

## Original Research

# Knowledge, Attitude, and Practice of Professional Indemnity Insurance among Dental Practitioners in Maharashtra State, India

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### ABSTRACT

**Aim:** The aim of the study was to assess the knowledge, attitude, and practices among Indian dental practitioners regarding the professional indemnity insurance (PII) and to assess the perceived need among these practitioners regarding such insurance cover based on their demographic and professional characteristics. **Materials and Methods:** A cross-sectional survey was conducted in March 2015. A total of 610 dental practitioners were selected as the study population. List of registered dental practitioners was obtained from state dental councils and a few dental practitioners were selected randomly. These practitioners were then interviewed in person and also the questionnaire was put up on web for distant online interviews. The widely used questionnaire by “GLOBAL CHILD DENTAL FUND” for PII was obtained from its website ([www.gcdfund.org](http://www.gcdfund.org)) and was modified according to the results of a pilot study. **Results:** It was seen that knowledge and awareness among senior practitioners were higher and so were perceived need. More than 50% of the study population was not aware of dental indemnity insurance and did not know about the procedure to apply for it. Twenty percent of dentists felt that it was not mandatory for each and every dentist, whereas 9.5% felt that there was no need dental indemnity insurance. **Conclusion:** Most of the oral health practitioners do not have dental indemnity insurance. Hence, there is a need of spreading knowledge and awareness to dental practitioners about the uses and benefit of dental indemnity insurance. Provision of PII for dental practitioners is a welcome step on the part of insurance companies. Surely, it gives a sigh of relief to dental practitioners and establishments against the growing menace of compensation claims from patients.

**KEYWORDS:** Clinical practice, dentists, liability insurance, malpractice, professional indemnity insurance

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## INTRODUCTION

The health profession has long been considered as the “noble profession.” The doctor or dentist frequently alleviates patients’ distress and on numerous instances, saves lives. The impact of health professionals in improving standards of health and well-being in society has reflected well on the medical and dental professions. It is, therefore, not uncommon for patients to hold senior practitioners as confidants. The trend, however, has changed in recent decades – the

doctor/dentist is increasingly looked upon as someone who provides service for consideration (i.e., provides treatment/consultation in return for remuneration). Nevertheless, the element of trust is still relatively firm

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but; on occasions when the faith in a doctor or dentist is breached (the reasons for which could vary widely), patients may not look upon the health provider sympathetically. Throughout the world, the public has become more aware of their rights – legal literacy supplemented by modern legislation has made the society increasingly compensation oriented. India is no exception, and in recent years, there has been a steady rise in the number of all classes of claims in which damages are sought for personal injuries – whether they are sustained in road accidents, at the workplace, or in health services.<sup>[1]</sup>

These issues are very sensitive, due to some malpractices or negligence of doctors and also because some hospitals are trying to get more money by recommending unnecessary medical tests and treatments, people started looking at doctor's community with distrust. It is found that there has been a rise in the patient's awareness and the judiciary authorities are more consumer friendly now and have been asking doctors or hospitals to compensate their mistakes. According to a 2013 survey by Dr. Ashish Jha of Harvard School of Public Health, India recorded 5.2 million medicolegal cases in a year, for an incorrect prescription, wrong timing, and errors in surgery, incorrect drug, and dosage. Therefore, to protect doctors from the above financial risk, a special financial cover known as professional indemnity insurance (PII) is introduced. Doctors are the professionals who face the risk of financial liability while practicing their profession. The amount they can be sued can be very high. Therefore, they need a special financial cover to protect themselves financially when they are sued for unprofessional conduct, negligence, or mistakes during treatments. In short, PII is an insurance policy specially meant for professionals such as doctors, lawyers, and chartered accountants to cover liability falling on them as a result of errors, negligence, and mistakes committed by them while rendering their professional service.<sup>[2]</sup> Professional liability insurance comes in two basic forms: occurrence or claims made. In today's insurance market, the overwhelming majority of policies available are claims-made, but a few companies do offer occurrence policies.<sup>[3]</sup> PII covers against a wide range of scenarios including professional negligence (i.e., making a mistake in a piece of work for a client), loss of documents or data, unintentional breach of copyright and/or confidentiality, defamation and libel, and loss of goods or money (your own or for which you are responsible).<sup>[4]</sup> The insurance does not cover the claims and circumstances known before insurance of the policy, intentional damage, and contractual liability, act of terrorism or war perils, and insolvency of the insurance.<sup>[5]</sup>

India has a record of approximately 5.2 million cases per year, which ranges from wrong prescription, wrong dose, wrong patient, and wrong surgery. The Indian Dental Association launched the first PII at the 65<sup>th</sup> Indian Dental Association Conference held at Mumbai on February 1, 2012.<sup>[6]</sup> India accounts for 21% of the world's global burden of disease. Dental insurance companies should be made aware of these increasing demands of practitioners for the indemnity insurance and should also participate in this campaign by sponsoring public awareness camps and continuing dental education programs for the dentists.<sup>[7]</sup>

This insurance covers legal liability arising from errors and/or omissions on the part of Registered Dental Practitioners while rendering professional service. The policy indemnifies any act committed by the insured, who shall be a registered dental practitioner, giving rise to any legal liability to third parties. The insured includes the policyholder and his qualified assistants or employees as named in the proposal form. The Indian dental insurance sector is in its nascent stages, and currently only a handful of insurance companies are providing PII such as "The New India Assurance Company Limited," "The Oriental Insurance Company Limited," "National Insurance Company Limited with the Indian Dental Association," "Reliance General Insurance," and "ICICI Lombard GIC Ltd." Dentist needs to be aware of the various professionals' insurance policies currently available in the market, as to how and where to acquire these policies, the purchase cost, when to avail the policy, and various measures of safety and protection at the level of professional, personal, and financial disaster.<sup>[8]</sup>

There have been very few studies on this issue, and hence, the present study was undertaken to find out the knowledge, attitude, and utilization of insurance policy among oral health professionals in Maharashtra state.

## MATERIALS AND METHODS

### Study setting

A cross-sectional survey was conducted in March 2015 to assess the knowledge, attitude, utilization, and perceived need of dental indemnity insurance among dental practitioners in Maharashtra, India.

### Study population

The subjects were selected by simple random sampling technique and all those who fulfilled the inclusion criteria became the study population, which numbered 610.

### Inclusion criteria

Those who were qualified as Bachelor in Dental Surgery (BDS) or Master in Dental Surgery (MDS) and were willing to participate in the study were included in

the study. Those who were practicing dentistry in either government or private sectors were included in the study.

### Exclusion criteria

Those who were not willing to participate were excluded. The clinics that were closed on the day of visit were excluded from the study.

### Collection of data

Before start of the study, an ethical approval was taken from the Institutional Ethics Committee. The data were collected using a close-ended questionnaire on the day of visit. The widely used questionnaire by “GLOBAL CHILD DENTAL FUND” for PII was obtained from its website ([www.gcdfund.org](http://www.gcdfund.org)) and was modified according to the results of a pilot study which was conducted on thirty subjects. The aim of the study was clearly explained to all the subjects and their written informed consent was obtained. It included questions on personal information such as age, gender, place of practice, educational qualification, previous medical malpractice litigation, knowledge of malpractice litigation and compensation machinery in place in India, dental indemnity insurance, insurer, premium paid, compensation, and about maintaining patient records by the dentists. The dental practitioners were visited by the principal investigator and all the available and willing participants were given the questionnaire on the day of visit. The participants were asked to respond to each item according to the response format provided in the questionnaire. The investigator was available throughout the filling of the questionnaire to explain the question to the participants. The questionnaire was also uploaded online using Google Forms and sent to distant dental practitioners through E-mail and other social media. Dental practitioners' identities were kept confidential.

### Statistical analysis

Data were analyzed using QlikView, data analysis and visualization SOFTWARE (QlikTech International AB and its Affiliates, Pennsylvania, United States). Chi-square test was used for the statistical analysis.  $P < 0.05$  was considered statistically significant.

## RESULTS

The total sample size of the study was 610 and the response rate was 100%. There were no dropouts. It was seen that 40.16% of the subjects were in the age group of 25–34 years and consisted the maximum sample size, 15.41% were in the age group of 18–24 years, while 37.05% belonged to the age group of 35–44 years. Almost 45–54 year olds contributed to 4.6% of total study subjects. The highest age group considered was 55–64 which consisted of 2.8%. The mean age

of the study population was  $41 \pm 2$  years [Table 1]. The proportion of male and female subjects that participated in the study was 48.69% and 51.31%, respectively [Table 1]. Among these, 43.44% of total subjects were postgraduates and 56.56% of them were graduates [Table 1]. When geographical background was considered, it was seen that 57.2% of total subjects worked in urban cities, while 42.8% worked in rural environment [Table 1].

Nearly 55.2% of subjects preferred individual practice and 44.8% of subjects were following group practice [Table 1]. Almost 83.11% (majority) were having private practice of their own. Nearly 7.54% of them were employed with the government, while 9.34% were following both government and private practice at the same time [Table 1]. When asked about the number of years subjects have been working in the field of dentistry, 58% (majority) have been working for 0–5 years. Almost 23.9% of subjects are in the dentistry field for 5–10 years. Nearly 17.6% of subjects have been practicing for 10–15 years, while 0.5% of subjects are in the practice for more than 15 years [Table 1]. When subjects were asked if that have been asked to pay compensation to the patient for some negligence during treatment, 99% of subjects were not asked to pay any compensation by any of their patients. Almost 1% of total subjects were asked to pay compensation by their patients [Table 1]. Nearly 41.6% of subjects think that patients should be paid compensation between Rs. 1000 and 5000. About 29.9% believe that Rs. 5000–10000 is the right compensation for errors. Nearly 28.6% of subjects said that amount given to patient should be more than Rs. 10,000 [Table 1]. When their opinion about compensation to be paid for prescribing a wrong medicine was asked, 44.3% of subjects claim that it never happened in their case. About 40.2% subjects said that Rs. 1000–5000 should be paid. Nearly 14.4% subjects suggested compensation between Rs. 5000 and 10000, while 1.1% said more than Rs. 10,000 should be paid for prescribing a wrong medicine [Table 1].

When asked about the awareness of what dental indemnity insurance is, it was seen that 51.9% of subjects do not know about dental indemnity insurance and 48.1% of subjects knew about the dental indemnity insurance [Table 1]. Among these, 92% of subjects do not have dental indemnity insurance and 8% of total subjects have dental indemnity insurance [Table 1]. Subjects were asked if they aware of companies offering PII. Almost 85.9% of professionals do not know about companies offering PII. Nearly 14.1% subjects are aware of the companies offering dental indemnity insurance [Table 1]. The last question was to know if

**Table 1: Distribution of study subjects by all the parameters included in the study**

Demographic variables	n (%)
Age	
18-24	94 (15.41)
25-34	245 (40.16)
35-44	226 (37.05)
45-54	28 (4.6)
55-64	17 (2.8)
Gender	
Male	297 (48.69)
Female	313 (51.31)
Education	
BDS	345 (56.56)
MDS	265 (43.44)
Place of practicing	
Rural	261 (42.8)
Urban	349 (57.2)
Type of practice	
Individual	273 (55.2)
In group	337 (44.8)
Working sector	
Private	507 (83.11)
Government	46 (7.54)
Both	57 (9.34)
Years of practicing dentistry	
0-5	354 (58)
5-10	146 (23.9)
10-15	107 (17.6)
>15	3 (0.5)
Asked to pay compensation?	
Yes	6 (1)
No	604 (99)
What according to you should be compensation (Rs.) paid to the patient by the dentist for wrong tooth extraction?	
Rs. 1000-5000	254 (41.6)
Rs. 5000-10,000	182 (29.9)
>10,000	174 (28.6)
What according to you should be compensation (Rs.) paid to the patient by dentist for prescribing a wrong medicine?	
Rs. 1000-5000	245 (40.2)
Rs. 5000-10,000	253 (14.4)
>10,000	7 (1.1)
Never happened	270 (44.3)
Do you know what dental indemnity is?	
Yes	293 (48.1)
No	317 (51.9)
Do you currently have the dental indemnity insurance?	
Yes	49 (8)
No	561 (92)
Are you aware of companies providing professional indemnity insurance?	

Contd...

**Table 1: Contd...**

Demographic variables	n (%)
Yes	86 (14.1)
No	524 (85.9)
Would you be interested opting for dental indemnity insurance if some company offers a flexible plan that meets your requirements?	
Yes	550 (90.2)
No	60 (9.8)

practitioners were interested in opting for indemnity insurance by some companies. Almost 90.2% of subjects would like to invest in an indemnity insurance, while 9.8% of subjects reported disinterest in buying indemnity insurance [Table 1].

Comparison of age, gender, education qualification, and working sector was made with other parameters to assess the knowledge and awareness of indemnity insurance. The awareness was highest in the age group of 45–54 with 39.28% and lowest in the age group of 18–24 with 9.57%. Males were more aware (17.17%) as compared to female practitioners (8.62%). Practitioners working under both private and government sector were most aware (22.80%) and there was almost equal percentage of knowledge between graduates and postgraduates [Table 2].

When comparison of data among subjects interested in opting for dental indemnity insurance with various other parameters was done, it was observed that 91.15% of subjects between the age group of 35–44 would like to opt for the insurance, whereas 8.84% of subjects of the same age group would refrain from the professional insurance. A maximum number of males and females (82%) are interested in getting indemnity insurance done. Demand of insurance is greater in private practitioners (85.20%) as compared to the one working under government (52.17%). It also shows that graduates are more interested (82.60%) than the postgraduates (79.62%) [Table 3].

## DISCUSSION

This is the second study after Gupta *et al.*<sup>[8]</sup> to present information about dental indemnity insurance in India. Therefore, only one data study is available to compare with the findings of this study. Due to lack of study of assessment and knowledge of indemnity insurance, even the insurance companies are not aware of the demand of such an insurance among dental practitioners. Since practitioners are not aware of this indemnity insurance, there is an increased risk of legal issues, and also the practitioners cannot render the service in a more flexible way. In many professions, it is a matter of concern that



**Table 2: Distribution of study subjects by age, sex, education, type of practice, and their knowledge about dental indemnity insurance**

	Yes (%)	No (%)	$\chi^2$	P
Age (years)				
18-24	9 (9.57)	85 (90.42)	26.0635	0.001*
25-34	47 (19.18)	198 (80.81)		
35-44	71 (31.41)	155 (68.58)		
45-54	11 (39.28)	17 (60.71)		
55-64	2 (11.76)	15 (88.23)		
Gender				
Male	51 (17.17)	246 (82.82)	9.9793	0.001*
Female	27 (8.62)	286 (91.37)		
Education				
BDS	60 (17.39)	285 (82.60)	0.0177	0.8941
MDS	45 (16.98)	220 (83.01)		
Working sector				
Private	76 (14.99)	431 (85.00)	3.4137	0.1814
Government	10 (21.73)	36 (78.26)		
Both	13 (22.80)	44 (77.19)		

\*Statistically significant ( $P < 0.05$ ), Chi-square test. BDS=Bachelor in dental surgery; MDS=Masters in dental surgery

**Table 3: Distribution of study subjects by age, sex, education, type of practice, and their interest in opting for dental indemnity insurance**

	Yes (%)	No (%)	$\chi^2$	P
Age (years)				
18-24	78 (82.97)	16 (17.02)	9.463	0.051
25-34	200 (81.63)	45 (18.36)		
35-44	206 (91.15)	20 (8.84)		
45-54	24 (85.71)	4 (14.28)		
55-64	15 (88.23)	2 (11.76)		
Gender				
Male	246 (82.82)	51 (17.17)	2.29	0.13
Female	244 (82.15)	69 (23.23)		
Education				
BDS	285 (82.60)	60 (17.39)	0.879	0.348
MDS	211 (79.62)	54 (20.37)		
Working sector				
Private	432 (85.20)	75 (14.79)	46.136	0.001*
Government	24 (52.17)	22 (47.82)		
Both	34 (59.64)	23 (40.35)		

\*Statistically significant ( $P < 0.05$ ), Chi-square test. BDS=Bachelor in dental surgery; MDS=Masters in dental surgery

every year, the number of claims against professionals is on the rise. Earlier clients used to hesitate to sue their professional advisers for negligence, but today such hesitancy no longer exists as the public are more aware of their rights.

This study shows an increased association found between knowledge, awareness, and use of dental indemnity insurance with increasing age and professional experience, as most of the budding practitioners were

not aware of PII. They only start to understand the pros of having dental indemnity insurance as they progress through years of dental practice, whereas experienced dental practitioners are aware of all the benefits and measures of safety to safeguard their profession and themselves. The utilization of PII was significantly related to the educational level and the type of working sector. However, gender wise, no significant difference was found in the utilization of insurance coverage.

In our study, only 8% of dental practitioners were insured. Among those who were not insured, 1% of the subjects were asked to pay compensation for negligence. In a study conducted by Clark *et al.* in the US (1970), it was found that 1219 claims were made against dental professionals, of which 990 claims were closed and only 229 claims remained pending, and the total number of insured dental personnel was estimated to be 1054.<sup>[9]</sup>

According to the study by Yashoda *et al.*,<sup>[6]</sup> 63% of the participants had the knowledge of indemnity insurance and 35% had got done the same, which is higher as compared to our study. Whereas only 41.8% believed that indemnity insurance should be mandatory, a higher percentage of them believed in our study. The main reason for not having indemnity insurance in Yashoda *et al.*'s study was that dentists thought it is not mandatory, while in this study, the reason was lack of knowledge regarding the same. In our study, 48.1% of dental practitioners were aware of professional liability, whereas in the study conducted by Gupta *et al.*, 55.2% of surveyed dental practitioners were aware. In another study conducted by Scurria *et al.* in Italy, it was found that 33% of the surveyed professionals were unaware, while 27% had a very poor knowledge of the professional liability insurance coverage subscribed.<sup>[10]</sup> Dental practitioners with MDS degree had significantly higher mean Consumer Protection Act and PII knowledge score than BDS degree, whereas in this study, the ratio was almost same.<sup>[6]</sup>

Dental records are a very important component that serves as an information source for dentists in medicolegal issues. With increased knowledge of Consumer Protection Act in public, it has become a necessity for every dental practitioner to know about the indemnity insurance and gets insured as soon as he starts with his practice. The knowledge of this should also be included in the curriculum so that every dentist would know about it before graduating. Knowledge and understanding of this aspect are as important as any other subject in dental education. The drawback of this study is lack of information provided by the dental practitioners as they might not want to claim if they were asked to pay due to their negligence. One of the milestones in the history of socioeconomic

legislation to protect the interests of the consumers in India has been the CPA, 1986; there should be a definite involvement about the knowledge of indemnity insurance in the syllabus. Like in the health-care fields, sometimes unforeseen mishaps can occur despite our best efforts, PII should be a compulsion like in Western countries. In this study as well as the previous ones, professional colleagues were the main source for other practitioners to know about indemnity insurance.<sup>[6]</sup>

## CONCLUSION

Most of the oral health practitioners do not have dental indemnity insurance. Hence, there is a need of spreading knowledge and awareness to dental practitioners about the uses and benefit of dental indemnity insurance. Provision of PII for dental practitioners is a welcome step on the part of insurance companies. Surely, it gives a sigh of relief to dental practitioners and establishments against the growing menace of compensation claims from patients.

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## Conflicts of interest

There are no conflicts of interest.

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