



## Graduate to Greatness! - Ref233

*with Elizabeth Curphey*

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### TRANSCRIPT

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**Steven Bruce**

This evening, I'm joined by two guests. I have Liz Curphey with me who is an osteopath who has put a lot of work and thought into helping newly graduated osteopaths, 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 Joss. Georgina is at UCL, she's graduating next month, and is representing not just herself, but also her year group and probably every other osteopathic and chiropractic student in the country with the sort of concerns that they have. So Liz, great to have you.

**Elizabeth Curphey**

Thank you very much.

**Steven Bruce**

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 are 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 colleges, 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 becoming associates, trying to find their footing there, 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, which is difficult, because we know absolutely nothing about setting up.

**Steven Bruce**

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

**Georgina Joss**

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

**Steven Bruce**

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?

**Georgina Joss**

Not really.

**Steven Bruce**

Good. There are lots of people out there willing to take lots of money off you, seeing that they will get your website perfectly SEOed and do your marketing through Google Pay Per Click and all that sort of stuff. And they're really only interested in getting money out of your pocket and into theirs. However, we have got of course Liz in the studio, having been through all this like many of the audience this evening and like myself, you you've learned the lessons and what's more, you put them down on paper, haven't you?

**Elizabeth Curphey**

Indeed.

**Steven Bruce**

We have How to Survive and Thrive as a Newly Qualified Osteopath. I've got two copies. You kindly sent me one.

**Elizabeth Curphey**

I did. Thank you for buying it, very grateful.

**Steven Bruce**

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

**Elizabeth Curphey**

Well, I have to sign it before we go just in case I get very famous in the future.

**Georgina Joss**

I'll remember this moment.

**Steven Bruce**

Anyway, How to Survive and Thrive as a Newly Qualified Osteopath, which of course, would relate just as well to chiropractic.

**Elizabeth Curphey**

Absolutely, yes. Yeah, so when I talk about osteopathy tonight, I don't want to ignore any of the other manual therapists at all. I am an osteopath. So 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 me sat there, 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.

**Steven Bruce**

What do you think about this pressure that Georgina has described 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 had probably 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, Shrewsbury based osteopaths, brilliant course. And ended the first day, we sat 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 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 confidence up, and then you will find your way in osteopathy. I think sometimes the need to specialise comes with the feeling that you're not competent 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 in high 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 HVTs enough. And therefore, rather than expose themselves to being not as good as their colleagues, they'll say, I'm gonna go down a different route. And I'm not saying that I know this is correct, but the choice should be made when you're sufficiently competent, this is the one I want to do.

**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 talk with 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're just qualified, you've always got that lovely support of your tutors behind you, and you've got someone that you can practice on. When you're in clinic with that patient for the first time doing a neck thrust, it's very scary.

**Steven Bruce**

You need somebody in the clinic telling you when it's safe to do it or not.

**Elizabeth Curphey**

Exactly.

**Georgina Joss**

There's so much pressure put on it, there's safety drilled into us...

**Elizabeth Curphey**

Which you have to do you know, it's important that's there.

**Georgina Joss**

Absolutely, the whole benefits and risks speech. Someone standing and watching you do this technique.

**Elizabeth Curphey**

Maybe just adjusting your hands a little bit if you're not quite in the right position.

**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 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 first right. And when he manipulates it is a complete delight to watch. But he's a long, long way from what we came out of our colleges doing even though we had a short course.

**Elizabeth Curphey**

And 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, 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, these wonderful four osteopaths 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. We're there to guide you. Unfortunately, not all osteopaths' associates, I was lucky to have principles like that. But these four in particular are wonderful. And so yeah, it's that don't worry if you're not completely good at everything. If you work for a good principal, as I'm sure you will, they can guide you, they can help you with that.

**Georgina Joss**

That's a massive reassurance to hear, especially for our year, gone through experiencing COVID. So we do have that, like you mentioned earlier, that kind of imposter syndrome. Am I going to be as good as I can be at the stage that I'm in? So that's obviously a difficulty.

**Steven Bruce**

I got a comment in from Aiden, who's basically just supporting what we've said here. Surely, you've got to get your feet under the table and learn what you're doing before you decide to specialise. It should be on a basis of experience not a pre-planned decision.

**Elizabeth Curphey**

And I think 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 whether I particularly liked working with the elderly, but actually, they are wonderful, and I have had so many incredible conversation with people. I've learned so much because there are different you know, we have patients in their 90s, they lived a completely different

life. And then you have the other extreme of babies, they're 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 wonderful.

**Steven Bruce**

This question is not really related. When is your final day at university?

**Georgina Joss**

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

**Steven Bruce**

All right, so all your exams are finished before June?

**Georgina Joss**

Yeah.

**Steven Bruce**

Excellent. Because when Laurie Hartman's here on the 11th of 12th, which is a weekend, I suggest that you come down and see us.

**Georgina Joss**

Yeah, absolutely.

**Steven Bruce**

We'll make space on that course, because if you're gonna work in our clinic, I would love for you to be here.

**Georgina Joss**

Absolutely, a 100%.

**Elizabeth Curphey**

If you get the chance to see Laurie Hartman, absolutely.

**Steven Bruce**

Laurie Hartman will blow your mind.

**Elizabeth Curphey**

Yeah, absolutely. Yeah.

**Steven Bruce**

Setting other people up in business not \*audio problems\*. 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 straightaway? And I know 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 going to go and set up in business by themselves straightaway. Is there a pro and a con to 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, that it's always good to have that experience with someone else. So you can if you 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 businesses run. When I was setting up my practices, I worked at three different places. And I would go, well, I like the way that that person does that, but I don't like that, or I think I'd adopt that. But I could 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 will 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.

**Steven Bruce**

Before we go on, one thing I just do want to say is that I didn't welcome students to this. Those people who are watching, you're watching. There are numerous students watching this, many of 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 while we go through this. So sorry to interrupt the flow.

**Elizabeth Curphey**

No, it's important to say that yes, because that's what we're here for. We're here to help them support them. Because we know what that mountain is you just climbed. I was talking with the lovely person that I'm working with. And she described finishing her degree as climbing the mountain, turning around to find all her support team's gone. And Everest was ahead of her without the Sherpas. So it can feel a bit like that, it can feel a bit like...

**Steven Bruce**

Who were your mentors when you qualified?

**Elizabeth Curphey**

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

**Steven Bruce**

Your principles you thought were providing you with this mentorship?

**Elizabeth Curphey**

So I was I've always been very lucky. Jayne Scratchley in Litchfield and Tom London. I worked in the Midlands to start with, then I moved up north back to 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 Bramhall, Jo Cheaney who was a great principal as well. So I've been very, very lucky. And I think one of the things to look at if you're looking for an associate job is that you're on the same wavelength as the principal, because there can be this real problem 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 an associate role. Is the person I'm working for, do they share the same sort of principles as me. So for example, you can 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 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.

**Steven Bruce**

I think it always worked terribly well, that sort of offering yourself up for late appointments in the evening.

**Elizabeth Curphey**

I suppose it depends whether that's your time of day.

**Steven Bruce**

I prove I've read your book.

**Elizabeth Curphey**

Well done. Yes, indeed. There is a section in the book about that. But yes, but if that's what the clinic wants, and you're happy to do that, then it's quite a nice way for you to build your list up.

**Steven Bruce**

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 Robi Persad and Jon a'Brook and others. They were brilliant. And it was it was a lovely, lovely practice to work in. But certainly, there are others where 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.

**Elizabeth Curphey**

Yes. 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 the other 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.

**Steven Bruce**

It's the FCC all over again. Especially when your principle says, well, I want you to demonstrate this technique.

**Elizabeth Curphey**

Yes.

**Steven Bruce**

Robi said to me one time and he said, could you just adjust this for me? I had no idea and I felt so stupid. And I think, yeah, even though I was older than Robi, I had only recently graduated.

**Elizabeth Curphey**

And that was one of the questions that they asked us. Are we expected at 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, because some people have gone very kind of office based. And actually, what they want you to do is clinic clothes, so you can change into clinical. And actually, you know, maybe do an examination of the receptionist or like say sometimes a principal as well, just my dorsals for you.

**Steven Bruce**

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

**Elizabeth Curphey**

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, if you want to stay local to family, because their demographic is changing, isn't it? Osteopaths are not all young people necessarily there lots of second careers. So do you want to stay local to where you are? And then, 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 I know further south, there's a lot more. So it's always a good idea to get a lay of the land I think before you start to look.

**Steven Bruce**

So if someone calls you out of the blue and says Liz, I'm about to graduate. I'm looking for a position. Would you categorically say well, no, I'm not looking for someone or would you say you're interested? Could I fit someone else in? Would you appreciate the call?

**Elizabeth Curphey**

Absolutely. Because I think if someone has reached out to you, and they're keen for work, 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 enough patients for all of us. And it's the same with chiropractors and physios. I don't believe we should have any kind of distinction between them. If chiropractic works for 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, your tribe will find you, the sort of person you like treating.

**Steven Bruce**

Let's be controversial. What have your colleagues, you and your colleagues been told about chiropractors? Be as rude as you like.

**Georgina Joss**

Very little actually, yeah, no, we haven't really.

**Steven Bruce**

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.

**Steven Bruce**

Seriously. I mean, if anyone, don't take that as how I feel now. I've done so much to try and bring our professions together through the Academy, because chiropractors and osteopaths, we do the same thing. We have slightly different philosophies behind it, 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 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 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?

**Georgina Joss**

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

**Steven Bruce**

It's 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, Steven, is sometimes it can be difficult. The lines can get a little bit blurred, not with yourself. No maybe it is with yourself, because if you're working in a chiropractic clinic and you're an osteopath and 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, 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 one of the 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 it.

**Elizabeth Curphey**

I think in some chiropractic clinics, yes, but I know, so myself, I have sort of half hour, three quarters and hour 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 stuff that you work with, make it clear that it's an osteopath rather than a chiropractor. Sometimes it's just the patients, it's not necessarily the actual hands-on stuff. It's the patients themselves that think well, why isn't she not clicking my neck today? Because my other chiropractor clicked my neck, that sort of thing. But it can work really well.

**Steven Bruce**

That could equally apply for somebody working, an osteopath working in an osteopathic practice, couldn't it? Because you got to work in a practice that's principally cranio sacral. And all they've done is a bit of head squeeze. Apologies to the cranio sacral therapists, they've done some head squeezing and the patient comes in and they want that, but you click their neck.

**Elizabeth Curphey**

And then you, as a new graduate, you'll 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 come across that before?

**Georgina Joss**

I have. Once treated somebody quite regularly and they said, I'm seeing another osteopath too. 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 are you exploring with your other osteopath. And it was along the same lines of treatment.

**Elizabeth Curphey**

It's interesting, isn't it? We automatically think we're not doing as good enough job as the other and not you might actually be better than the other osteopath, or just as good. It's interesting, isn't it?

**Steven Bruce**

It's an opportunity to ask well, what do you think has worked?

**Georgina Joss**

Yeah, absolutely.

**Steven Bruce**

We'll often go through a treatment programme. And we'll try different things until we find the thing that is best for the patient. What if there's a shortcut to that? Which is what worked last time, 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 you know, they should be better by now.

**Steven Bruce**

Kim known by the system as Jolly Local has sent in an observation 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 could rub shoulders with other osteopaths. But when she got into the practice, what she found was that she was the only one in there because they were off when she was in. And of course, that's not quite so advantageous for a new graduate. I can remember way, way back people were saying, well, yes. I don't work on Wednesdays, so you can come in and work then. So I was being an associate but no mentorship or guidance.

**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 need to know that before you start working, don't you, 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**

Claire's just reminded me, when we worked at Robi, Persad's practice in Kentish town, it was just normal to call other people into the treatment room. And it wouldn't just be the new guys calling in the principal, hey, come have a look at this, see what I've got in here. This is interesting, haven't seen this before. And 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 it's okay to get someone else into the treatment room. 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 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 skill set that you have. I was talking to another graduate recently who was very concerned that she was an injury for this particular patient. And she thought she had to treat them in a certain way. And I was saying, what do you think about the Laurie Hartman? What do you think about the Stewart course? They've developed their own skill set, they've developed their own techniques. There's nothing to stop young graduates doing that as well.

**Steven Bruce**

And they didn't do it overnight.

**Elizabeth Curphey**

Of course 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 been taught. I'd call it my toolkit, my osteopathic toolkit, you can 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**

I have a couple of other comments here. Ruth has said that when she qualified, she worked at a busy multidisciplinary clinic which enabled her to be busy this 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 if she got stuck. And she says it was the best start ever. She's got about 2000 patients in or 2000 appointments in the first year of working three days a week, which is significant number.

**Elizabeth Curphey**

That's brilliant.

**Steven Bruce**

And then Martin has sent, Martin's one of our regular viewers. And I think Martin has been an osteopath since Andrew Taylor Still was a boy. Martin, I'm sure you'll forgive me for taking the mickey just a little bit. He says after 36 years in practice, his advice would be not to be upset when your treatment doesn't always work.

**Elizabeth Curphey**

That's lovely. Yeah.

**Steven Bruce**

You can't help patients a 100% all the time, it doesn't mean that you won'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'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 gonna 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.

**Steven Bruce**

And you 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 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.

**Georgina Joss**

Absolutely, yes.

**Steven Bruce**

And I remember when I started training, on the first day one of the osteopaths, one of the tutors. He looked at me and said, you've got a great head start because you've already got grey hair and patients will assume you've got a good grip. Of course, it's completely wrong. And sometimes, I think many people, new graduates find it really difficult to show that confidence to patients when actually underneath they are worried sick it's all going horribly wrong.

**Georgina Joss**

All of my assessment feedback has been, have some confidence. I once stepped into a treatment room, and the first thing that was said was, I have a level three. And I was like, ooo, I was like, taken aback. I didn't know how to respond. I was like, oh, no.

**Elizabeth Curphey**

Did they mean the third year?

**Georgina Joss**

I don't know, I was level seven at the time. They just assumed I was very, very new. I think well, I am young, I've gone straight into it. Yeah, he assumed straight off. And as soon as I said no, I'm about to graduate, it was completely changing.

**Steven Bruce**

I have never heard of that. Is that a UCO thing?

**Georgina Joss**

I don't know, I was a bit stumped by it too, because we never really go by that either. But it was just oh, okay.

**Steven Bruce**

There is a term that physiotherapists use about the manipulation skills and all that, I know they say level four, and sports therapists use it as well. But I never heard it in osteopathy. So that would stumped me in clinic as well.

**Georgina Joss**

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

**Steven Bruce**

So four years ago, you were already a level three?

**Georgina Joss**

Yeah. I don't know. But I was very, like, okay.

**Elizabeth Curphey**

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 have they suggested ways that you can do that?

**Steven Bruce**

I tend to shout at my patients.

**Elizabeth Curphey**

Shout at your patients?

**Steven Bruce**

Shout at people who are unconfident.

**Georgina Joss**

No, I've just, it's just something that I've always been trying to explore myself.

**Elizabeth Curphey**

Have you heard of the power pose?

**Georgina Joss**

I have, yeah.

**Elizabeth Curphey**

The power pose is a great way to feel more...Have you heard of the power pose?

**Steven Bruce**

I don't think I have.

**Elizabeth Curphey**

The power pose is great. 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 you walk out into the reception and you greet that patient with all the confidence in the world, so that's what you need to do. That is scientifically proven. I mean, I do it to a certain extent if, because sometimes you'd show up in the clinic and you know, the kids had been a nightmare. The dogs vomited on the floor. There's 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, I'm all right now, and find your centre and go for it. But yeah, try the power pose.

**Steven Bruce**

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, it's nothing new. And a lot of us, you still get it from time to time when something weird comes in and you start to think well, could this be something much more serious than a musculoskeletal problem? I've never seen this before. I'm not sure I'm following the right course. We all get it. It is a great advantage having someone else to talk to.

**Elizabeth Curphey**

Yeah. The fear never really goes away. You just learn to deal with it better. Because there's still, still now 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 do still come across it.

**Steven Bruce**

A comment's come in 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 the only tool in your toolkit is a hammer, then everything looks like a nail. Basically, it's worth having a good spread of techniques that you can use. And Luke says that the late professor Blagrave 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 I've had.

**Elizabeth Curphey**

That's lovely. Yes.

**Steven Bruce**

I remember seeing somewhere, it was an orthopedic forum, I think it was. And they were saying, actually, there's nothing that spoils a good patient than the follow up. You think it went brilliantly and then the patient comes in and says, I've got these horrible aches and pains.

**Elizabeth Curphey**

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

**Steven Bruce**

Surely, you just give their money back.

**Georgina Joss**

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, another technique or something.

**Elizabeth Curphey**

Which is the advantage of working with other people, you've got that support.

**Georgina Joss**

And I think that's why most people are taking that route, it's for that.

**Steven Bruce**

Earlier, that was my cue for you to say, no, you don't. Again, 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, 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 won't say it's a last resort, because that makes it sound as they were money grabbing, but it's the sort of thing you do, only an extreme, as a gesture of goodwill, if something has gone wrong, and you think, no, I shouldn't have done that and I got my diagnosis wrong or whatever.

**Elizabeth Curphey**

I think, I don't know whether you've read the section in the book about that, there's there was a guy who admitted to the patient that 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 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**

It's also something that's worth bearing in mind, is if you go to see an orthopedic consultant, no matter how well qualified, the 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 back, because they're not going to do it. 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, a newly graduated with the lack of experience that they have. We are serious medical professionals. And, you know, our expertise, the training that we've had is worth the money that we charge.

**Elizabeth Curphey**

Absolutely. And 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, can you remember what you were like as a first year. If you were to go back now and talk to a 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**

You realise you know something the principal doesn't know because he or she trained 20 years ago or whatever it might be. No matter how hard you try things develop that you don't keep track of. Couple of comments, Nick lost half his practice 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 where we are, there's not many of us.

**Steven Bruce**

London is also full of patients.

**Elizabeth Curphey**

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 from Scotland and in Wales as well.

**Steven Bruce**

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

**Georgina Joss**

I think because we come from everywhere in UCO, and at least half of them would like to stay London based, even particular 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 want to go back to where their home is, really.

**Elizabeth Curphey**

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 a long way away from where they're 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 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'd love someone to come in a couple of days or I'd love someone to 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 and other people are interested 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. I've done it twice. So I set up by myself, and then I set up my multidisciplinary practice.

**Steven Bruce**

In the same area?

**Elizabeth Curphey**

In the same area, yes. So I set up, I actually rented a room from another osteopath, when I first started, from a lovely old osteopath, who unfortunately is no longer with us. 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 until 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 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 practice on my own 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 cross between the chiropractors and the 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 practice? Because it might not be as lucrative as they might perhaps imagine.

**Elizabeth Curphey**

I would say to start with, perhaps, well, my practice isn't nice as it was pre COVID, 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 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. 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'd probably say start small. I mean, I didn't, I bought a big practice with four rooms. And fortunately, it worked.

**Steven Bruce**

That is good. 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 provide 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,

it's a well-known saying that no one cares about your business as much as you do. So your practitioners aren't going to come in and work hard to fill your books, I mean, they'll work hard, but they're not as interested in the marketing as you are, even though it's their list that's going to get filled.

**Elizabeth Curphey**

Yeah, I suppose it depends whether you're doing that, they're working for you, or they are renting this space from you, because there's two different ways to it. If they're renting the space, I made it very clear that they were individual and they paid for, however we set it up, some people do on an hourly basis, some 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 going to do what.

**Steven Bruce**

People are going towards salary, osteopaths and chiropractors.

**Elizabeth Curphey**

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

**Steven Bruce**

It depends on how the arrangement is set up, doesn't it? Because I think it has pros and cons. Most practitioners, most principals, I think are very scared of salaried employees, because they're worried about usual things like sick pay, maternity leave and 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, if there's no patient I want you 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.

**Elizabeth Curphey**

But I think that's why your generation has got the advantage over my generation, because you're much more social media savvy than I am certainly, I mean, I've had to learn it, it just kind of comes naturally to you. And that's a great advantage for a principle 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 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?

**Georgina Joss**

I don't know, I think half the people that I've spoken to already who have jobs are salaried and half are not. So I think, especially early days, I think people are wanting more salaries, because of the mentioned. Just because it's that security that they have. But then I think not many places are doing it really.

**Elizabeth Curphey**

And some people like the freedom of being self-employed. The fact that 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.

**Georgina Joss**

It's only a small population that I've spoken to.

**Elizabeth Curphey**

It's interesting.

**Steven Bruce**

How many are there in your year?

**Georgina Joss**

My year, oh my gosh, I don't know. Around 80, I think.

**Steven Bruce**

So in your book, you've got some comments about salary positions, and in terms of probably setting up your own business, whether you should start paying a salary to your associates.

**Elizabeth Curphey**

Yes, and a lot of it came about as a result of the Pimlico plumbers, 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 contractors took Pimlico plumbers to court and they won.

**Steven Bruce**

One contractor did.

**Elizabeth Curphey**

Was it only one?

**Steven Bruce**

The contractors of 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 he found a solicitor to say well, there are these things and these things and these things which suggest that you're actually an employee, not self-employed. Yes, yes. And there were several criteria that came out of that case which said well, because of this and this, 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 suitably qualified substitute with the agreement of the company. Now, you could say that about

an associate if you 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 would be really hard to do. But you could have that option. And yes, they were wearing logo clothing. But I don't think that in itself was a problem with the law. It's a really interesting finding to read. And I was intrigued to see it was in the book. Because it does blur the distinction, it makes people worry about whether their staff are employed or not.

**Elizabeth Curphey**

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

**Steven Bruce**

From a principle's point of view, I mean, are they not so scared about the idea of employing people for the reasons I mentioned. But maybe we should grasp that nettle, perhaps, we'll get happier employees, because they will be employees. And they will have contractual rights. But so will we have rights as well, and we can still sack them if they're doing their job badly, or 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. It's just people who practice slightly differently. But they're all keen to be osteopaths or chiropractors.

**Elizabeth Curphey**

And I think what it would need, also, is for us as principals to learn a bit more about managing, because you kind of become a principle, just because you have a practice, and you have a list. We're not, again, 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 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 through merit necessarily not through skill, if you see what I mean.

**Steven Bruce**

Many people reach management roles because they were good at the worker role rather than...

**Elizabeth Curphey**

Yes, yes, indeed.

**Steven Bruce**

In terms of, it's gone out of my head, I wanted to say something about businesses setting up a practice. But let me turn to one of the questions. Somebody, Naomi says, what do you think about home practices, if you have a suitable environment to set up a home practice?

**Elizabeth Curphey**

A lot of people love it, 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, 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 IO

can always help people, they've got a lot of information on their website. But 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 two days a week, then all of a sudden, you have to be really conscious of the extent to which it will intrude on your own domestic life.

**Elizabeth Curphey**

Yes, I suppose it depends whether it's actually in your house, or whether it's like a cabin in the garden, because then 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 and she works from home very successfully. As long as the neighbours don't complain. I mean, we're not noisy osteopaths, are we?

**Steven Bruce**

No, and in 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...

**Elizabeth Curphey**

It's slightly different, yeah.

**Steven Bruce**

Working from home is okay. And a colleague of mine has set up, he's done just that, I think he converted a garage into being a very nice reception and treatment area. And it's sufficiently separate from his own house. It doesn't intrude and of course, it's probably one of the cheapest ways to set up your business, because 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 in your house to have something completely separate so that you can, you know, you're not using it half 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 advantages. Some people don't like it because it's in their house and you can never escape from it.

**Steven Bruce**

We also feel it makes us look less professional, don't we?

**Elizabeth Curphey**

Some people do.

**Steven Bruce**

Perhaps we forget that GPs for donkey's years worked that way. GPs were working from their own home. Mags has sent in a comment, she worked as a locum 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.

**Elizabeth Curphey**

And this is what I hear. Yes, people kind of knock on your door, you know, half by 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 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're going to provide. So we would provide all the obvious, heating and lighting, reception cover. Plinth, yes. Or comfy chair, if it was one of the talking therapies. Use the computer, Wi Fi that sort of stuff.

**Steven Bruce**

What about consumables, the wet wipes and the stuff you squirt the couch with?

**Elizabeth Curphey**

We 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 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 as 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 there. You pay for a certain amount of time, if you pay for more, that's great. But your contract is for that period of time.

**Steven Bruce**

You did talk about the idea of just charging a commission.

**Elizabeth Curphey**

It's a lot of admin. If you're not at the practice, you have to obviously take them on trust, which most people are very honest.

**Steven Bruce**

The patients are theirs, not yours and you don't have any record of patients came through the door.

**Elizabeth Curphey**

No, no, exactly, no. 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 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 her osteopath cap on. Now in my practice, we don't make people wear caps, we make people wear coats. So she says smile and greet everyone with confidence, smiling is important. So because we forget that they're often quite nervous. So it's hero pose for a few seconds, go into the treatment room, get a big smile on your face and make them feel welcome.

**Elizabeth Curphey**

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

**Steven Bruce**

You will find, one of the first things Laurie Hartman will do on his course is he will say everyone, 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 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 in getting a good result and patients got to believe in you.

**Elizabeth Curphey**

And often first impressions are really important as well. I know we joke about the power pose. But if you do walk out looking more confident and smiling. And here's another hint, 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 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.

**Steven Bruce**

If you go in being overconfident, a principle who knows your new graduate is going to say you're bullshitting here, you can't possibly be this confident, you've only just come out of college. And they will accept that if you're a bit nervous in an interview, they're going to accept it.

**Elizabeth Curphey**

Oh, absolutely. Yes, yes. Yes. Yeah. But confidence, to come out and greet that patient in that confident way. Yeah, confident not cocky, for sure. But yes. And they immediately start to think oh, she looks like she knows what she's talking about. That process of gaining rapport with the patient, which is really key is really important.

**Steven Bruce**

Yeah. And communication. Again, you talk on that in your book as well, 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. You've got to sound as though you are an intellectual talking about their problem in terms that they do understand.

**Elizabeth Curphey**

There's no benefit, 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**

Of course, it is worth knowing your patient's level of expertise before you do that.

**Elizabeth Curphey**

I think was one I know exactly what you're referring to. Should I tell them 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, new patient comes in to see me. And he's got a typical OA 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. He just said that he was a scientist. So he was 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 into osteoarthritis. So he knew a gazillion more things about osteoarthritis than I did. And I just went, oh, I wish you told me that before. And we both had a laugh. And he became a very long-standing patient who really benefited from the treatment. But oh dear, was I embarrassed? He's a very intelligent man. And I've learned, like I was saying about my elderly patients, I've learned loads of new things about all kinds of medical research. And but yes, that was, that was hugely embarrassing.

**Steven Bruce**

I don't know if it's happened when a patient comes into your treatment room and say, well, I'm Dr. so and so.

**Georgina Joss**

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.

**Elizabeth Curphey**

And you can talk to them a little bit more technically, as well, which is quite nice, isn't it? But, and I always turn 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 is rewarding.

**Steven Bruce**

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 musculo skeletal therapy. And one of his first comments to the assembled osteopaths, physiotherapists, chiropractors who, there weren't very many of us, but we had this contract for this particular area. He said, GPs know nothing about musculoskeletal medicine, they do not know MSK at all, he was an exception, because he specialised in it. And he's absolutely right. And you know, 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 the detail of what they do in terms of prescribing drugs, 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. And they recognise it, which is why they come to us.

**Elizabeth Curphey**

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

**Steven Bruce**

Now if Nick Burch, our team spinal consultant came to see me for treatment, I would be scared. He's a man who's never forgotten anything since he was about four years old. Some comments, Bob 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 can be quite controversial, this, can't it? 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 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 been qualified longer than I had, I don't know where this came from, but he's just been qualified longer than I have. And I left it at that. And I was asked this question very recently, actually, by someone that 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 a junior doctor to be charged at the same rate as a professor? 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**

Certainly not in my case.

**Elizabeth Curphey**

So yeah, so I 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 want to. 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? 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 they're 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 lots of people aren't comfortable with that. And they do think it brings a hierarchy. And I'm going to say something a 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**

It would be interesting, we don't do it in my clinic.

**Elizabeth Curphey**

Do you not?

**Steven Bruce**

No, I don't think we have we ever have. Our associates get a different rate depending on their experience. And there is room for 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 others.

**Elizabeth Curphey**

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

**Steven Bruce**

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

**Elizabeth Curphey**

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

**Steven Bruce**

They prefer to pay less and of course, if you charge twice as much and have half as many patients, you earn the same money. Marina sent in a comment here, which I've glanced at earlier. And it looks really quite interesting. She says she started her practice from scratch. She's done it three times in different areas. She's now 36 years old from the first time, has just started for the third time. It sounds like she

doesn't learn lessons. Marina, apologies. She says it takes, in her opinion, two years to develop a decent list and five years to become established and certainly, everyone I know thought it was gonna be much quicker when we graduated. But it seems like five years is not a bad 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 way and although social media has been great, the trust created by talking face to face has been the best.

**Elizabeth Curphey**

So very true. Very true.

**Steven Bruce**

It is astonishing. If somebody stops you in the street and they work out that you're an osteopath, and they say oh gosh, can you do this? The fact is, they're talking to you. They will come and see you. Unless there's some really, really strong reason that they shouldn't.

**Elizabeth Curphey**

Yeah. Yeah.

**Georgina Joss**

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, well, if you ever need somebody to practice, and it's just immediately people are eager.

**Elizabeth Curphey**

Well, I think she must be saying the right thing, because I've had people glaze over. So obviously, you've got your spiels right, so that's great. That's really great. Yeah.

**Steven Bruce**

Well, it's coming from someone who I'm assuming the system has called them Stormy Lady, but Stormy Lady says as a fairly new chiropractor I've definitely learned more since being qualified regarding patient conditions. Maybe because there's no lecture to fall back on? 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. If you smile, you do feel a bit better in yourself anyway, don't you, and the patient can't always see if you're working at their neck anyway. So but no, that's very true.

**Steven Bruce**

They cannot see you when you're working at a net or 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 they. If you're not certain about what you're doing, a lot of the time, you'll give that away. So 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.

**Georgina Joss**

Especially when I was like, first started treating, those times where in my head, I'm like, I don't know what to do. What am I going to do now? And I'm just 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, just taking that one minute to just re gather thoughts and there's like no harm in it. Otherwise, because previously, I'd just be like, faffing about and it just doesn't come off well.

**Steven Bruce**

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 that is going to be useful when you graduate?

**Georgina Joss**

Definitely a lot of reassurance. 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. And we've got 25 minutes to talk about that, should we go down that route?

**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, whilst setting up your own, that 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 my key when I'm working with people is to really know the why. So why you want to build a 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? 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 she was being interviewed. But she said people spend more time planning their wedding than planning their life. And I thought, that's very true, and 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, 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 where I'm going to end up, but I'm just gonna go for a drive, you end up somewhere that you don't want to be. So you do have to think about 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 doesn't need to be complicated. It really doesn't. It's more like a life plan, I suppose. Where do yourself, 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 to grow and to do more. That's how we feel happy. If 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? Because he'd actually say, no, you've got this on another slide. And we will give these as handouts after the show. But he would say it's not enough to say why are you doing this totally. You've got to say, well, where do I want 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. What sort of house do I want? Where do I want to go on holidays, do I want cars? Do I want children? Do they go to private school? And all those things. And from that, you can say, well, that's gonna cost me by today's rates this much money? Yes. How many patients are we gonna put through the business in order to achieve the money I need to get there. Now, how do I get to that level? Yes, it was no measurable apart from anything else which is one of the smart goals.

**Elizabeth Curphey**

It is. And smart goals are really important. Because it's all very well to say, 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 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?

**Georgina Joss**

Yep.

**Steven Bruce**

Right.

**Elizabeth Curphey**

Oh, excellent.

**Steven Bruce**

I'm pretty sure many people are these days because it's a concept that goes back when I certainly we were being taught about it in 1993 when I first did this sort of stuff, but talk us through what a SMART goal actually means.

**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 and 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 making it achievable, making it something that you can work with.

**Steven Bruce**

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

**Elizabeth Curphey**

Well, I suppose it would depend on 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 becomes 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 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 time goals in.

**Steven Bruce**

And you can have lots of things, can't you, you can have smart goals for your overall life ambitions. But you could also have lesser smart goals saying well, I want to be the best shoulder practitioner in my area. So therefore, I want to achieve that.

**Elizabeth Curphey**

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

**Steven Bruce**

These things get reassessed.

**Elizabeth Curphey**

They should do. And that's the problem. A lot of 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 like, I can tick that one off now.

**Steven Bruce**

I've never believed in affirmations other than the fact that if people write down affirmations, it's just reminding them where they're heading. I don't believe that by reciting something 250 times a day is going to make it happen. Except for the fact that there's lodging the idea in your head that this is what you're aiming at. And this is I think, but then you've got them, and you keep reassessing them and you keep revisiting the business plan because business plans are only good on the day they're written they never stand the test of time.

**Elizabeth Curphey**

No, no. And having it visible is really important. I know you know Gilly from Osteobiz. She's a big believer in vision boards. And I love vision boards. I mean, who doesn't love cutting and sticking? Let's be honest, although of course now, you don't like cutting and sticking? Maybe you'd like to use virtually because you can do them 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. P. G. Wodehouse did that.

**Steven Bruce**

When he wrote his books, he would have little notes of the lines he was using and they would get higher up in the wall as they reached the peak of what he wanted in his literature. So he was doing it. He didn't have sticky notes. But he was no sellotaping or anything like that.

**Georgina Joss**

I did, actually I had a sticky note of the grades I needed to get in order to get into UCO. It literally just had the grades and then UCO written on it. That's all it had. It was a sticky note in my room, still there.

**Elizabeth Curphey**

And did you achieve it?

**Georgina Joss**

Yeah, I did. I think because it was there it was like, oh, 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, like, this is what I have achieved, actually. So yeah, it's nice to see.

**Steven Bruce**

What are the new sticky notes.? What are the new goals?

**Georgina Joss**

Haven't done anymore. Yeah. Yeah. I've 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 I've done a smart goal on prescribing functional exercise.

**Steven Bruce**

You and most of the osteopathic world.

**Elizabeth Curphey**

It's not our forte, is it? No. We're digressing slightly. But are you are you taught more...?

**Georgina Joss**

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 as well.

**Elizabeth Curphey**

I think our physio colleagues are very good at the rehab, aren't they?

**Steven Bruce**

Yeah, a lot of them are yes. But we had Victoria Smith on the 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 prescribed, it's not specific to you. 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 a point about using a room for treatments in your own home, make sure it's not used 100% for business use. Because if it is, there could be a capital gains implication when you sell the property.

**Elizabeth Curphey**

Well, that is interesting. I'm really glad she 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 good to know. Thank you for that.

**Steven Bruce**

It's good to know what the implications are because it's quite scary.

**Elizabeth Curphey**

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

**Steven Bruce**

I suppose if you just put a comfy chair and a bookshelf in there, you can say no, I use it in the evenings to relax.

**Elizabeth Curphey**

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

**Steven Bruce**

Well, let's talk about that since we're talking about people setting up their businesses. None of us, we didn't get any training in tax or accounts when we were in college. So what should people be doing do you think?

**Elizabeth Curphey**

Get an 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 our expertise, then you need someone to have expertise to do your tax. And also it's a time saver. I'm not good at accounts. 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 in my opinion.

**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 from 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 you're being paid x amount quid per hour. Why do a job that pays half that much when you could get a bookkeeper to do it. 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 the people in your area, see who they have. See what benefits you have, you know, are you paying just for them doing your accounts and your tax return? Are you paying them for advice over the year because I know some accountants, my accountant's brilliant, I can phone him up and ask him all sorts of stuff and he doesn't charge me for that at all in the yearly fee. Whereas I understand that some accountants will charge for more advice, so check that and 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 in other towns got a great accountant then make the most of that.

**Steven Bruce**

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

**Elizabeth Curphey**

No I have moved the 21st century and I do now have into it, which is much better.

**Steven Bruce**

We use zero and it's great, you just upload, everything goes up by scanning the receipts and everything goes to the bookkeepers down in London. She sorts of bookkeeping; the accountant is somewhere fairly close to here.

**Elizabeth Curphey**

It's much easier. It's definitely a good investment. Definitely a good investment.

**Steven Bruce**

There's a little hairy monster on one of these slides.

**Elizabeth Curphey**

There is a hairy monster.

**Steven Bruce**

We've got 10 minutes left.

**Elizabeth Curphey**

I'm gonna hold my hand up and say I've stolen that from Gilly. The big fat Hairy Audacious Goal, hands up to Gilly for that, thank you.

**Steven Bruce**

I don't think she is the only one who refers to it as hairy monster.

**Elizabeth Curphey**

No possibly not. 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 little practice, for some people, it's working from home, for some people it 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 going back to what I said a few minutes ago. It's that ultimate dream. It's what's the lifestyle that you want. Does it involve horses, thinking about my wife, Claire, does it involve skiing holidays, does it involve buying a yacht or having a second home in the Caribbean or whatever it might be. But as long as it's realistic, set that goal, give it a time frame and start working towards it and he's a very nice little hairy monster.

**Elizabeth Curphey**

He's 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, generally with charging 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 we've had several people on the show to talk about maintenance treatments, because maintenance treatments, while I went through training was a dirty expression. You know, that's bringing people in

unnecessarily after you've supposedly fixed them. We've had a couple of speakers on this, and I was talking to an osteopath, I think it was, it was an osteopath a couple of days ago. And when we say 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 is it 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**

Yes. And I've made that mistake in the past, thinking that they're not going to want to come back because we won't be able to afford it. But you never know who can and who can't. Actually, there's another part of the book where I talk about a friend of mine who went to see an osteopath, because he lived in a different part of the country to me. And I hadn't been 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 osteopath 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's 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 in a month and they say yes, Liz, 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 or the end of a treatment to know where you would get to with that. When they come back in the next time to see whether they've continued with that progress. We've made progress here, we can carry on making progress till we get to that end aim, whether it's a little old lady who just wants to better reach the beans on the middle shelf from the cupboard or whether it's a chap who wants to be an Olympic skier.

**Elizabeth Curphey**

Yes. And that's a conversation that's important to have with a 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**

Few comments, we're nearly at the end of the show. Anne said that her accountant recommended to her that she throw a house party once a year, because then her room that she used for treatment can't be regarded as 100% business use.

**Elizabeth Curphey**

Oh, brilliant. I like that.

**Steven Bruce**

Amber 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 that I can answer the question. But I think we pay something in the same region for our accountant who also answers all our questions when we phone her up with a last minute query whether we can do this. But actually, we also pay the bookkeeper to do 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.

**Elizabeth Curphey**

Yes, but that's not a lot every month either, is it?

**Steven Bruce**

It's about 20 quid a month or something. 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 much at all.

**Elizabeth Curphey**

Yes. Yeah.

**Steven Bruce**

Ian's asked, what patients' software do they use? I presume he's talking about clinic software.

**Elizabeth Curphey**

Practice management.

**Steven Bruce**

You like Clinico?

**Elizabeth Curphey**

I use Clinico. Yeah. Yes, I believe that I've not used Jane 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 some accounting in there, you can do invoicing, reports. Obviously, you can use it to write your notes on in the first place.

**Steven Bruce**

I'm going to be slightly controversial here. And I hope they're not watching. You also mentioned PPS 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. But two which I think get the best reviews are Jane and Clinico. 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 us.

**Steven Bruce**

Do you remember the years when we used to resist it, though?

**Elizabeth Curphey**

Oh, absolutely. Oh, yes. I think it was a thought that you couldn't have control of your diary. But you can because you can block things out. And I can squeeze people in here and there if I need to. So, and I think most of them, I know Clinico, I don't know about Jane app, they'll give you a 30-day free trial. So you can try it and see.

**Steven Bruce**

Yeah, and Jane certainly, I'm sure Clinico will do the same, Jane will, I call them Jane rather than Jane app. It does sound silly. They will do a very, very detailed demonstration to explain at great length how it works. They got a trial practice diary that you can look at and play with.

**Elizabeth Curphey**

And online support. So 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. One thing on here I wanted to pick up on as well, because point number 12 and we're going to issue all of this out to people. So to start achieving your one year goals, but a very key point there is what you have to stop doing.

**Elizabeth Curphey**

Yes, usually scrolling through social media and not doing stuff that's appropriate. Yes. 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, I'll just watch another episode. So thinking about what you need to stop doing is also really beneficial as when you need to start.

**Steven Bruce**

The question that was burned into my mind and others was, does it make the boat go faster? Which harks back to 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. You 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 are not gonna have time to talk about it. But tell us about SWOT, you know about SWOT analysis.

**Elizabeth Curphey**

Really useful to do this, actually, before you even start thinking about your business plan. Because knowing these.

**Steven Bruce**

Strengths, weaknesses, opportunities, and threats.

**Elizabeth Curphey**

And 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, undergraduates about to emerge, but also, I've had two people tell us that they've had to restart their businesses, not quite from scratch but almost from scratch and going through this process is so important.

**Elizabeth Curphey**

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

**Steven Bruce**

Gilly runs a mastermind group for osteopaths. Probably there's chiropractors in as well.

**Elizabeth Curphey**

She does. Oh, she does, absolutely. Yes, yes.

**Steven Bruce**

And one of the things that I would always say is 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 and you're ever thinking, you might not realise what the opportunity is. Because you think, oh, I'm an osteopath, this is what I can do. But why don't you also do that?

**Elizabeth Curphey**

Yes. I love masterminds. I think masterminds are the place to be, because there is nothing better than being with likeminded people who want to move themselves forward. And it's exactly as you said, Steven who can bring different ideas to the table.

**Steven Bruce**

The only reason we haven't set one up in the academy is because I'm great friends with Gilly, I don't want to tread on her. I like them so much. I would love to set one up.

**Elizabeth Curphey**

Yeah.

**Steven Bruce**

You know, I'll talk to her and find out whether she feels that we'd be stepping on her toes because we've got a space here to do the expertise around us to do it.

**Elizabeth Curphey**

And I mean, it's just lovely to hear with people's expertise. It's lovely, even if it's not necessarily going to value at that particular time. It's accountability as well. It's great. I'm a part of two masterminds, Gilly is 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 for you to be able to ask for help or advice. I love masterminds.

**Steven Bruce**

9 o'clock.

**Elizabeth Curphey**

Is it really?

**Steven Bruce**

We have had just over 300 people watching and we know 80 of them are your colleagues.

**Elizabeth Curphey**

Oh, that's lovely. I'm so grateful.

**Steven Bruce**

And a lot of people will be watching the recording and we thought we wouldn't get the normal numbers, because this is a specific sort of broadcast, but yeah, 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 found on the slides there. So you've got those to refer to if you want to, we're gonna give this book to you.

**Georgina Joss**

Amazing, thank you.

**Elizabeth Curphey**

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 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 other osteopath and other chiropractors and physios in, hearing them talk to your group. It inspired me to think, well if they can do it, so can I, so I am eternally grateful for your support over that time. I'm very, very grateful. And as a result, I'm sat here talking to you now.

**Steven Bruce**

Well, I'm very grateful you spent two and a half hours getting to us and you're not even gonna go for dinner.

**Elizabeth Curphey**

And it's pouring with rain. It was worth it.