

Oh, absolutely. And it's so wrong. It's so wrong. Yes.

Steven Bruce

Yeah, seriously. I mean, if anyone don't take that as well, how I feel now for a moment. I've done so much to try and bring our professionals together through the academy because, you

know, chiropractors and osteopaths, we do the same thing. We have slightly different philosophies behind it. We do the same as a lot of physios as well.

Elizabeth Curphey

Absolutely. And it's really nice to hear that actually there isn't that difference between them? Because as I say, if if we can get people better, however, if it's us wonderful, if it's someone else, then that's great for them, too. So that's really that's really encouraging.

Steven Bruce

Do you think that you or any of your colleagues would actually phone a chiropractor and say, Look, I'm about to graduate as an osteopath. Have you got any spaces?

Elizabeth Curphey

I honestly don't know. It's a good question. I'm not sure it's

Steven Bruce

definitely worth considering. Because there's no reason why you shouldn't go and work for one or for a physiotherapist.

Elizabeth Curphey

The only thing I would say about that if I may just be slightly controversial for a minute, Stephen is sometimes it can be difficult. The lines can get a little bit blurred not with the not with yourself, when or maybe is with yourself because if you're working in a chiropractic clinic, and you're an osteopath is maybe there hasn't been one there before. And I know this because I'm actually mentoring someone who's in that situation. Brilliant practice really, really successful. Very busy, very, very busy list, but she's finding it difficult to know. Is she an osteopath? Or is she a chiropractor, because it's not always made very clear to the patients that she's an osteopath, rather than a chiropractor. She's got an amazing boss, really, really supportive boss who happens to be a chiropractor. But she's finding it a little bit tricky to know where she stands in terms of the treatment because sometimes patients will come to see her who've seen minor chiropractors. They don't realise she's an osteopath.

Steven Bruce

But isn't that what we were just saying that actually the treatment is the treatment. It doesn't matter what title you give,

Elizabeth Curphey

I think in some Chiropractic Clinics, yes, but I know in so myself, I have sort of half our three quarters on our lists. In her practice, she likes to do that. But the chiropractor has a much shorter list. So I think as long as you're clear, and the wonderful reception staff that you work with, make it clear that it's an osteopath rather than a chiropractor. Just because sometimes it's just the patients it's not necessarily the actual hands on stuff. It's the it's the patients themselves that that think well, why isn't she not clicking my neck today because my other chiropractor click my neck, that sort of thing. But it works it can work really well can work

Steven Bruce

that could equally apply for somebody working in an osteopath working in osteopathic practice, couldn't it because you go and work in a practice which is principally cranial sacral and they've never they've all they've done is a bit of Head Squeezing. Yeah, apologies. Apologies to the cranial sacral therapist. And they've done some Head Squeezing and the patient comes in and they want that they want that but you click their neck

Elizabeth Curphey

and then you as a as a new graduate you get that horrible moment where the patient goes. My other osteopath usually does which is such a horrible thing to be faced with. Have you have you come across that before? Yeah. Once treated somebody quite regularly and they said, I'm seeing another osteopath, too. And I was like, Okay. And then immediately like that self doubt comes in. Am I doing a good enough job? And I was like, okay, so what sort of things you exploring with your osteopath. And it was along the same line of treatment? And it's interesting, isn't it? We automatically think we're not doing as good as the other might not you might actually be better than the other osteopath, or just as good. It's interesting, isn't

Steven Bruce

it? So it's an opportunity to ask well, what do you think has worked? Because none of us can guarantee we've got the right answer. And quite often, we'll go through a treatment programme, and we'll we'll try different things until we find the thing that's best for the patient. Well, there's a shortcut to that. Yeah. Which is what work last? Why not try that first?

Elizabeth Curphey

Yes, absolutely. And that's, I think what you said there is really interesting as well, the fact that you try lots of things, you don't have to get the patient better the first time that you see them. trying lots of different techniques. And it might take three or four sessions before you get them better, but not being afraid to try different things and not thinking, well, it's two treatments if they should be better by now.

Steven Bruce

I've Kim has just sent in Kim, known by the system as jolly loco sent in an observation and and I read the first line it says I joined a practice so I could rub shoulders. And I thought what what Kim has said is she joined a practice that she can rub shoulders with other osteopaths. But when she got into practice, what she found was that she was the only one in there because they were offering she was in. And of course that's that's yeah, that's not quite so advantageous for a new graduate. And I can remember way, way back people were saying, Well, yes, I don't work on Wednesday, so you can come in and work then. So I was being an associate, but I had no mental. Yes,

Elizabeth Curphey

yes. And some people are fine with that. Some people are happy to work when no one else is around. But I think as a new graduate you, you need to know that before you start working day, if that's going to be the case, if there's going to be someone around to help you and support you, or whether you're going to be left to your own devices.

Steven Bruce

just reminded me about you know, when we when we worked at Robbie, Perseids practice in Kentish town, it was just normal to call other people into the treatment room. And it wouldn't just be the new grads calling in the principal, the principal would say, hey, look, come and have a look at this. See what I've got in here. This is interesting, you won't have seen this before. And it was it was a real sharing experience. And of course, when the principal does that you're much more encouraged to do it yourself. Because you say, well, it's okay to get someone else into the treatment. It's not an admission of failure.

Elizabeth Curphey

No, not at all. And it's interesting to see other people's cases, isn't it also interesting to see how other people treat because once you're you're probably been taught a certain skill set. People like myself who've developed different techniques over the years, it's probably the same for yourself. It's lovely to be able to share with people that you don't have to stick just with that, that skill set that you have. I was talking to another graduate recently who was very concerned that she admits she was an injury for this particular patient. And she, she thought she had to treat them in a certain way. And I was saying what do you think about the Laurie Hartman? Do you think about the steward course? They've developed their own skill set? They've developed their own techniques? There's nothing to stop young graduates doing that as

Steven Bruce

well. And they didn't do overnight? Of course

Elizabeth Curphey

not no, no. But be the sort of person that tries out a few things or who thinks well, today, I'm actually going to try a different technique or do something slightly different, because you never know that might just be the technique that works for that patient. You don't have to stick with what you've what you've been taught. I'd call it my toolkit, my osteopathic toolkit, you can pull out, pull out different bits. And some days, you might need that bit. Sometimes you might need something right at the very bottom that you've not used for a while.

Steven Bruce

But a couple of other comments here. Ruth has said that when she qualified, she worked at a busy multidisciplinary clinic, which enabled her to have a busy list quickly, without having to go out and do any marketing, which is a terrifying thing to do marketing when you start out in this business. She also had a great supportive principal and other associates to bounce off and ask her if she got stuck. And she said it's the best start ever. And she saw about 2000 patients in or 200 appointments in the first year of working three days a week, which is significant. That's brilliant. Yes. And then Martin has sent Martin is one of our regular viewers. And I think Martin has been an osteopath since Andrew Taylor still was a boy. Marcin, I'm sure you will forgive me for taking the Mickey just a little bit that he says after 36 years in practice, his advice would be not to be upset when your treatment doesn't always work. That's 100% of the patients all the time, it doesn't mean that you wouldn't be a great practitioner.

Elizabeth Curphey

Absolutely. I could not agree more. And that's lovely to hear that and I hope that's really encouraging to new graduates as well because that is how they feel. And I think sometimes it's because the mindset that you have when you're doing your studies is a very different mindset that you need when you're a practitioner, because at your stage, you you're judged by your results. You know, you do an exam, you get a result you want to get the best result you can. That doesn't really work. I'm sure Martin will agree it doesn't really work like that in practice, because you can't say necessarily that every time you see a patient you're going to get results that time. So it's helping. It's something that I do with the people I work with is helping you change that mindset from, I've not got this patient better after two treatments, what am I doing wrong to? Let's look at that patient journey. What else do we need to look at? Do we have to go back and review the questions that we ask them again, when you

Steven Bruce

find it's a bit of a vicious circle as well, because you only need a couple of patients soon after each other where they're not getting better, and it's destroys your self confidence. And if you've got no self confidence that will come across to every patient that you see. So you've got to wear a bit of a mask as a practitioner. I remember when I started training with first day one of the Osteopath, similarly, in the whole train lost us one of the tutors, you looked at me and said, you've got a great head start because you've already got grey hair, and patients will assume you know, because it was completely wrong. And sometimes, I think many people as new graduates find it really difficult to show that confidence to patients when actually underneath they're worried sick, that it's all going horribly wrong.

Elizabeth Curphey

All of my assessment feedback has been have some competence, of confidence. And I've, I want stepped into a treatment room. And the first thing that was said was, I have a level three. And I was like, Oh, I was like taken aback. I didn't know how to respond. I was like, yeah, the patient. I don't know, when I was level seven at the time. They just assumed I was very, very new. I think while I am young, I've gone straight into it assumed straight off. And as soon as I said no, I'm I'm about to graduate. And it was completely changing.

Steven Bruce

I've never heard that expression because I used to think, I don't know,

Elizabeth Curphey

I was a bit stumped by it too, because we never really go by that either. But it was just okay,

Steven Bruce

I've heard it. And I think it's a term that physiotherapist use about the manipulation skills. And although they said level four, and sports therapists use it as well, but I've never heard it in osteoporosis. So that would that would stumped me in clinic as we're talking about.

Elizabeth Curphey

I know, we have. I don't really know how it works. But I know that in uni now I would be in level seven, last year level six, and so on. So I was just really stumped by it. And I was like, wow,

Steven Bruce

four years ago, you were already?

Elizabeth Curphey

I don't know. But yeah, no, it was very like, okay, so have they given you any ideas on how you can build your confidence? Because it's all very well saying to someone be more confident, but suggested ways that you can do that.

Steven Bruce

I tend to shelter surgical patients, shrimps with people who are unconfident.

Elizabeth Curphey

No, I've just, it's just something that I've always been trying to explore myself. Have you heard of the power pose? I have? Yeah, this is a great way to feel more if you heard of the power pose, I don't think you're here is, it has been scientifically proved by Harvard University, that if you stand, I won't stand up because of the cameras. But if you stand up

and do a good old pose like that for two minutes, it increases your testosterone. And it decreases your cortisol. And he walked out into the reception, and he agreed that patient with all the confidence in the world. So

Steven Bruce

before you went out, to pick your patient up off the floor, moving around.

Elizabeth Curphey

But that is that is scientifically proven. So if you're if you're having a bad I mean, I do it to a certain extent if because sometimes you turned the clinic and you know, the kids had been a nightmare. The dogs vomited on the floor. We've been a nightmare traffic jam getting to work and you kind of go Oh, my goodness. But you're absolutely right, you have to have that facade because the patient is there. You're there to serve your patient. So you kind of double quick. All right, all right now and and find your find your centre and go for it. But you're trying to palpate

Steven Bruce

your tooth, your tutors will all have told you that all of the worries that you've got all the concerns, you have all the uncertainty that you have in the clinic room with patients we've all had it is nothing new and a lot of us you still get it from time to time to tell him when something weird comes in and you start to think well, could this be something much more serious than a muscular skeletal problem? I've never seen this before. I'm not sure I'm following the right course and we all get it. And the great advantage of having someone else you can

Elizabeth Curphey

do the thing and everybody goes away you just learn to deal with it better. Because there's still still now you get I get people coming in I'm thinking am I really sure what's going on here. Which is good because it keeps you going and keeps you learning but you're you do you do still come across a day you still have to.

Steven Bruce

There's a couple of comments coming here Robin has sent in an observation which harks back to what we said at the beginning about not specialising too soon perhaps he said that it's very commonly said that if you're only if the only tool in your toolkit is a hammer then everything looks like a nail basically is worth having a good spread of techniques that you can use. And Luke says that the late Professor Billy grave once said to me, you're only as good as your next patient, be humbled with your successes and learn from the ones that aren't. I've taken this into every day of my 13 year career, and it's the best advice you've had. That's lovely. Yes, I remember seeing somewhere there was an office, it was an orthopaedic forum. I think it was a nursing actually, there's nothing that spoils a good patient than the follow up. Because, you know, you think it went brilliantly. And then a patient comes in and says, Well, I love these horrible aches and pains.

Elizabeth Curphey

Yeah, yeah. Yeah. And when you're faced with that, you know, someone comes in, and they says that they're not feeling any better. Do they give you some techniques to help with that kind of know what to do if someone comes in? And they're not any better? Because that's, that's hard in practice, isn't it? When you think, Well, I've, I've taken their money, and they should be better, and they're not sure

Steven Bruce

you just give them money back?

Elizabeth Curphey

I mean, that's one of the My people seek that support. It's like, okay, I've exhausted my options. I don't know what to do. Let me try and find help. Yeah. And another technique or something, which has the advantages of working with other people? Yeah, you've got that support? And you can I think that's why most people are taking that route. Yeah.

Steven Bruce

That was actually earlier, that was my cue for you to say, No, you don't just because, again, it's what you worry, especially going into practice by yourself, which hopefully you're not. But you know, if your colleagues are going to practice by themselves, and that sort of thing happens, it's always tempting to say, Oh, well, I'll do the next three treatments free of charge, or I'll give you your money back or whatever. And giving money back is I wouldn't say it's a last resort, because that makes it seem as though we're money grubbing. But it's the sort of thing you do only in extremists, as a sort of a gesture of goodwill, if something has gone wrong, and you think No, I shouldn't have done that. And I got I got my diagnosis or whatever. Maybe,

Elizabeth Curphey

I think, I don't know whether you've read the section, the book about that there was a guy who admitted to the patient, he felt he got the diagnosis wrong, he treated him a couple of times. And then he gave him the next three treatments for free. And I talked a lot to people about this, because I had my own opinion on on that. And the general opinion was, would you go back to see someone who had admitted that they hadn't done it quite right. And actually, who can be 100% Certain with every diagnosis, you do your best at the time, with your questioning and with your examination, but you can never 100% know that you're right.

Steven Bruce

I think it's also something that's worth bearing in mind is if you go to see an orthopaedic consultant, no matter how well qualified, well, a consultant is going to be well qualified and experienced, but you're going to see this chap, if he gets it wrong, and you don't get better as a result of whatever he suggests, you can't go back and say, Well, I want my 250 quid. Because they're not going to do it. They just say, Well, you know, that's just the way it is. Some do, some don't. And while I'm not suggesting that we always compare ourselves to orthopaedic consultants or any other consultants because clearly it newly grad graduated, we do lack experience that they have. We are serious professional, medical, medical professionals. And, you know, our expertise, the training that we've had is, is worth the money that we charge.

Elizabeth Curphey

Absolutely. And it's I think it's really encouraging to, for new grads to realise that actually, when you think you don't know anything, I always say imagine, can you imagine remember what you were like as a first year. If you were to go back now and talk to her first year, think how much more knowledge you've got. So even though you're sat in that clinic, and you're thinking, I don't know what to do, I'm not as good as my principal. I'm not as good as the Osteopath down the road. If you just stop for a minute and think, Well, actually, I know more than my patient does. You've worked so hard during your four, five years of training, you've got so much hands on experience, even though yes, it's not as much as other people. But I would just really hang on to that and just believe that actually, you have got more experience

than you realise you are all better than you realise. And probably all better than you think you are.

Steven Bruce

And you will actually know some things the principal doesn't know because he dreamed he or she trained 20 years ago, whatever it might be. Yes, no matter how hard you try things develop that you don't keep track of. Yeah, a couple of comments, Nick says that. Kathy says, Nick lost half his practice now for after Brexit. Not sure why that would have happened and the rest when COVID hit. But he says he's had to restart his practice outside London. And he said it's been far from smooth sailing. So you have to persevere, which might be your cue to sort of talk to people about well, just how do you set up a practice from scratch?

Elizabeth Curphey

It's interesting that he's found it challenging. Actually, it'd be really interesting to know what it is that he's found so challenging. Because I was under the impression that London was almost full of osteopaths and actually out in the sticks, but we are there's there's not many of us and then he's also full of patients. That is true. That is true. And I know our colleagues up in Scotland are really struggling to recruit people. So if any of your fellow graduates want to go up to Scotland, then they're crying out for him. He's gone and in Wales as well.

Steven Bruce

Do you sense a reluctance to move away from wherever their homes are amongst your cohort?

Elizabeth Curphey

I think because you come from everywhere in new SEO, and at least half of them would like to stay London base, even particular overseas overseas. I think they've found London and they fall in love with it. And they do want to stick there. But again, I think the other half do you want to go back to where their home is? Yeah. And sometimes people seem reluctant to travel because they're not sure what list they're going to have. I've heard this said by people that, you know, they might relocate to an area long way away from where they used to. And then they're not that busy. But what we do in our area is if somebody doesn't have enough for a whole week, we will talk to each other. And we'll say, Look, I'm, I need someone to cover on this day, do you have anything available? And you can normally find two or three people that will say, well, actually, I could, I'd love someone to come in a couple of days, or I'd love someone to come cover Saturday for me. So often, the more established practices will help the new people coming into the area by sort of spreading them around if you like and saying that other people can come in other people are interested in in associates.

Steven Bruce

Okay, you didn't take my bait about helping people actually set up a new business.

Elizabeth Curphey

It's a scary prospect. It is a scary prospect. And I've done it twice. So I set up by myself, and then I set up my multidisciplinary practice the same area in the same area. Yes, so I set up, I actually rented a room for it from another osteopath, when I first started from a lovely old osteopathy, unfortunately, no longer with us. And someone who was later to become my principal suggested that I rent a room from him, because we all thought he was going to retire any minute, he actually never retired, he worked almost on his deathbed. And so he

very kindly rented out a room for me completely separate to him. And that was back in the day, when you used to Yellow Pages. And you did talk to local groups, and you put an advert in the local newspaper. Nowadays, with social media, it's not easy, but it's cheaper, it's cheaper, it's still not easy to build a practice, you have to know why you're building it, you have to know what you want, you really do have to have a vision of what you want to achieve. And so when my my practice on my own got got really busy, I was very lucky, the space wasn't big enough, because it was only one treatment room. And so I then moved to a bigger premises with more space. And then got other people to come and help cover the cost of the rooms, which is not as easy as it sounds, but a great way to build a team because I love working in a team. And it was lovely to have that that cross between the Cairo between the copper desks and physios that we had working there as well.

Steven Bruce

Would you have advice to people who are thinking at the moment that they're going to set up a multidisciplinary, multidisciplinary practice? Because I would say we as lucrative as they perhaps Imagine that?

Elizabeth Curphey

Well, it is my my practice is nice as it was pre COVID I'll be I'll be honest, we don't have as many practitioners, because some of the more talking therapies, or nutritional therapists, they've decided they can actually work from their own space virtually. So they don't need it. But there is still the space there is still the demand. I think for face to face. I would say maybe not go too big too quickly. Because renting space is expensive. And I think the absolute key. And maybe that's where I made some of my state my mistakes early on in my career is not understanding. Other people had a different work ethic than me. So I'm very much a hard worker, I'm a grafter, I put the hours in, and I will come in early, I will stay late. Not everybody wants to work like that, which is fine. But I took me a long time to realise that their work ethic was different than mine. So it's fine if you're aware of that. But if people start to annoy you because you're not working the same. So I probably say start small. I mean, I didn't. I went through a big practice with four rooms. Unfortunately, it worked. Well, that is

Steven Bruce

good. But Claire, I know would be quick to emphasise that when you start running a big practice and you've got lots of other practitioners, it isn't simply a question of them coming in and giving you money so they can work you end up having to administer them and drive reception cover and do the marketing and they get grumpy if you don't fill their lists. And it's a well known saying sorry, Georgina, but it's a woman saying that no one cares about your business as much as you do. So your politicians aren't going to come in and work hard to fill your book. So yes, they work hard. Yeah, I mean, they're not as interested in the marketing as you are. Their list that's gonna get filled.

Elizabeth Curphey

Yeah, I suppose it depends whether you're doing that you're working for them as it sorry they're working for you or they are renting the space from you because there's two different ways to it. If they're renting their space, I made it very clear that they were individual and they paid for I know however we set it up, some people do it on an hourly basis and people do it on a percentage basis. I think it's different. If it's an associate and a principal, then that conversation needs to be had beforehand, really as to who's

Steven Bruce

growing move towards salaried, mostly person?

Elizabeth Curphey

Yeah, it's interesting, isn't it? This one? Yes. Yes. It's interesting. I will do wonder whether in the future that may, that might be the way that things go, it's obviously more advantageous for for the associates than

Steven Bruce

it depends on the the arrangement is set up, doesn't it because I think it has pros and cons. Most practitioners, most principles, I think, are very scared of salaried employees, because they're worried about all the usual things about sick baby maternity leave, whatever else might come in, and the fact that if the list isn't full, they're going to be paying somebody for sitting around doing nothing. The other side of the coin is if you're paying someone a salary, you can actually build into the contract, where if there's not a patient and what you're doing other stuff, whether it's Facebook Lives, or something that makes the practice run, so you are working, because I'm paying you to work simply to sit in a room.

Elizabeth Curphey

But I think that's where your generation has got the advantage over my generation, because you're much more social media savvy than than we than I am certainly, I mean, I've had to learn it, it just kind of comes naturally to you. And that's, that's a great advantage for, for principals to have someone who knows that and they don't have to worry about, you know, what do I post? What do I not post? How do I set things up that That, to me is a huge advantage. If you have a younger associate pay the most of their skills in that area?

Steven Bruce

What's the general feeling amongst your lot about whether they should be salaried or on a commission?

Elizabeth Curphey

And I don't know, I think half the people that I've spoken to already who have jobs are salaried and half an hour. So I think, especially early days, I think people are wanting more salaries, because of the mentioned,

Steven Bruce

because they worry they won't have any patients in their lives from this. Yes, because it's

Elizabeth Curphey

that security that they have. But then I think not many people, not many places are doing it really. And so people liked the freedom of being self employed, and they felt that they can, they can maybe be a little bit more flexible with their hours or take a little bit more time. I think the difficulty arises if you are self employed, but you're treated like an employee, you know, you can only have a certain amount of holidays. And you have to be in, as you say, without any patients. But that's really interesting. It's half and half. But really at least a small, small population that I've spoken to, but it's interesting. My year Oh my gosh. I don't know.

Steven Bruce

Talking about 180.

Elizabeth Curphey

Yeah, around 80, I think. Yeah.

Steven Bruce

So you in your book, you've got some comments about salaried positions, in terms probably of setting up your own business where they should be so paying a salary for your associates.

Elizabeth Curphey

Yes. And a lot of it came about as a result of the Pimlico plumbers, yes, which was I don't know whether people are aware of that it was a case where the Pimlico plumbers, were using contractors, but actually they were pretty much employed by them, but they didn't get the benefits of being employed. So they weren't getting sick pay and weren't getting a particular salary. But they had to wear their uniform and they weren't allowed to go and do jobs on the side. And the contract is took pimecrolimus to court and they weren't

Steven Bruce

one contractor did was it only one one right when the contract was for Pimlico plumbers were absolutely delighted with the way their work was being organised until this one guy developed a heart problem. And then all of a sudden he wanted sick pay. So we found a solicitor to say, well, there are these things. And these things are these things, which suggests that you're actually an employee not self employed. And there are a lot there were several criteria that came out of that case, we said, well, because of this, and this, and so that lends support to the idea that you're employed. But actually, one of the key things was he had to have the right to provide a substitute for himself a qualified a suitable suitably qualified substitute with the agreement of the company. Now, you could say that about an associate if you if you're, for whatever reason, you decide you don't want to take today's list, that's fine. As long as you provide a suitably qualified alternative that I'm happy with. That'd be really hard to do. But you could have that option. Yes. And yes, they were wearing logo clothing, but I don't think that in itself was a problem with the law. It's an it's a really interesting finding to read. And, you know, I was intrigued to see it was in the book. Yes. Yeah. Because it does blur the distinction. And it makes people worry about whether they their staff are employed or not.

Elizabeth Curphey

It does. And I wonder, I think that's a conversation that the Osteopath will need to have in the not too distant future, really, as to how things want to kind of how people want to go with

Steven Bruce

it from a principals point of view. I mean, a lot of us are scared about the idea of employing people for the reasons I mentioned, but maybe we should grasp that nettle. Yeah, well, perhaps it you know, we'll get happier employees because they will be employees, and they will have contractual rights, but so will we have rights? As well, we can still sack them if they're doing their job badly or they have for gross misconduct and things like that. They still have their period of probation and so on. And maybe it is the way to go. Because frankly, there aren't that many bad associates around there. There's just people who practice slightly differently, but they're all keen to be osteopaths are chiropractors.

Elizabeth Curphey

And I think what it would need, it also is for us as principals to learn a bit more about managing, because you kind of become a principal, just because you have you have a practice and you have a list, but not again, like being taught how to set up your practice and how to run your business. We're not taught how to manage people. And that's a quite a key

feature. And I think if we were to become if we were to employ people, that will be a really useful skill set to learn. Because a lot of managers, a lot of people reach a management role without necessarily going through merit necessarily not through skill, if you see what I mean, people would

Steven Bruce

argue that many people reach management roles, because they were good at the the worker role. And yes, yes, the pizza principles or something like that. Yeah. Motor to one level above your level of comfort. Yeah, yeah. In terms of going out of my head, say something about that business or setting up a practice, but um, let me turn to one of the questions. Somebody know me or see here says, What do you think about home practices, if you have a suitable environment to set up a home practice? A lot of

Elizabeth Curphey

people love it don't know, it works really well, for a lot of people. And it seems to be something that practitioners are very keen on. I've never done it myself. Because I've all personally, I've always liked to keep things separate. And I don't have the space where I am. But I think it works really well. For a lot of people. You have to obviously be very careful with your insurance, and how people come into the practice. But the I can always help people that they've got a lot of information on that on their website. But it can be really, it can be a really useful way to work.

Steven Bruce

I think it works best if you're the only one using whatever the space is, if you want to let that room out on a meal, two days a week to work, then all of a sudden, you got to be really conscious of the extent to which he will intrude on your own domestic life.

Elizabeth Curphey

Yes, I suppose it depends whether it's in your actually in your house, or whether it's like a cabin in the garden. Because I know a lot of people just love to put a cabin in their garden and work from there. But I know there's an osteopath in my area that she works from home very successfully. As long as the neighbours don't complain, I mean, we're not noisy as osteopaths always know, in

Steven Bruce

terms of planning permission. You don't have to go through many hoops to do this either. Because you're allowed if it's just you, you are allowed to work from home without getting any special permission. Building a cabin in your garden, you might set it differently. Yes, yeah. Yeah, working from home is okay. Yeah. And a colleague of mine has set up, he's done just that he I think he converted a garage into being a very nice reception and treatment area. And it's sufficiently separate from his own house that it doesn't intrude. And of course, it's probably one of the cheapest ways to set up in business. You're not having to rent someone else's property and pay them for the privilege of being there.

Elizabeth Curphey

And as long as you've got the space as long as you've got the space in your house to have something completely separate so that you can you know, you're not using it half to eat to eat your tea one night and then the next night, you're putting the treatment plinth up to work from so I think it's got got advanced it. Some people don't like it because it's in their house and you can never escape from it. You might get fear, but

Steven Bruce

we also feel it makes us look less professional. Don't we impress people do perhaps we forget. GPS for donkey's years worked that way GPS, working from their own house, makes no sense in a comment. She worked as a locum in a home in home practices and lived above a practice when she was an associate. And she's emphasising that boundaries are crucial, both physical shut the door on your home life and practical be sure that you have specific opening hours otherwise patients will turn up whenever they like,

Elizabeth Curphey

and I this is what I hear yes, it people kind of knock on your door at half past six on a Saturday night saying can I have a treatment please? Which would be quite frustrating. But and also, if you have a busy house, it can be difficult with the noise. If you've got children or dogs or whatever, it can be a bit more of a challenge. But I know it works really well for a lot of people.

Steven Bruce

Coxy is asking what is a reasonable rate to charge for a clinic room when letting it out to a self employed practitioner?

Elizabeth Curphey

I think it depends on which part of the country you're in. I would imagine in the London in the south, your rent and your expenses are going to be higher. near me. It's between 10 and 15 pounds an hour for use of that space. And then again, it depends what you what you're going to provide. So we would provide all the obvious no heating and lighting reception cover. Yes, or comfy chairs. It was one of the talking therapies. Use the computer Wi Fi that sort of stuff.

Steven Bruce

consumables, the wet wipes and the stuff you squirt the couch with and we

Elizabeth Curphey

just keep that all in. I think to keep that separate is a bit mean so no, it's just I like it to be you know, very clean and everything wipeable so Yeah, we just include that in everything with everything. Yeah, I find personally that works better than a percentage. I know some practitioners work on a percentage basis of however many patients that person's seen, they take a percentage. But I think for me, there was a set amount, you know, you hire the room for X amount of time, you pay that whether you're there or not, which a lot of people are uncomfortable with this osteopath. But I just think, you know, if they were renting a space from a landlord, you'd pay whether you were there or not. So that's how I run it in my practice, they pay for a certain length of time, if paid for more, that's great. But your your contract is for that period of time, you

Steven Bruce

did talk about the idea of just charging a commission before

Elizabeth Curphey

I, it's a lot of admin. If you're not at the practice, you have to obviously take them on trust, which most

Steven Bruce

patients are theirs, not yours, then you don't have any record of what patients came through the door. No, no example that we've just treated free of charge, because we think we got it wrong.

Elizabeth Curphey

And it's great if you have a practice manager, but not everybody has a practice manager. So it does add a lot of admin. So from that perspective, it's, it's much easier for me, I just say, you're in for four hours. That's the amount that I charge you. Thank you very much. At the end of the payment period, the money comes in.

Steven Bruce

I'm gonna go back to a comment that came in ages ago. And Kim, I'm very sorry, I've been sitting on this comment for ages and it reflects back to that business of confidence that we were talking about earlier on. But Kim has said that she's not a confident person. But friends say that she's a very different person when she's got a rusty osteopath cap on. Now in my practice, we don't make people wear caps with a white coat. So she says smile and greet everyone with confidence smiling is important. So because there we forget that they're often quite nervous as well. So it's hero pose for a few seconds. And room, get a big smile on your face and make them feel

Elizabeth Curphey

welcome. And I always used to be able to shake people's hands. I'd say hi, I'm Miss curfew, lovely to meet you. Thank you for coming to the practice and shake their hand. Because that handshake can be quite telling as well. I can't say whether it's a firm handshake, whether it's a bit of a weak handshake, whether it's a shaky

Steven Bruce

shell, you will find one of the first things Laurie Hartman will do on his course is he will say to her pretty much shake hands. And he will say, Well, you know, how does it feel when you do this. And I am convinced, I am convinced that a significant proportion of Laurie's success is because he is so so self confident, and so reassuring to the patients and he makes them feel at ease. He makes them believe he's going to fix them. And that's far from all of it. But that's so important and getting a good result of the patient's got to believe in you.

Elizabeth Curphey

And often first impressions are really important as well. So the good I know we joke about the power pose. But if you do walk out looking more confident, and smiling. Yeah. And here's another hand if you want to go for interview, have that big confident smile on because that's what principals want to see. Because that's how you're going to greet the patient. So, so go out feeling confident, even if you don't feel confident. What I say to the people I'm working with, is just borrow my belief that I know you can be confident and I know you can do what you need to do. But

Steven Bruce

if you go in looking at being overconfident and practice, a principal who knows you're a new graduate is going to say you're bullshitting here, you can't possibly be this confident, and you've only just come out of college. And they will accept it. I mean, if you if you're a bit nervous in an interview, they're going to accept Oh, absolutely. Everyone's nervous interviews.

Elizabeth Curphey

Yes, yes. Yeah. But no confidence to come out and greet that patient in that confident way. Yeah, confident, not cocky, for sure. But yes. And then that they immediately start to think, Oh, she looks like she's knows what she's talking about. I used that that process of gaining rapport with the patient, which is really key is really important.

Steven Bruce

Yeah. And communication. Again, you took on that in your book as well, the business of, you've got to strike the right balance with patients, haven't you, you don't want to overwhelm them with medical terminology, which they really don't understand that you've you've got to sound as though you are an intellectual talking about their problem in terms of they do understand, there's no benefit,

Elizabeth Curphey

I don't think from spilling out lots of technical terms to patients. Some people I think, maybe think it makes them as you so rightly say, look a bit more important. But actually, I prefer the patient to understand what I found, what we're going to do and what they can do about it,

Steven Bruce

because it is worth knowing your patient's level of expertise before you do.

Elizabeth Curphey

Oh, this is this, I think was one I know exactly what you're referring to. So I tell a story. This is what I mean. There have been many embarrassing moments in clinic but this is a classic one. So this lovely gentleman, a new patient comes in to see me and he's got a typical airway spine. So I'm doing all my stuff and I'm working on his back and I'm explaining to him what arthritis is, what the causes are, and what's happened to his back. And stupidly I hadn't specifically asked him what his job was. It he just said that he was a scientist. So he was he's very sweet and going Yeah, saying all the right kinds of things. And I said so you know what, what kind of research science do you do? And it was a into Ostia. So he knew, because zillion more things about osteoarthritis than I did, and I just went, Oh, I wish I told you told me that before. And we both had a laugh. And he became a very long standing patient who really benefited from from the treatment. But our dear, was I embarrassed?

Steven Bruce

Did I want the ground so you could have benefited yourself from from the conversation within there. All we did. Well,

Elizabeth Curphey

we did. And he's a very intelligent man. And we've, I've I've learned, like I was saying about my elderly patients, I've learned loads of new things about all kinds of recent medical research. And but yes, that was, that was hugely embarrassing.

Steven Bruce

I hope you feel when I don't know if it's happened when a patient comes into your treatment, or when they say, Well, I'm Dr. Simpson, and they're a medical doctor.

Elizabeth Curphey

intimidated. Okay, I need to be on point with this very careful with what I'm gonna say. Um, yeah, no, I think it's only happened once. But you've just got to kind of, again, have that self confidence. And you can talk to them a little bit more technically, as well, which is quite nice, isn't it? But I was looking at I was turning it around, I think, well, they've come to see us, they

must think we have a skill set that they can benefit from. So although it's terrifying when it first happens, it isn't rewarding.

Steven Bruce

So I learned a valuable lesson when we had an NHS contract here because I had to go to some meetings at the CCG. And there was a GP who was an MSK specialist. So he knew his stuff when it came to muscular skeletal therapy. And one of his first comments to the assembled osteopaths physiotherapists, chiropractors, who and there weren't very many of us, but we had this contract for this particular area. He said, GPS knows nothing about musculoskeletal medicine, they do not know MSK at all, he was an exception, because I've only specialised him. And he's absolutely right. And you want a Jeep when a GP comes through the door, you can stop worrying because they really have no idea about what we do, just as we don't know that the detail of what they do in terms of prescribing drugs and the other stuff that they do. And I would never ever belittle GPS or other professional medicals medical practitioners just that we have a skill set that they don't Yeah, and they recognise it, which is why they

Elizabeth Curphey

come to us. Yeah. Which is lovely. It's lovely that they do but yes, it is. It is slightly terrifying.

Steven Bruce

Now if Nick Burch, our team, spinal consultant came to see me for treatment, I would be scared because he knows he is a man who's never forgotten anything since he was about four. Yeah, he's learned. Yeah, some comments. Chubs says, How do you feel about charging different rates for associates? As opposed to the principal in clinic? Does it reflect experience or suggest a hierarchy within the team?

Elizabeth Curphey

Yeah, it's can be quite controversial, this content. And I had an experience at one of the first places that I worked at, where I think this is a long time ago, I think we were charging about 25 pounds as an associate. And the he wasn't actually the principal, he was someone who owned the practice and was kind of renting it out to the principal. He was charging four times what we were. And I was faced once with a question where someone said, Is he better than you? And I didn't really know what to say if I'm honest, because in my head, I was kind of going a bit like, I'm sure you're thinking well, yeah, maybe he is better than me, because he's been qualified for 30 years. And he treats dogs and he treats horses. So is he better than me? And my answer to them was, he's just more he's just been qualified longer than I had to know where this came from. But he's just been qualified longer than I have. And I left it at that. I was asked this question very recently, actually, by some of that I was I was working with, because they weren't happy with the fact that the principal charged out more than the associate. And I said to him, would you expect junior doctor to be charged at the same rate as a professor? And they're like, No, of course not. So I said, So what are you basing that on? are you basing it on experience or not? So personally, I charge more than my associate does, for two reasons, because I have got more experience. But also, it gives patients a choice. It's a bit like when it goes to a hairdressers, you'll get senior stylists, hairdresser, and you get the Junior, maybe not the junior doing your hair, but there is a difference.

Steven Bruce

Not in my case.

Elizabeth Curphey

So So yeah, so why do I charge more because I am more experienced, and people can choose to come to see me. But it's nice for other people to have the option if they don't, if they don't want to, I don't think I really don't think it makes associates any less worthy. It's just you're paying for someone's experience. It's that classic, isn't it? If Have you heard the story about the machine that broke down, and 20 different people all charging different amounts of money came to try and fix it. And then one man came, put his hand on it when it's the C drive or whatever. And he charged like 4000 pounds and the like, how can you charge that amount of money? And it's like well, because I'm better at fixing more complicated problems. So it's that level of experience. I know a lot of people aren't comfortable with that and they do think it It brings a hierarchy. And I'm gonna say something bit controversial. Is it wrong to have a hierarchy? Is it wrong that people, I'd be interested to know what other people think about that?

Steven Bruce

Well, it would be interesting. We don't do it in my clinic. Do you know, and I think we have we ever have our associates get a different rate, depending on their experience. Okay. And there is room to progress. But, yeah, I think we've always resisted creating an illusion in the mind of the patients or creating the impression in the mind of the patients that some people are better at. osteopathy or whatever than than others. If we're asked

Elizabeth Curphey

in practice, why I charge more, I usually say it's different level of experience has been qualified for longer. And I always say, you know, no one is no one is, is inferior. It's just some of us have more experience than others. Some of them are qualified longer.

Steven Bruce

I know practices that use that differential as a way of deterring people from going to the principal. He wants some more time off

Elizabeth Curphey

there is that yes, because some people prefer to pay less. Yeah, probably

Steven Bruce

less. And of course, if you charge twice as much and have half as many patients, you earn the same money and you get more free time, which is valuable as you are and you're fed up with knacker your hands. Yeah, and patients. Marina sent in a comment here, which I've glanced at earlier. And it looks really quite interesting. She says she started a practice from scratch. She's done it three times in different areas. She's now 36 years old, from the first time I was just started for the third time to 15. She doesn't learn lessons. Marina apologies. She's all she says. It takes, in her opinion, two years to develop a decent list and five years to become established. And certainly the five Yes, every. Everyone I know thought it was going to be much quicker when we graduated. But you know, it's no secret five years is not about yardstick. She says always carry your business cards with you even to the swimming pool and black tie events. She has picked up many patients that went on and all those social media has been great. The trust created by talking face to face has been the best. So very true. Very true. It is astonishing. If somebody stops you in the street, and they they work out with your osteopath. And they say oh gosh, can you do this? The fact is, they're talking to you, they will come and see you. Yes. Unless there's some really, really strong reasons

Elizabeth Curphey

why they shouldn't. Yeah, yeah. Just even as an undergrad, when I'm explaining what it is that I do, or I'm going to do. Ah, it's like their eyes light up. And it's just like, yes, well, if you ever need somebody to practice, and it's just immediately people

Steven Bruce

no party, it's gonna be a neck for ya. What

Elizabeth Curphey

do you think she must be saying the right thing? Because I've had people glaze over. So obviously, feels right. So that's great. That's really great.

Steven Bruce

Yeah. One's coming from someone who I'm assuming the system has called them stormy lady, but call me lady says as a fairly new chiropractor. I've definitely learned more since being qualified regarding patient conditions, mainly because there's no lecture to fall back on. Yeah, well, that's. It's down to you to relate to the patient and just get on with it. Confidence is at least 50% of the transaction between patient and chiropractor. The patient picks up on whether you feel confident or not. So smile and be confident that keeps coming up, doesn't it?

Elizabeth Curphey

Yes. Yeah. Smile, rictus grin. If you smile, you you do feel a bit better in yourself anyway, don't you? patient can't always see if you're working at their neck anyway. So but no, that's, that's very true. It

Steven Bruce

cannot see when you're working at a neck perhaps, or working behind them or working when they're prone. But they can feel through your hands. If you're faffing around, can't you if you're not certain about what you're doing? A lot of the time, you'll give that away. So yes, even if it's just your body language, or what you're doing with your hands, you still got to have that air of confidence.

Elizabeth Curphey

Especially when I was like, first started treating those times where I'm in my head, I'm like, I didn't know what to do. What am I gonna do now? And I'm still trying to think and you just need to take a moment to just stop and just breathe, even if you just have like, your hands contact, peak, just taking that one minute to just re gather thoughts and there's like no harm in it otherwise, because previously, I'll just be like, faffing about just doesn't come off. Yeah, well, so.

Steven Bruce

So, so far. I mean, I'm quite keen that what we get out of tonight's little discussion is something which is useful to you and your colleagues and so on. So are we simply stating the obvious this evening? Or are we giving you some sort of reassurance and some information is going to be useful when you graduate?

Elizabeth Curphey

There's definitely a lot of reassurance right. Yeah. 100%.

Steven Bruce

And what about the I know we've got some takeaways on how people can set up businesses and what they should think about as they're doing that if we've got 25 minutes left to talk about that. Should we go down that route for a little while?

Elizabeth Curphey

Absolutely. Yes. Yeah. So really important to decide. First of all, if you're going to work for someone else, as we said before, while setting up your own that I can be really helpful because you've got some money coming in from the other practices while you're building up your own. And as we said, Before, you pick kind of bits out of other people's practice that you think you'd like. But you, my key when I'm working with people is to really know the why. So why you wanted to be practice, because then the rest will happen. So it's a bit like I sometimes go right back to the beginning, and say, Why did you become an osteopath,

Steven Bruce

full of these things? I think currently with a lot of questions that people ask

Elizabeth Curphey

Yeah, and it's important for you to figure out in your own head, I read a I saw a quote from Julia Roberts recently. And I don't know what in what context he was being interviewed. But she said more people spend more time planning their wedding planning their life. And I thought, That's very true. I'm more money. So if you go into practice, not really knowing where you want to go, as I say, in the book, it's like, going on going at getting into your car, and going, I'm just gonna go for Drive, don't really know where I'm going, I don't know when I'm going to end up, but I'm just gonna go for Drive, you end up somewhere that you don't want to be. So you do have to think about where you want, where you want to be, what you want your practice to look like.

Steven Bruce

This is all part of that terrifying concept of having a business plan.

Elizabeth Curphey

A business plan? Yes, it was a shootout with a lot of people. But it doesn't need to be complicated. It really doesn't. It's more like a life plan, I suppose. Where do you see or what do you want to achieve? I always knew I wanted to have a multidisciplinary practice with lots of other people around me. And that's what I achieved. But I always had that in the back of my mind. People think it has to be a boring, laborious task, I was talking to people at the ESO today. And they apparently do a business plan in the third year. And she was saying that might be a bit soon. Because you're maybe not thinking about it in your third year, and then maybe shifting it to later on in the in the course. But having some idea of where you want to go, it can change. But having some idea of where you want to be in a year where you want to be in five years, it gives you something to work towards. Because one of the most important things in life is is to grow and to do to do more. That's that's how we feel happy. If you're you're bored if you're stuck in one place. And if you haven't got a plan, if you don't know where you're going, you're not going to feel that you're growing at all.

Steven Bruce

I have a very well known very experienced business mentor who helped me set up in osteopathy and also helped me set up the academy as well. And he did exactly this, he would say, Well, why are you doing this? But he actually said, and I know you've got this on another slide. And we will give these out as handouts after the show. But he would say it's not enough to say why are you doing this? In total? You've got to say, well, what am I

aiming? Where do I want it to be? And when do I want to be there? And that means not just saying, oh, I want to be earning 50,000 quid a year or something? It's well, what sort of house do I want? What do I want holidays? What cars? Do I want? Children? Do they go to private school? Are they in all those things? And from there, you can say, well, that's going to cost me but today's rates this much money. Yeah, so many patients do I have to see in order whenever your business, your business model might entail, how many patients we're going to put through the business in order to achieve the money I need to get there. Now how do we get to that level? Yes, that's no measurable apart from it. Yes, which is one of the SMART goals that we've got on one of the

Elizabeth Curphey

SMART goals are really important, because it's all very well to say, I want to I want to have a lot of money in the bank, or I want to have three holidays a year. It also depends how people are measuring their success, because for some people setting up a business will be, as we said earlier, a room in their house, and they might only want to see five patients a week. But it's important to think about that some of the people that I work with, have got other health concerns, or they've got family concerns. So they don't want to be doing nine to five, five days a week. And that's great. But But realise that's what you want. Otherwise, you will start to blur your boundaries and you won't know where you want to be.

Steven Bruce

Are you familiar with smart goals? Yep. Right? I'm pretty sure many people are these days, because it's a concept that goes back while I certainly we were being taught about them in 1993, when I first heard this sort of stuff, but talk us through what that what a SMART goal actually mean.

Elizabeth Curphey

So being specific, so not just saying, I want to have money in the bank, you know, like you're saying, How much money do you need, and then measurable for something like, or being specific in terms of how many patients you're quite happy to see in a week. Now that's obviously measurable, because you can look back, can you see I've seen X number of patients? Is it achievable? Is it achievable to see 15 patients 20 patients in a day for some people, possibly for other people not so having having it making it achievable, making it something that you can work with,

Steven Bruce

but to for example, to say something as crass as I want to be earning a million pounds a year by Christmas? That's unrealistic. So it's no there's no point in setting

Elizabeth Curphey

it? Well, I suppose it would depend what you're charging. But for most people, that's not necessarily going to be achievable. Is it realistic? So is it again, is it something that is going to be realistic for your lifestyle, what you want to do how you like to work and always put a time limit on it because otherwise it just to become something that might happen in the future, and we can move these things, we don't have to be quite so specific as if I haven't achieved it by that point, I failed. But you do have to set a time limit for it. So when, if I go back to the book, when I was writing the book, I was, I was very sure I wanted it published by a certain time. And it took a bit of effort to get there, I did have to kind of write quite furiously on a number of occasions. But I knew once it done by a certain time, had I not, I might still be writing it now. So it's important to get those timed goals in

Steven Bruce

and you can have lots of things going on. You can have a you can have smart goals for your overall life ambitions. But you could also have a smart list of SMART goals saying, Well, I want to be the I want to be the best shoulder practitioner in my area. Yeah, it's such and such a date. Yes. And so therefore, what are we going to achieve that? And we're gonna do over this period? Yes.

Elizabeth Curphey

Yeah, for sure. And the one of the milestones above, you know, when you have reached that point, is that is that your right milestone do you then want to set yourself another milestone to aim towards?

Steven Bruce

Yes. And these things get reassessed. Not necessarily. Most of the time,

Elizabeth Curphey

a lot of people don't a lot of people just write it once. Put it away, never look at it again. And so the important thing is to put it somewhere that you can see it, and you look at it regularly, and you think oh, I can tick that one off. Now.

Steven Bruce

I've never believed in affirmations other than the fact that if you if people write down affirmations, it's just reminding them where they're heading. I don't believe that by reciting somebody's children 50 times a day, it's going to make it happen. Except for the fact that there's logic, the idea in your head that this is what you're aiming at. And this is I think, don't read these two times a day. But you've got them and you keep reassessing them. When you keep revisiting the business plan. Yes, because business plans are only good on the day that written they never stand the test of time do they

Elizabeth Curphey

know, and how having it visible is really important. I know you know, Julie from last year, because she's a big believer in vision boards, and I love fish and balls. So I mean, who doesn't love cutting and sticking? Let's be honest, although of course, now, if you don't like cutting and sticking, maybe you'd like to use virtually because you can do the virtually now. And people put them on their phones, they put them on their iPads or their computer screen. So those images, it's important for you to see those images, because that's what you want to create to see it regularly is important,

Steven Bruce

because you would have said that and did he know he was when he wrote his books, he would have little notes of the the lines he was using, and they would get higher up the wall as they reached the peak of what he wanted in his literature. So he was doing it. Yeah. Yeah, didn't have sticky notes, but he was one of their sellotape nailing.

Elizabeth Curphey

I did, actually I had a sticky note of the grades I needed to get in order to get into SEO, literally just have the grades. And then you co written on it. That's all it had. It was a sticky note in my room still there. Yeah, I did think because it was there. It was like, hell yeah, that's what I'm putting my mind to, this is what I'm striving to achieve. And then now that I've actually achieved it, it's great. As a reminder, this is what I have achieved, actually. So

Steven Bruce

it's nice to see what are the new sticky notes saying? What are the new goals?

Elizabeth Curphey

Haven't done anymore? Yeah, yeah.

Steven Bruce

I just straight home tonight. I've

Elizabeth Curphey

done some smart goals since however, I think they work well for skills. Generally. Like, for me, I'm not good at like exercise, giving exercise, especially functional stuff, I think, is really important. So Donna's SMART goal and scribing function

Steven Bruce

to the rest of the osteopathic world.

Elizabeth Curphey

It's not our forte. No, no, no. Are you taught more? I know, we're digressing slightly. But are you? Are you taught more? We do have a section on it. So yeah, it's nice. And I've got a tutor who's very into it as well. So it's really nice to learn next to him. Yeah. So I think well, physio colleagues are very good at the rehab, aren't they? They do.

Steven Bruce

A lot of them are Yes. But we have Victoria Smith on their show a week or two ago. And she freely admits that there is still a sizable branch of the physiotherapy profession, primarily those that work solely in the NHS, whose idea of rehab is oh, you've got a back problem. Here's the list of exercises for the back. It's not bespoke. It's not specifically, really, if it doesn't work. Well. That's yeah, we had a comment in from Jenny. This is really interesting, actually. Because I've never heard this. I don't know if you've come across it. She says just the point about using a room for treatments in your own home, make sure it's not used 100% for business use, because if there if it is, there could be a capital gains implication when you sell the property. Well, that

Elizabeth Curphey

is interesting. That's I'm really glad you raised that because that's important for people to know, isn't it? Yeah, I wasn't aware of that. Because I've not looked at it myself. But that's

Steven Bruce

what the implications are because it's quite scary.

Elizabeth Curphey

It says quite scary. Yes, yeah. No, that's um, that's a really useful comment that she's made. Yeah,

Steven Bruce

I suppose as long as you were comfy chair on a bookshelf in there, you can say no, I use it in the evenings to relaxing.

Elizabeth Curphey

I wouldn't I don't know enough about tax and capital gains to know why that would be the case.

Steven Bruce

Well, let's talk about that. Since we're, we're talking about people setting up their businesses. Yeah, none of us. We don't get any training in tax or finance or accounts when we're in college. So what should people be doing? You think get an

Elizabeth Curphey

accountant is my advice, I have a very good accountant. And in fact, I was only talking to a colleague about this the other day, and we were both saying, people come to see us for expertise, then you need someone to have expertise to do your tax. And also it's, it's a time saver. Yeah, I don't, I'm not good at but accounts. It's maths was my least favourite subject at school. And so I would much rather have an expert do it for me. And then I can go and do other stuff that I'd much rather do. Yes, it's an expense. But it's a worthwhile expense. And

Steven Bruce

I would caution people against getting an expensive accountant just because they're expensive, though. We have a brilliant accountant who works for both the Academy and for my clinic, the Ashgrove clinic, she doesn't charge the Earth, but she is fantastic. She might not be the right person for a Donald Trump sized business, but she's brilliant for an osteopathic practice and for what we do here, but we also have a brilliant bookkeeper as well. And one of the best pieces of advice that I got, again, from my business mentor was that, you know, first of all, don't do jobs. That is not your specialisation. But also don't waste your time on jobs, which you might enjoy doing. But they're not you're being paid X number of quid per hour Why do a job or use half that much when you could get a bookkeeper to do it or someone else? Yes. And there's a fuzzy little period when you're not busy in practice, when you've set up by yourself, and you've only got your books half full? Well, you've got all this spare time when maybe you can devote your energy to cleaning the practice or doing the books or something like that. But by and large, you'd be better off doing marketing probably.

Elizabeth Curphey

And in terms of getting an accountant, I would say talk to the profession, talk to people in your area, see who they have. See what benefits you've had, you know, are you paying just for them doing your accounts on your tax return? Are you paying them for advice over the year because I know some accountants, my counsel is brilliant, I can phone up and ask him all sorts of stuff. And he doesn't charge me for that as well. In the those are the yearly fee. Whereas I understand that some accountants will, you know, will charge for more advice. So check what, what and if you don't have to have an accountant in your area either. Be like a lawyer, you don't have to have someone that's in your area. So if your friend down the road or friends and other towns got a great accountant then

Steven Bruce

with cloud based bookkeeping. Now you don't have to do all the paperwork in a little box like we used to have. I

Elizabeth Curphey

have moved the 21st century and I do now have Intuit I have so which is which is much but

Steven Bruce

we use Xero. And it's great. Yeah, just upload. Everything goes up by scanning the receipts and everything goes to the bookkeepers down in London, She sorts out the bookkeeping, the accountant is somewhere fairly close to here, but neither of them come near the practice. It's all done in the cloud.

Elizabeth Curphey

No, it's but it's definitely a definitely a good investment. Definitely a good investment.

Steven Bruce

As a little hairy monster on one of these slides, there is a hairy monster. 10 minutes left.

Elizabeth Curphey

What about this scary monster? I'm gonna hold my hand up and search I've stolen that from jelly, the big, fat hairy, audacious goal, hands up to deliver that thank you. Because that

Steven Bruce

thinks she's the only one who refers to the

Elizabeth Curphey

past, possibly, I do love your monster, by the way. Because that's really important. We all need to have something that we strive for, what is your ultimate dream? What is the thing that you really, really want to do? And again, you may reach that and then change but for some people, it's having a practice for some people, it's working from home. So people that might be having a holiday abroad every year. That's really important. You've got to have something to aim for, you got to have something to really want to achieve.

Steven Bruce

But it's kind of it's hopping back to what I said a few minutes ago. It's that ultimate dream. It's what's the lifestyle that you want? You know, does it involve horses? Thinking here about my wife Claire and her bloody horses? Does it involve skiing goalies? Does it involve buying a yacht? Does it involve a second home in the Caribbean or whatever it might be. But you know, as long as it's realistic, set that goal, give it a time frame time frame and start working towards it. And he's a really nice little hairy monster. He's

Elizabeth Curphey

a very nice little hairy monster. But I think on that point, it's also worth talking about the money side of things because we do struggle sometimes in our industry gently with charging and and paying for our services. And the way that I always try and explain it to people is that you're not giving them something that they don't need. They're going to benefit hugely from your experience. And So never be afraid about charging for your time and for your experience.

Steven Bruce

And several we've had several people on the show to talk about maintenance treatments because maintenance treatments when I went through training was a was a dirty expression. You know, we want to get that's that's bringing people in unnecessarily after you've supported fix them. We've got a couple of speakers on this and I was talking to an osteon I think it was a it was an osteopath a couple of days ago. And we were maintenance treatment is actually you're trying to get your patient as good as they can be. And as long as they understand, you know what it is you're trying to aim for and how you're measuring their progress and so on. It's up to them when they want to come in, you make the point in your

book, you should never assume that patients don't have the money to pay for treatment. That's their decision.

Elizabeth Curphey

And I've made that mistake in the past who's not going to want to come back because won't be able to afford it. But you never know who can and who can't. And actually, I can't. There's another part of the book where I talk about a friend of mine who went to see an osteopath, not because he lived in a different part of the country to me. And I hadn't qualified very long, probably only six months, maybe a year. And he was telling me about how this osteopath had really helped him. He'd had three or four treatments. And then he, the spotter suggested that he came back another few times. And I remember thinking, is that right? Should he be doing that? I said to my friend, well, how do you feel about that? He said, I feel great. I'm being cared for. I'm being looked after. I trust this osteopath. I know what they want for me, they want me to be really well. So the fact that he said, you know, come back in two weeks time come back in a month time. Actually, I really liked that. Because I've got a treatment plan. He knows where he's going. He knows where he wants me to be. He was happy with that. And it did kind of change my perspective on it. Because that being looked after being cared for is actually really important for patients. And as you say, if they don't want to carry on, they won't come back. They'll make their own decision. And then they'll realise that you arrived, and they'll come back and say, Yes, unless you were right, I should have come back.

Steven Bruce

But it reinforces the need to have specified what you're aiming for and to measure the progress. So at the end of the treatment to know where you would go to with that. Yeah. And when they come back in the next time to see whether they've continued with that progress and said, Well, look, we've we've made progress here, we can carry on making progress till we get to that, indeed, whether it's a little old lady who just wants to better reach the beans on the middle shelf, or whether it's a champion wants to be an Olympic skier. Yes.

Elizabeth Curphey

That's a conversation that's important to have with the patient as well, isn't it? You know, what are their aims? What do they want to achieve? And to talk about, you know, maybe your short term goals, your medium goals, and then your long term goals, so that people have an idea of what your treatment plan is for them?

Steven Bruce

Yeah. Few comments were nearly at the end of show a few comments and has said that her accountant recommended to her that she throw a house party once a year, because then the room, then her room that she used for treatment can't be regarded as 100% business use. Oh, brilliant. I like that sounds like an accountant when they get an invitation to a party. Like they don't have a social media account. And ambo says, How much do you expect to be paying for an accountant to do all your financials for you? That's a tough question.

Elizabeth Curphey

I pay 550 560 pounds for him to do my tax return my accounts and for advice during the year. Whether that's standard? I don't know. But that's what I pay.

Steven Bruce

I don't know I can answer the question. But I think we pay something in the same region from our accountant who also answered all our questions when we phoned her up with a last

minute query about whether we can do this. But actually, we also pay the bookkeeper to the books, and she probably does a lot more work than the accountant does. Because yeah, because the books are all done through zero, which we also pay for. Yes, but that's not a lot every month, 20 quid a month. But the bookkeeper certainly is a lot more expensive than that. But by the time it gets to the accountant, the accountant doesn't have to do very

Elizabeth Curphey

much. Yes, yes.

Steven Bruce

Yeah. Ian's Ian's asked, What patient's software do they use? And I presume he's talking about clinic software? Yeah, you like clinico? Do I use clinico? Yeah, use Jain which you mentioned in your book. Yes. I

Elizabeth Curphey

believe that I've not used J net but I so I can't talk about that. But clinico is great because you can do a lot on it. Patients love it. Patients absolutely love it. It's very easy to communicate with patients. You can do all your, your some accounting on there, you can do invoicing reports. Obviously, you can use it to write your notes on in the first place.

Steven Bruce

I tell you, I'm going to be slightly controversial here and I hope they're not watching. You also mentioned PPS in your in the book. We used to use PPS but I think pretty much everybody's moved away from it now because it is so antiquated and clunky. The two which I think get the best reviews are Jane and clinic. Yes. Yeah, there's probably something to choose between the two. But they both have a lovely interface and they're great for communication with patients.

Elizabeth Curphey

They are and I would just say to anyone who doesn't have an online booking system, to really seriously think about it because patients do love it. They really do and it's much easier for

Steven Bruce

us when we used to resist it though. Oh absolutely. Receptionist answering the phone and you think all the time they thought that

Elizabeth Curphey

you couldn't have control of your diaries but you can't because you can block things out and I can squeeze people in here and there if I need to. So I think most of them have no clinical centres I don't know about Jane up Doug give you a 30 day free trial so you can try it and say

Steven Bruce

yeah, and Jane certainly I'm sure Clinica will do the same Jane will I call them Jane rather than Jane app. He does sounds silly. They will do a very very detailed demonstration. They'll explain Yes, at great length works yeah, they've got a trial practice diary that you can look at and play with. So it's very easy to

Elizabeth Curphey

and online support. So if I if there's something that I can't do, I can just email them and they'll come back to us.

Steven Bruce

Before we finish. I'm gonna there's one thing on here I wanted to pick up on as well, because point number 12 We're gonna issue all this out to people says, what can you do to start achieving your one year goals? But a very key point there is what you have to stop

Elizabeth Curphey

scrolling through social media and not doing stuff that's appropriate. Yes, it's so easy, isn't it? It's very easy to do. Yes. Things like doing stuff that doesn't actually move your business forward, or stuff that you know, you really shouldn't be doing, like continuing to watch Netflix time and time again, or just watch another episode. So thinking about what you need to stop doing is also really beneficial as what you really need to start

Steven Bruce

the question that was burned into my mind and others will say, does it make the boat go faster? Which is a harks back to the our Olympic rowing team. But you know, if what you're doing is not making your boat go faster, then why are you doing it?

Elizabeth Curphey

Yes, yes, absolutely need to do stuff that's always moving the needle forward to where you want to go.

Steven Bruce

And I'm gonna go back to the very start of this, because we were not going to have time to talk about it. But I just want tell us about what you know about SWOT analysis. Thank you. So are they

Elizabeth Curphey

really useful to do this actually, before you even start thinking about your business plan? Because knowing these strengths, weaknesses, opportunities, or threats, and knowing well, knowing what they are, will then help you get support and guidance in various areas. So if you're not very good at business planning, or you're not very good at stopping watching Netflix, who can you get to help you in those roles? So your strengths, weaknesses, opportunities and threats.

Steven Bruce

And I think those apply to new grads, the undergrads are about to emerge, but also to refer to people tell us that you've had to restart their businesses, if not quite from scratch, but scratch and go through this process is so important. So

Elizabeth Curphey

even with the expense that you've got, it is still valuable to look at those because you sometimes forget what you're what you're not as strong. And

Steven Bruce

Ginny runs a mastermind group for osteopaths that's kind of practising as well, although she calls.

Elizabeth Curphey

Oh, she does? Absolutely, yes,

Steven Bruce

yes. And one of the things that I would always say is a hugely valuable is to get together with people who are not in your own business and talk about this stuff. Because you can get so channelled in your own thinking, Yeah, and you might not realise what the opportunities are. Because you think, Oh, I'm an osteopath. This is all I can do. And it's a little what when Why don't you also do that? Yes. And I love

Elizabeth Curphey

masterminds. I think masterminds are the place to be, because there is nothing better than being with like minded people who want to move themselves forward. And is that because you said Steven who can bring different ideas to the table? And and

Steven Bruce

the only reason we haven't set one up in the academy is because I'm great friends with Julian. I don't want to tread on her. I liked him so much. I would love to set one up. Yeah. You know, I'll talk to her and try and find out whether she feels that we've been stepping on her toes because we've got a space here to do it. We've got the expertise around us to do it.

Elizabeth Curphey

I mean, it's just lovely to hear with people's expertise. It's lovely, even if it's not necessarily going to value. Oh, absolutely is accountability as well. It's No, it's great. I love being put on either pop to masterminds Julie's on another one. And the support you get is brilliant. And if you're having a bad day or something's happened, it's a safe space and you for you to be able to ask for help advice. Now live mastermind isn't really

Steven Bruce

whizzes by doesn't it when you sit in front of the cameras, we have had just over 300 people watching and we have 80 of them of your colleagues. So that means 220 People are watching. And a lot of people will be watching the recording. And we thought we'd we wouldn't get the normal numbers because of course, this is a specific sort of broadcast. But yeah, that's that's a good turnout. And I can only say that I hope that you found it useful, whether you're a student, or whether you are setting up a new practice, and you've been in practice for a long time. I really hope you found this evening useful. I'll share the stuff that you've had on the slides there. So you've got those to refer to if you want to. We're going to give this book to you. Coaching. Amazing, thank you very much.

Elizabeth Curphey

The book is May I just say one very quick thing before we go. And that actually might have a huge debt of gratitude to APM and all your team and yourself. Because without you I probably wouldn't be sat here and that book book probably wouldn't have been written. Because you did so much for us in COVID. I'm forever grateful and hearing other people that you had on whether they were experts in tax or law or whatever. And we had your other osteopaths and other chiropractors and physios in hearing them talk to your group inspired me to think well if they can do it, so can I so I am eternally grateful for your support over that time. It was very, very Be grateful. And as a result I'm sitting here talking to you now.

Steven Bruce

Yeah, well, I'm very grateful you spent two and a half hours getting, you're not ever gonna stop for dinner you're getting two and a half hours. We're over time, so I'm going to have to wind up a few things .

DRAFT TRANSCRIPT