

## Insurance: What Might Be Missing - Ref 317

Steven Bruce 12:57

Good afternoon and good to have you with us for today's lunchtime learning. We're not looking at clinical issues today we are looking at legal requirements. So in particular your malpractice insurance, there's a common belief that all malpractice policies are created equal. But I think we're going to find out that that may not necessarily be the case, when we do delve into it a little bit more thoroughly. I'm joined today by Nick Elwell, who is the director at BGI UK, which makes him an insurance expert. So this, this is a great opportunity for you to get all your questions answered about insurance and about how it might affect you. if the worst comes to the worst. Nick, good afternoon. Thank you for taking the trouble to come and join us today.

Nick Elwell 13:39

Thank you for the invitation. Well,

Steven Bruce 13:40

I mean, it's a hell of a challenge, isn't it? Because you aren't you are tasked with making insurance interesting for 45 minutes, which you've Well,

Nick Elwell 13:48

insurance is one of those topics that everybody finds interesting. As a matter of course, that should be addressed.

Steven Bruce 13:54

I suspect that everyone finds insurance very interesting when something goes wrong. And up to that point, they just ignore it.

Nick Elwell 13:59

I think that's true. Everybody will have received a policy and they'll in that it'll say you've got to read this document. And everybody reads that bit. But nobody reads the policy itself.

Steven Bruce 14:11

It doesn't help but they usually dozens of pages long as I'm using language, which is barely understood by a layman.

Nick Elwell 14:18

Well, I'm not sure if I agree with that altogether. But it's not easy. And it does take time. And if your main job is earning a living, you don't necessarily want to spend the time on that.

Steven Bruce 14:30

As opposed to that, and it will be interesting to compare policies. We're not going to do that today. But of course, what you don't know is what's not in your policy, because we're all required to have a basic level of malpractice cover on we have whatever it is 6 million or 5 million quid, yeah, and we're all required to have public liability insurance in place. But beyond that, we don't really know what we might also have

Nick Elwell 14:55

well that there are different requirements. The only thing you have to have by law in the UK is Employers Liability Insurance. So if you have any employees or Labour or any subcontractors, then you have to have Employers Liability Insurance.

Steven Bruce 15:10

So when you say subcontractor, you don't mean getting the painter in to decorate the clinic. No,

Nick Elwell 15:14

if you if you're going on holiday for a couple of weeks, and you get somebody to come in and cover for you, if they're working for you, rather than for themselves. They're your responsibility. If they have an injury at work, that'll fall to you.

Steven Bruce 15:28

But you don't need that insurance. If you're just a sole practitioner and you close your practice when you're away from it.

Nick Elwell 15:33

It's only if you have an employee or a subcontractor working on do construction.

Steven Bruce 15:39

Or you thought we also thought we have to have public liability insurance because the public are coming into our property and might injure themselves.

Nick Elwell 15:44

That's not a legal requirement. It may well be a requirement of various organisations that insist that to be a member, you have to have that cover, right? Do you think is a good idea? I think it's critical.

Steven Bruce 15:56

So we want to get the the elephant in the room out in the open here, hadn't we? Because it means obviously you are a director of an organisation which sells insurance policies. And you're here because I've discovered you through one of our guests on the studio. And I was intrigued to find out more about what different policies do and I think there are lots of people out there who perhaps share that interest. So you have an interest in when it was a selling policies, which are put out by BGI. But at least making sure people are aware of what it is they should have and could have,

Nick Elwell 16:28

we came across the requirements for insurance for we say holistic therapists, now that includes everything from the yoga teacher down to the Osteopath, the chiropractor, and the people that like putting in Botox. And so it goes on. And what we found is that lots of people can buy insurance, but they don't actually know what they're getting. And what they were getting was very often not worth the money that they were paying for it. And so I was asked by a very erudite gentleman to look into it on His behalf and his group, which we did. And that became quite interesting. And so we carried on building it up from there.

Steven Bruce 17:09

Right. Now, I think you told me earlier on that you've been running this company since about 1982 or something

Nick Elwell 17:16

for a long time, but I will admit that all yet.

Steven Bruce 17:20

Okay. But I bet you've been running this company for a long time. What would you say the strength of the company, not the policy?

Nick Elwell 17:28

Well, the policy of the company is perhaps what we're looking at very much a case of we have clients who are individuals, not numbers. And we like being available to people, should they want to talk to us equally, if they want to buy something online? We're quite happy making that available to them online.

Steven Bruce 17:46

Yeah, and I think, you know, that's kind of a sort of a shared attitude that we have here at APA. I mean, we I want people to talk to us to phone us and ask for help when they need it. And we will go out of our way to provide that. And I suspect those people who've had to use their insurance policies really do need that sort of support, don't they from someone who knows what they're talking about. And I don't protect profess myself to be an insurance or a legal expert. And I'm think I'm reasonably sound at the outline principles. But when you're facing a complaint at the Professional Conduct Committee, you need somebody to tell you what's going on.

Nick Elwell 18:26

Indeed, much the same as most most people in the UK are going to know very much about how osteopath work. There's really very little reason why an osteopath should want to know how insurance works, no. And so as a rule, they don't until it needs must.

Steven Bruce 18:44

So you've said that we don't need many policies actually, to be registered, we do need to have malpractice insurance. Oh, indeed,

Nick Elwell 18:52

there is a legal requirement for insurance, which is one end of it. And then there's your organization's requirements on the other. And that might include malpractice. public liability,

Employers Liability we mentioned before. And then organisations will have other bits that they want you to have, because they think it's good practice. Yeah.

Steven Bruce 19:13

I remember you telling me when we discussed this some time ago, actually that malpractice insurance is probably the least costly bit of the compulsory insurance. And it's the legal expenses thing, which which ramps up the cost?

Nick Elwell 19:26

Well, there is there are two types of legal expenses. There is just the legal expenses where you're looking for advice on how to react to someone's complaint, or the claim that they're making against you. But as soon as the claim becomes a formal claim for compensation, then the insurance company, the malpractice insurance company that will then start picking up those costs. Right, and they will settle everything from that point into conclusion.

Steven Bruce 19:54

Okay, I didn't realise that there was a legal expense or there was a legal service available where you got to Prior to the complaint being made,

Nick Elwell 20:02

and there is we offer a legal expenses policy. It's not all inclusive. It can't be by definition. But it does offer a very good level of help, and a legal advice line so that if you think maybe someone's going to have a go at you, and you're not quite sure how to react to it, you can phone them up and ask

Steven Bruce 20:21

Yeah, okay. But of course, you know, yours is not the only company offering these policies I imagine. And I obviously, I know that Baylands and locked ins and others will provide malpractice insurance. So I'm thinking about these add ons that you're talking about, I think we probably

Nick Elwell 20:35

include more additional services rather than add ons, add ons has a reputation and insurance terms, you've got to be slightly careful, because it sounds as though you're trying to make money out of people wanting to make the money. But we offer the legal expenses. And we encourage people to look at other things where they are vulnerable, sometimes without thinking about it. Some of them are insurance related. And some of them are not.

Steven Bruce 21:02

If you've got any examples that might sort of ring bells with our audience of things that they might not initially have considered that perhaps they should.

Nick Elwell 21:10

And one of the end things that we talked earlier about cyber insurance, there are more cyber claims going on, probably than any other type of insurance, other than bashing people's cars around and that sort of thing. Data is now a very valuable commodity, and people will try and interfere with it, they'll try and steal it. Yeah. So one of the things that we provide, which is fairly unique, is just a tag on your database, so that if anybody gets into it, we can tell you that they've gotten into it. And then you can close your computer down and take it around to the repair shop, or whatever you care to do. But at least you can keep it running allowing them to have access.

Steven Bruce 21:51

So what databases would that affect now, for example, my clinic, we use Jane as our clinic software. And all of the data, as I understand it is kept on cloud servers somewhere within the rules of UK GDPR, and all sorts of data protection. So you're talking about stuff that we keep on our own, no one's wherever.

Nick Elwell 22:09

I mean, if someone hacks into your email address, they pick up your login code your data, they immediately have access to data everywhere, right? And that's true with any organisation. If you're a clinic, maybe you have 1000 Names and Addresses. But you'll also have their bank details you'll have their age, you had sex, you'll have the, what they've been treated for and everything else. And that is valuable to people who wants to create mischief. Yes, so best to protect it. And if you can't protect it, then do what you can and then insure against that loss.

Steven Bruce 22:50

And have you seen claims coming through from healthcare organisations, whether they're yoga or whether they're osteopath, chiropractors or other?

Nick Elwell 22:58

We haven't? Because we've managed to get most of the people that we insure into a position where the claims are prevented before they actually happen. Okay.

Steven Bruce 23:10

And is that cyber insurance? Something, which is when I would have called it an add on is, is that an extra paid service in addition to basic malpractice, and

Nick Elwell 23:17

we provide what we call the data protect service within the insurance that we provide, right? But then to have full scale, proper in depth, cyber insurance, you need to pay for both we've we've done a group scheme for everybody that insures with us and so it can, like lost about 65 pounds. Yeah, and then can go up. I mean, if you've got 1000s of clients and you're worried about losing 1000s of bits of data, then you can increase the indemnity limits and pay more for it. Right.

Steven Bruce 23:48

And what is that indemnity? Presumably that indemnity is against a claim made by a group claim from people saying that you've lost all this data because the ICO the Information Commissioner's Office is not going to take us to court over this

Nick Elwell 24:02

candy, right. If you have been negligent over people's data up you haven't been looking after properly, then first thing you have to do is right to all of your clients, and telling them that their data has been compromised. If you've got 1000 clients that's gonna cost you 20,000 pounds, just been sending out hardcopy letters.

Steven Bruce 24:22

They have to be hard copy. Yeah. Right. Okay. I mean that that expense will be covered by insurance. Yep. That's the idea of it. So there's all manner of things. Yeah. Okay. Well, that's that's yeah, that's, I

can't even considered we'd have to write to them individually by him. Yeah. Through the post. We had a whole lot of questions coming even before we started, which shows the insurance genuinely is interesting. So let me just turn to a couple of those. Would you all liabilities? Would ones liability insurance cover one for services rendered outside my primary practice? So I guess we're talking about medical malpractice insurance, liabilities insurance. So what that

Nick Elwell 24:57

means be well, it is any insurance the intention tariffs policy that our cover provides covers the individual anywhere in the world apart from the USA, Canada, right? So if you decide to take a month in Spain where the sun shines, and you want to practice a little bit of osteopathy out there as well just do some simple methods or whatever it might be, you're covered out there whilst you're doing it.

Steven Bruce 25:21

I'm guessing the states is excluded, because they're just claims

Nick Elwell 25:26

hungry out there. They are claims hungry, different rules apply different premiums apply, we can do it, but it'll cost more.

Steven Bruce 25:34

This next one is about what's called a claims made policy. And I didn't know that was a term. If I have a claims made policy do I need to buy additional runoff cover to protect me from claims made after I ceased trading?

Nick Elwell 25:47

Okay, there are two types of insurance when it comes to liabilities. One is claims occurring and the other is claims made. If you consider your home insurance, if you renew the policy, and then 10 days afterwards, you find that there was a huge leak causing damage in the house, then that claim would probably go back to the previous year. Under claims made policy, it will be this year. So each year that you renew the policy, the claim you make is against the current policy, not against the one that was current at the time.

Steven Bruce 26:23

Right. I see. And so in terms of in terms of our practice, we need claims occurring. Crazy

Nick Elwell 26:31

deadlines need because it's much easier to close off the claims experience, because you know, that's the end of it, and then you move forward into the next year.

Steven Bruce 26:39

So what happens in this case, when you stop you deregister you stopped treating and someone two years later says actually, this ain't

Nick Elwell 26:46

awful, fair enough that the policy has what's called a retroactive date. And the retroactive date will go back to the date that you first started trading, providing you've had insurance right the way through.

Steven Bruce 26:58

So even if it wasn't your insurance, it was still covered.

Nick Elwell 27:01

From the day back to Okay, well, that's reassuring

Steven Bruce 27:05

if I provide remote consultations, does my limited liability insurance policy cover those online consultations? And are there any specific requirements to ensure coverage?

Nick Elwell 27:15

And if it does, I mean, this is something that we've always sorted just to

Steven Bruce 27:19

interrupt. We need to make it clear whether you're talking about your policy or policies generally, because

Nick Elwell 27:26

policy does lots of policy didn't have the long cane COVID When more and more people were working remotely as a necessity. And so I think most of them will give an element of cover for online advice. Of not yet worked out. Anybody could do an online massage or anything like that. But for all intents and purposes, if someone rings in and says I've hurt my knee, what should I do about it? Any advice you give at that point in time, would be covered under the policy? Right?

Steven Bruce 27:56

So that's now the standard? Is it for?

Nick Elwell 27:58

I wouldn't say standard, lots of insurance still don't like it. But I wouldn't say that we were the only person who needed it.

Steven Bruce 28:04

Right? Okay, but you'd be you have added it in your base. This is one thing that's occurred to me and it was reinforced recently, we ran we've run to dry needling courses here in the studio over the past year or so. One of the tutors is a professor from Johns Hopkins Medical School in the states. The other is a very experienced osteopath, who deals a lot in trigger points and needle work in those in those trigger points. But of course, in keeping with so many institutions, there's no real formal qualification for treating needling, Phyllis of her teaching needling. Now one of the people on the course, is insured with we want it through one of your competitors. But it doesn't matter who she has been told that they won't insure, but they won't provide cover for that dry needling treatment. Because they don't know the quality of the training. How How, how should practitioners deal with that, you know, in when somebody goes on a course they want to know that afterwards are going to be to use the skills?

Nick Elwell 29:07

That's a very, very difficult question to answer in a single sentence. You're going to have two most Most insurers liked her theory, some form of certification that enables you qualifies you to do what it is you're doing right. We have

Steven Bruce 29:25

been approved by some recognised body assembly a statement.

Nick Elwell 29:29

And some of them I don't think they are worth the paper they're written on but they have a certificate saying So yes, we prefer to adopt the stance that will will ensure you providing your qualified either by certification or experience. And we actually prefer experience. So if you've been doing it for 10 years, and you're now teaching somebody else to do it, that's fine, right? If you've been doing it for 10 minutes, and you teach somebody else to do it. Well, we wouldn't take too kindly on that because we wouldn't say that you were properly qualified.

Steven Bruce 30:00

So this particular practitioner is in my practice. So she's been taught by somebody who's got my new years now a retired neurosurgeon, he's a professor at Johns Hopkins, he's probably got a bit of practice behind him and a bit of

Nick Elwell 30:13

that he's probably got the best of both. So the absolute no doubt at all, that we would like to have that sort of person on board, because then we would reasonably be reasonably comfortable when the individuals who had been trained came to us asking for that insurance, yes, that they'd been properly trained. And we would be comfortable in taking them on as

Steven Bruce 30:32

well. That's useful to know for for her and and for we others who come on our course. And we will make what we I think what we'll have to do is on the future courses, we've got one plan for an October this year. And we'll make it clear to them they need to check in advance that they're going to be covered for doing the needling and then we can recommend them where to go if they're not absolutely, yep, very, very much. Definitely work at multiple locations, or have multiple practices as my policy cover all of them. And is there any difference in premium costs. Obviously, you don't know what their particular policy says, because the standard

Nick Elwell 31:04

the general policy that we start off with is for a person working on their own account. So osteopath, chiropractor, teacher, whatever, just doing their own thing. When that person decides when it'd be good idea to have a clinic and they start bringing in other people, then additional insurances are required. If they get additional premises then and so it carries on building, then you become a business, then you become a corporate client, rather than an individual.

Steven Bruce 31:34

But in terms of me as an osteopath, if I work in 14 different clinics, I am I am covered to work in those clinics, to the to the level I need to be covered,

Nick Elwell 31:44

there is one point that's particularly important there actually, is that if you're working for somebody else, you need to make sure that your policy is what's called an indemnity to principles clause. Because if you decide to go and cover for a friend, who's taken a couple of weeks off and his motorbike going across Spain, then if there is an incident, the chances are the claim won't be brought against you, it will be brought against the person you're doing the work for, because that's who they booked in the consultation with. That's who they're paying their money to. And that's who the claim will go to. So it's then necessary that because he doesn't obviously want to pay the claim, that wasn't his fault. But he can submit that claim back to you, right. But you can only do that if there's an indemnity to principles clause, so that would then indemnify the company he's working for. Right? A lot of those

Steven Bruce 32:41

all this stuff, you know, most people are going to forget all these terms moment after we stop this broadcast. So when someone goes to take out an insurance policy, how do they remember to think about all these things? How do we make sure that they're covered? Perhaps

Nick Elwell 32:57

the easiest thing is we could give you a list of 10 points. So make sure that you either do this or that you don't need it. So it doesn't matter.

Steven Bruce 33:07

Yeah, that will be very helpful. I mean, I'm what I normally do is I follow up these broadcasts with an email the next day if there are things to reinforce with people and I don't know if you can do it by tomorrow, but we'll we'll it might give it a go. Okay. Andrew says does, do you have any advice for a provider of public liability or Employers Liability for people working in our situation osteopaths and chiropractors?

Nick Elwell 33:30

Anybody will, or any insurer technically will look after that you need to make sure that the Employers Liability cover includes osteopath, if you're employing them not just clerical people. But it shouldn't be a problem. Some people don't like medically related holistic therapy related therapists for one reason or another. It does

Steven Bruce 33:54

you use the term employed there. Actually, of course, most osteopathic practices that have a large number of practices practice, they don't employ them they work as Associates is they

Nick Elwell 34:04

may not pay them pa ye. But they're working under instruction. And therefore if they had an injury at work, they would be employees. Right.

Steven Bruce 34:13

Okay. And does that affect in any way the patient's ability or right to sue the practice as opposed to the practitioner if something goes wrong?

Nick Elwell 34:25

Well, as a matter of course, if you have a clinic and the grief of people in there, you might find that to chiropractors three osteopath and a couple of physios. But they'll all be paying their checks, if

they pay checks anymore to the clinic. And if something goes wrong, they'll see the clinic, not the individual.

Steven Bruce 34:45

Right. Interesting if and definitely something has gone through our mind in my own clinic because we have this this constant debate over whether practitioners should be employed or not. And there's legal precedent so

Nick Elwell 34:58

that the term employed is is a little bit difficult sometimes in the UK because you always think if you're employed you get a salary. But that's not the case. I mean, if you hire a brickie to come and build a wall for you, you are effectively employing him. And you just need to bear that in mind. So if you've got anybody working for you, you are responsible for their well being. Right? Okay.

Steven Bruce 35:21

Yeah useful to know. There's a famous case of the Pimlico plumbers wasn't there was somebody somebody Pimlico plumbers employed at their plumbers on a sort of an associate basis, so they gave them work. And all of the plumbers were quite happy to be self employed until the point where one of them had to stop work because he had a heart condition, at which point he found a solicitor to say actually, no, they should have been employing you and therefore they should now be paying you your sick pay and and all the rest of it. And I think he won his case as well. And it was there were lots of legal criteria by which they determined that he was technically an employee in terms of Nixon, Payne and all that sort of stuff. If

Nick Elwell 35:57

you go to the same place every day, you're an employee. That's pretty much the sum of it.

Steven Bruce 36:04

Jeezy says I've had to take out three different policies. There's no one insurance company would cover me for osteopathy, functional medicine, Mizo, therapy and phlebotomy. They're all considered separate variable risks, which I understand but I don't understand why they can't be separate within the same company.

Nick Elwell 36:21

Some insurers will be very specific as to what they will and won't insure. What was the one they said in their phlebotomy? No.

Steven Bruce 36:32

Miso therapy and you know,

Nick Elwell 36:34

functional medicine? I don't I have to say I don't know what functional medicine is, from a insurance perspective. I have to check on that one. But everything else can be done under one policy with us. Yes. And I would have to choose we're not perfect all the time. See what functional medicine is? To see if we can integrate that or not?

Steven Bruce 36:52

We can again, that will be very interesting to know as well. Kim, Sam Kim says can you explain what entity insurances? I'm glad you asked because I've never even heard of it.

Nick Elwell 37:04

And normally speaking, if you run a business, you might have directors and officers insurance. So that protects the individual directors and the officers against claims against them personally. But then a claim against them personally, may not come to anything if the director responsible has just disappeared off to the south of America, in which case, the claim would fall back on to the entity that is to say, the company who employed that person, right. So entity cover is normally the employment of the employing company.

Steven Bruce 37:36

Right. And although you have said that if we have people going to the same place of work everyday than they are technically employees, if we're not a limited company, there is no entity or

Nick Elwell 37:47

under No, then you are the entity as an individual.

Steven Bruce 37:50

Okay, right. There's no easy way out of all this is

Nick Elwell 37:53

I will know you're stuck in the middle of it, and the best thing to do is to understand it, so you can then deal with it rather than pretend it's not there.

Steven Bruce 38:00

Okay, well, hopefully, that's clarified things for Kim. Xena says, can you advise? could you advise about entity insurance? Just reading out the rest of her question as a practice owner renting out rooms to independent practitioners, can we be sued or claimed against rather than the individuals themselves? I thought my clinic insurance was covering this but recently found out not be interested to know more about that. zener. But I think we've kind of covered that, haven't we? If

Nick Elwell 38:23

if you're renting out space, well, then you have no worry. But if you're collecting the fees for the services being provided, then you're definitely in the firing line.

Steven Bruce 38:36

In my clinic, we take the fees, but we take it on behalf of the practitioners, we give it all back to them at the end less what we've charged them was room rent.

Nick Elwell 38:45

Okay, but you're you're raising the invoice to the client.

Steven Bruce 38:50

Interesting. If they ask for an invoice, I guess we are Yeah.

Nick Elwell 38:53

So you are effectively the person that contracting when

Steven Bruce 38:57

it's coming through our card machine and going through our online booking service.

Nick Elwell 39:00

I think you need to be cautious,

Steven Bruce 39:03

right? Okay, well, that'll worry a few people. I think when Trish says I had a period of being a non practising non practising on the general osteopathic Council registered during COVID when there was an interruption in her insurance cover. Would that mean that retroactive cut rectory retroactive cover would not now be continuous?

Nick Elwell 39:21

That is a great question. And the simple answer is no. But if we know that that happened, when it happened, then we would write into the policy clause saying that we're taking that into account and for retroactive cover applied,

Steven Bruce 39:36

but I mean, that retroactive cover only covers the period that she was treating for which is insured

Nick Elwell 39:41

so but it might have been before that. Yeah. So she was working for 10 years and they're not for two years, and then working for 10 years again, then technically because there's a breach when she wasn't working and not insured, then the retroactive cover would only go back as far as insurance of being continuous. Okay, of course you but if we know that there'd been a break for a good Cause, right, then we can overcome that. Okay.

Steven Bruce 40:04

Bridget has asked if I can ask you about hypo presses, which I'm guessing you won't know anything about hyper presence. Let me explain it. And I'll read the rest of this a few years ago, she got tied up in knots trying to get insurance to provide this separate to chiropractic insurance. I was told by the insurance company that I was to medical and needed a level four or above physical therapy certificate. Now, hyper pressive training is it's a physical therapy, designed primarily, I suspect that the people who train would would pick me up on this bill. So primary primarily for postpartum women who typically suffer from stress incontinence. And the normal treatment for them is pelvic floor exercises, which, you know, a huge number of cases have are not effective. Hyper presses claims to be much more effective. So it's it's teaching a sequence of breathing and exercise, which will retrain muscles which will overcome those problems. It's taught over a weekend course, and there are probably advanced courses you can go on. I have a problem with that at all. No, is from what you said to me off air before it just sounds like somebody has been taught by people who know what they're doing so and also thought that, you know, it's a fairly risk free enterprise, it's not as though you're going to be causing damage through this train, even if you don't solve their problem.

Nick Elwell 41:22

I'll absolutely say that. I mean, there's no guarantee under the insurance that it's going to work. But equally as you say, all you're going to do is improve their core strength, if nothing else. I don't have a problem with that at all. I think it's slightly absurd that anybody would think otherwise.

Steven Bruce 41:39

Mike wants to know if you can tell us how many instances there are of claims being made with regards to the data theft and claim make claims made there in relating to clinico.

Nick Elwell 41:49

I can't be precise on that at present, I could probably get you some information.

Steven Bruce 41:54

Okay. Clinical recently had a problem. Not that I know, were off. Right. Okay, I'm getting bad, I'm guessing could apply to any online service. Goodness, I know when we we stopped using PPS many years ago now. But there was a problem there. I think when they've been hacked, and their servers all crashed. I don't know if any data was lost, but it was certainly. Yeah, it was a difficult period for them. But our that our data is now held online. Does the policy doesn't build policy? I'm guessing we're asking about your policies rather than anybody else's. But do does the policy include coverage for public liability in case of accidents or injuries that occur on the practice premises?

Nick Elwell 42:33

Yes, it does. We were vaguely talking about this a little earlier as well. If you're in premises, if you're in a clinic, then you've probably got some form of clinic insurance. And so that would typically cover the person who walked in through the front door and tripped over a cable or whatever it might be nothing to do with you providing the treatment, right. On the other hand, if they're now in the waiting room, and you're asking them to come and get on the couch, and they tripped over something you've left on the floor, at that point in time, the treatment is for all intents and purposes begun. So yep, it would be covered in that circumstance, you've got to be a little bit careful to make sure you've got both in place.

Steven Bruce 43:16

This is public liability and malpractice. Absolutely.

Nick Elwell 43:19

Yep. I mean, the policy that we provide covers both, but it won't run as far as saying property owners liability. So if someone walks into the door and catches their jacket on the layer that stuck out from the wall, that won't be covered under your clinic policy, because it's the person who owns the property, who's responsible. Okay, so there are some fairly clear lines to be drawn. What's the policy that does cover people rubbing their grips on the new? And it depends on who owns the property, or whether or not the property owner is the same as the occupier. Or if the occupier then has signed a lease saying that he's responsible for the property,

Steven Bruce 43:53

let's say that they are the owner or they have accepted responsibility for the property, which

Nick Elwell 43:58

then they would have? Well, you would almost automatically if you own a building, and there's a clinic inside it, you'll ensure the building, that building would give you property owners liability cover, and that would then cover any injuries to individuals cause as a result of the property, rather than as your clinical

Steven Bruce 44:15

acumen. I thought we were going to struggle to come up with things to talk about in this show. I was thinking, you know, I think we all know what malpractice insurance and I'm a stagger that I have no idea about these nuances within different types of policy. And, you know, when my malpractice cover is enforced effectively, I thought that was just if I break someone's neck doing a manipulation badly, but no tripping over the cables in the treatment room is also there. Gosh, I don't know who asked this, but they want to know what the process is for updating coverage limits or making changes to the policy as their practice grows or evolves.

Nick Elwell 44:50

Very easy. There's a thing that someone invented a while back called a telephone. If you jump on the phone and call us we'll do it. Right. You can also send us emails you can do Online, you can even go into your own policy page and send a message through that policy page.

Steven Bruce 45:05

And presumably, unless there's some significant change, or someone says, I've just I've just trained in dry needling, can I add that onto my policy? Is there is there an increase in fee for that?

Nick Elwell 45:17

Only if you are going up from one category to another. So for example, if you're an osteopath, you've got a fixed rate and it's going to be that. But if you're an osteopath, who only does soft tissue massage, right, then we will charge you for doing that. Massage Therapy only seriously? Yeah. Why would we charge you more if you're not going to be doing

Steven Bruce 45:41

other things? Because I've never heard anywhere else where they've said, Actually, usually it's just you're an osteopath, these your fees not though if you don't do manipulations, hivelocity thrusts and it's a different value, presumably lower one.

Nick Elwell 45:52

Yeah, absolutely. Yeah. We try and gauge the premium that you've got to pay to the risk that you're likely to present.

Steven Bruce 46:00

Okay. I'm guessing from what I've seen with other providers that the fees for chiropractors and osteopaths are significantly different. Or does that again depend on what you do within your

Nick Elwell 46:11

depends on what you do? I mean, if you're an osteopath who insists on sticking injections up by people's spines, it'll cost you at least as much as osteopath. But osteopath, generally speaking, will cost a little less than chiropractors,

Steven Bruce 46:27

right? I'm a chiropractor who only does sacrum occipital work rather like an osteopath, who does cranial sacral work? Are they similar?

Nick Elwell 46:36

If if the Osteopath and the chiropractor both only do cranial therapy, for example, then they would pay the same premium, right?

Steven Bruce 46:44

That might be interesting to a lot of people. This person says I'm a manual therapist who has been employed for several years. But I'm now looking at setting up my own clinic. I think you've covered this, but they need to know what other insurance they need to consider.

Nick Elwell 46:58

It depends on how big the clinic is, where it is, what you're doing in it, whether or not you're going to provide a cafe to go with it afterwards and call us and talk us through it. Thank you. And then we can determine what you need. Right?

Steven Bruce 47:16

I suppose yeah, I suppose it depends. If you are if you are you buying your own practice or you your own building,

Nick Elwell 47:21

they vary so much. I mean, that very often a person who starts being an osteopath on their own right to build up from their garage or their shed or whatever, they can find that they can squeeze someone into so long as it looks reasonably presentable. And it doesn't cost too much. And then you move out to people who are living, or working beside gymnasiums. And so they'll get natural flow of business with people who try to lift more than they should. And that's not

Steven Bruce 47:52

okay, so let's just look at that, because you're right, that is quite a common thing for osteopaths, and chiropractors and sports therapists to do is to be given a room inside a gym somewhere. If they're doing that, do they need to think beyond malpractice insurance.

Nick Elwell 48:09

There will be an element that they need to because there's probably a contract in place that says they can't or they can't do this, or they must do that, and they mustn't do something else. And as soon as there's a contract in place, there's a liability and you might want to insure that liability, you might not. Again, the best thing is tell us what you're doing. And then we can tell you whether or not you need to think about insurance or

Steven Bruce 48:28

you say that but my experience of trying to contact the insurance is I send them an email and bugger all happens for six weeks. I would

Nick Elwell 48:34

like to think that we're a little different.

Steven Bruce 48:38

This is telling us your sales pitch for BGI. I don't mind that because I already know that you guys are far more responsive than some of the people I've dealt with in the past. How does an insurance company handle situations where a patient alleges injury or malpractice after an extended period has passed since the treatment?

Nick Elwell 48:55

That can vary? It depends on all sorts of things, including the value of the potential claim that someone's trying to see for a million pounds, the insurance company will look at it slightly more promptly than if they just said I hurt my finger. There isn't a simple answer I can give to that. But the most important thing is as soon as you hear from a client with a potential claim, tell us about it. And then we can monitor that and deal with it as it comes through.

Steven Bruce 49:25

I was really infuriated myself, not because of claim a complaint was made against me, but because of the process. And this was two three years ago. It was a fellow osteopath who complained about me. And, of course, I felt I have to I had to tell my insurer straight away that a complaint had been raised even though it had only gone past the investigating committee at the General Counsel. But of course, as soon as I tell the insurance company, they are now paying for a lawyer. And although it didn't cost me any money, infuriated that we couldn't avoid expense because all of these things ramp up other people's insurance?

Nick Elwell 50:03

Absolutely. And we're a little bit well ahead of that insofar as we will look at the event, and then we will talk to the insurers. And we will tell them whether or not we really want to get involved in that. Or if we want to just leave it for the time being. If we leave it for the time being, the insurers are quite happy watching it for a while. They don't need to deal with it immediately.

Steven Bruce 50:42

Right, hopefully, I'm back on arrogance. Right. So because I was fiddling with my mic, I hardly heard anything that I said, just there. But hopefully, the audience will will have got the gist of that. I think, what, we've got a few minutes left on there. So what are the other things that people might want to consider should be part of their insurance, overall package? Well, not necessarily that you provide, but then anyone probably

Nick Elwell 51:08

the best thing you can do if you're going to run any sort of business, is to sit down with a glass of wine or a glass of water, whichever takes your preference, and say, what if, and if there are a lot of things that the what ifs come up, and you're not sure if you can afford to pay for them or avoid them or deal with them, then insurance is a possible option. A lot of them aren't compulsory, so you don't have to buy insurance. But the idea of insurance is if a lot of people pay a small amount of money, then when something goes wrong for the one, there's sufficient revenue in the bank to cover that cost.

Steven Bruce 51:42

Yeah. One of the ones which comes up very frequently, of course, is what if I'm ill, and I have to stop work for a period of time, which falls short of the standard, or is it six weeks or something that usually sees a fracture healed?

Nick Elwell 51:57

And you can take out personal accident insurance, you can have illness insurance, you can have long term cover, you can have short term covers this all available. So if you're worried about that, it's part of your list. If you sat down and said this is something really worries me. I think probably I know

more osteopaths have broken their leg playing rugby than any other single class. Right trade. And I dare say that none of them had personal Accident Insurance. Yeah. But you can have it you can buy it if you want to. You don't have to

Steven Bruce 52:32

write and how about if it was something that was a little bit shorter term than a broken leg? And we knew that's a fairly lengthy absence, isn't it?

Nick Elwell 52:40

Again, you can do it. You can buy insurance with a week's notice. So most people aren't going to pay any form of cover if you're ill. If it's less than a week, but accidents you can cover immediately if you want to because they're unexpected.

Steven Bruce 52:56

Yeah. Okay. I think this this question from Trevor is quite an interesting one. Will your insurance insurance cover treating professional athletes or celebrities, as he knows that Some insurers asked for a separate risk assessment?

Nick Elwell 53:11

We are cautious. So we will all always ask you approximately what you think your patient might be earning? Because if he's a top flight footballer, and you managed to do something, which means he can't run for a year urine for millions, or you do it the same, the Granny Smith, then you're just not

Steven Bruce 53:33

sorry. You ask us what our patient might work. We don't know. Do we feel that? Yes, you do. Because

Nick Elwell 53:37

if you know, he's a famous footballer, you can guess that he's probably earning a couple of million. But we're not asking for exact amounts. Yeah. If he's a famous actor,

Steven Bruce 53:47

okay. So when I'm when I take out my insurance, I don't know that a footballer or a celebrity of some sort is going to book him with me. I have standard insurance. As soon as I see a celebrity come up on my radar, assuming I spot them, because if they're a social media, sorry, a soap opera star, I wouldn't know.

Nick Elwell 54:01

In that, that event, we wouldn't expect you to know when to charge any more. But generally speaking, where people start dealing with one osteopath, then they will tell their mates and they'll go and deal with them. And so you start building a book, or if I started

Steven Bruce 54:18

working for a professional football club, for a film studio was nothing like that, then it would be important, it

Nick Elwell 54:24

just increases the not the likelihood of there being a claim, but the value of that claim that things went wrong.

Steven Bruce 54:31

Yeah, indeed. Okay. It's not something I wish it were a problem that I had such high value clients coming through my books. Again, I said, insurance might be a difficult subject to sell, but we've got over 350 people watching us live at the moment. So clearly, they're all people intrigued by this. Now, I hate it when any of my shows come across as a sales pitch. But the reason you're here is because I want to get into some sort of Relationship with BGI insurance. What does that mean for anybody who opts to go with BGI?

Nick Elwell 55:06

Well, we are regulated brokers, we've been around for a few years, most of the people that we have will give us a good reference. Yeah, we have one or two have disapproved of what we've done or whatever. But I guess that's just the way that the cookie crumbles sometimes.

Steven Bruce 55:23

Okay, cool. Give us an example. And what would people complain about that you have? One of

Nick Elwell 55:27

our therapists was a sex therapist. It transpired that he was then accused of rape. And he couldn't understand that whilst that policy would cover him for injury cause during the therapy rate was a criminal act, and therefore wouldn't be covered under the policy.

Steven Bruce 55:47

Right. Okay. Is that common for all insurance policies that if what you've done wrong is a criminal act, then it no longer counsels malpractice?

Nick Elwell 55:57

And pretty much? I say pretty much because there are always exceptions to the rule where people may not know it's a criminal act. And it may be judged wrong, but not criminal. And then there's, yeah, there are too many laws to just give you a straightforward yes or no answer. Right. But generally speaking, most people know that rape is not something that's going to be approved of in the high courts. And so he said, No, you're not covered. And he decided to test that by taking us to court and lost.

Steven Bruce 56:28

Right? Okay. I guess I can see, I can see their side of the, I don't really sympathy with somebody who's a rapist. But I can see the why they might have questioned that.

Nick Elwell 56:40

The policy very clearly on the shedule on this, in particular says excluding any criminal activity. And also,

Steven Bruce 56:49

if you can't get insurance anywhere for criminal activity,

Nick Elwell 56:51

and exceed excludes also any sexual harassment or abuse cover.

Steven Bruce 56:58

Okay. But that's one of the most common causes of complaint crossing sexual boundaries, isn't it? So nice, presumably has to be covered. If somebody's good.

Nick Elwell 57:10

Again, we had a case recently where that that came to the light as it were, and the insurance followed it through. Because it was some doubt as to whether or not it was even sort of morally wrong. I mean, effectively, it came down to a level where the male osteopath, and did the bra straps of a female that he was massaging. And then she went back for a second session, and after the second session complained that she hadn't given him permission. Right. So there are, yep. But I can't see how we could not possibly be on site with that.

Steven Bruce 57:52

Yeah. Okay. Gigi is also another important question is, I think the answer is reasonably clear. But she's saying if we're having to tell you about any celebrity clients, or professional athletes, isn't that a breach of data protection?

Nick Elwell 58:05

No, for two reasons. One is we're not asking you to tell us about anyone that comes in. So if you're running a practice, and someone turns up, and then afterwards, you discover that they're quite famous, because then that's a one off event, we'll take that as it comes. But as you were saying, if you're working for a football team, or working for an Olympic Association, then we need to know about that, because then the value of a claim, right would far exceed that than if you're just dealing with the price.

Steven Bruce 58:33

Point is, in order to know what someone's earning, would you have to know the name of that client, that patient,

Nick Elwell 58:39

we would have to know if they wanted us to insure them. Okay.

Steven Bruce 58:43

But then the easy way around it is you say to the person concerned, I'm gonna have to declare you as a special guy. So can I can I reveal your identity, the insurance? I do? I understand completely why that question was asked. But I do think that we sometimes get wrapped a bit too far around the axle about GDPR. Because there are usually there are good reasons or good or easy ways around it. Well, I think since I'm always I don't mean breaking

Nick Elwell 59:04

it. It's the same as we're sort of caught up with GDPR as well, obviously, because every time that we have a Class Details, we have everything about that. We put in there that their information will be shared with other insurance companies and intermediaries and what have you where the need must. And I would suspect, I don't know that one could introduce something similar in a contract with a patient.

Steven Bruce 59:31

Possibly the last question here Cinda says, Is there a legal limit of public liability that they can claim and I'm pretty, pretty sure she must be referring to celebrities or professionals. Is there a legal limit of public liability they can claim through the court, which would limit the value in short on a policy anyway? No, no. And there are some absurd sums which are awarded in the quarters. There are theoretical reasons. Yeah. I might just come back and say yes, NDA, I think she means functional medicine. He's referring to functional medicine is standard with high pro Oh, sorry, right. nondisclosure agreements are standard with high profile patients. But I'm not sure how this impacts insurance in terms of them having special treatment with a potential claim. I think there's a difference between a nondisclosure agreement and getting their permission to make sure there, you've got insurance to cover that very well, welcome.

Nick Elwell 1:00:20

Well, absolutely. We sign NDAs all the time with different people who do different contracts with that, as a matter of course, we have to tell people in the market, what we're doing and how we're doing it. Otherwise, how can they judge the risk

Steven Bruce 1:00:32

of any celebrity would welcome the knowledge that they were covered,

Nick Elwell 1:00:35

they'd prefer to know they were.

Steven Bruce 1:00:38

Well, thank you. We raced through that it's extraordinary how much you had to say that. I'm amazed. But that's it for today.