**FAQs – Forthcoming exclusions to the CSP PLI scheme form 1st July 2021.**

**What is the CSP PLI scheme?**

The CSP PLI scheme is a block indemnity scheme for the benefit of the majority of

CSP members. It provides medical malpractice, professional indemnity and Public/Product liability cover for an individual’s work within the scope of physiotherapy practice. As with all insurance contracts, it has a number of terms, conditions and exclusions in place that are available to members via the CSP and James Hallam (formerly Graybrook) websites.

**What is changing?**

From 1st July 2021, the CSP is explicitly excluding a number of spinal injection interventions from cover. It is also explicitly clarifying that Regional and General Anaesthesia techniques are not covered by the scheme. The forthcoming exclusions can be summarised as

* General and regional anaesthesia, including peripheral nerve blocks.
* Epidural injections with or without the use of local anaesthetic
* Spinal and caudal injections
* Spinal and caudal nerve blocks

**How are you making the changes?**

The CSP is adjusting the list of ‘exclusions’ within the PLI policy. This means members can be clear which activities are not covered by the scheme.

**When do they come into force?**

1st July 2021.

**Which CSP members are affected?**

* Members providing the excluded interventions who work in independent private practice as either a sole trader, practice principal or self-employed contractor.
* Members providing the excluded interventions who run their independent private practice through a limited company or partnership business.

If you are not in one of these groups the changes do not affect you and you do not need to seek confirmation of this from the CSP.

**What happens after 1st July 2021?**

After 1st July 2021, no cover will be provided in respect of any work undertaken involving the excluded activities. The CSP PLI scheme will continue to provide cover for claims arising from the excluded activities that was undertaken prior to 1st July 2021, subject to the policy terms and conditions.

**What do I do if I want to continue offering the excluded services after 1st July 2021?**

If you continue to offer treatment involving the excluded activities after 1st July 2021 you must make sure that you have arranged separate insurance cover outside of the CSP scheme. This must be in place with effect from 1st July 2021 to ensure continuous cover.

**Can I purchase individual indemnity myself to undertake the excluded activities?**

You must do this is you continue to offer the excluded activities. It is legal requirement of HCPC registration to hold appropriate indemnity for all your work. For these specialist services, the insurance market is very small but many providers of Medical Liability insurance may be able to help you. James Hallam (formerly Graybrook) can help members where cover is required for activities not included in the block CSP PLI scheme. If you would like to obtain a quote, please contact James Hallam (formerly Graybrook) directly – and not the CSP – on the contact details below.

**Will my Professional Network offer ‘top-up’ cover instead?**

No. Recognised CSP Professional networks do not benefit from any cover under the block CSP PLI scheme and so cannot provide additional cover.

**How many physiotherapists will this exclusion affect?**

It is difficult to quantify precisely how many members will be affected because members are not obliged to tell us if they work in independent private practice. Members may also have portfolio careers, working in more than one context at any one time, and on a variety of terms.

**Does this affect members employed by the NHS or private hospitals performing these techniques?**

No. General and Regional Anaesthesia, including peripheral nerve blocks, is already outside the scope of physiotherapy practice but may be within the capability frameworks of advanced practice (AP) as set by Health Education England. Similarly, spinal, caudal and epidural injections, either with or without local anaesthetic are advanced practice activities, which may be performed by physiotherapists in advanced practice roles.

AP roles are very much open to physiotherapists to move into and this means they may undertake tasks within their job description in which they are educated, trained and competent but which may be outside the scope of physiotherapy practice. What is important with AP roles is that they are primarily an NHS framework and the NHS employer must have a robust training and governance policy and procedure in place to support staff who move into these advanced practice roles. The NHS also holds the indemnity for all NHS activity, rather than the individual. Similarly, private hospitals that employ physiotherapists hold the indemnity for their work.

**Why is the CSP making this change?**

All interventions using injections carries risk. The risks for spinal injections are greater, including the risk of life changing and/or catastrophic outcome. After careful consideration of the risks posed by certain activities and their likely consequences on the sustainability and availability of the PLI scheme for the majority of members, the CSP has taken the difficult decision of excluding a range of spinal injection interventions from 1st July 2021. The CSP is also want to be explicitly clear to member that under the block CSP PLI scheme there is no cover for Regional and General Anaesthesia.

The CSP also wishes to be more explicit to members that whilst initial training in therapeutic injection therapy will provide relevant knowledge and skills upon which to base further skill acquisition, the performance of peripheral nerve blocks is a form of regional anaesthesia and members must be clear this is not covered by the CSP PLI scheme.

**Has the CSP removed cover before and why?**

Yes. The CSP has faced actual or potential significant rises in premium payments in the past

in response to large claim pay-outs. In 1998 it withdrew cover from Irish nationals who

benefited from cover for their work in the Republic of Ireland. In 2012, it withdrew cover

from those CSP members working permanently overseas and further limited temporary

overseas cover to 180 days in any 12-month period. In 2015, it withdrew cover for certain male professional footballer groups. In 2020, the scheme paid out over £4m in the largest successful negligence claim against a member to date.

**Is physiotherapy a high-risk profession?**

In general no. Compared with other professions, the physiotherapy profession has a good risk profile and this is reflected in the fact that physiotherapists benefit from lower premiums than many other health professional groups. As physiotherapists develop their capabilities as the profession continue to evolve, this alters the potential risk profile of the profession.

NHS roles often migrate into non-NHS practice as members choose to work across NHS and independent practice, or move fully into independent practice. The robust governance arrangements of the NHS, as well as the facilities and supervision the NHS provides, may not be replicated in independent practice. This then exposes the CSP PLI scheme to the potential for greater serious financial risk should a successful claim arise, which may affect the overall sustainability and availability of the scheme for the majority of CSP members.

**What should I do if I want to continue offering the excluded interventions in independent private practice?**

We expect members to reflect on their practice and consider if it is safe and appropriate to do so. The Care Quality Commission (CQC) regulates health and social care provision in England. The devolved nations similarly have their own Inspectorates. Whilst individual HCPC registered physiotherapists are exempt from CQC registration, the CQC does provide clear guidance for doctors that epidural administration of medicines must not occur in private practice. There is therefore no logical reason why physiotherapists should be undertaking this activity in independent private practice. The Royal College of Anaesthetists (RCoA) produces clear practice guidance for the performance of epidural injections[[1]](#footnote-1). The stringent requirement of this practice guidance mean that non-hospital settings and independent private practice are unsuitable settings for offering such services.

Where members believe they are justified in offering services, including peripheral nerve blocks, as part of advanced practice independent private practice as part of chronic pain management, they must seek alternative insurance for this activity.

**Where can I find further information?**

The CSP is not regulated by the Financial Conduct Authority (FCA) to give insurance advice to individual members. For specific insurance related enquiries, you can contact the CSP insurance brokers:

James Hallam (formerly Graybrook)

Saxon House

Duke Street

Chelmsford

Essex CM1 1HT

Tel: 01245 321185

E: [megan.field@jameshallam.co.uk](mailto:megan.field@jameshallam.co.uk)

W: www.graybrook.co.uk

**Version Control:** 001 dated 29th Jan 2021

**DISCLAIMER**

*The information provided in this document is not exhaustive and does not in any way alter the terms and conditions of the Medical Professional Liability or Public Liability policies forming part of the CSP’s PLI insurance programme. The CSP or their brokers cannot be responsible for insurance covers arranged elsewhere by members, who should ensure that their insurance arrangements need their needs.*

1. <https://fpm.ac.uk/sites/fpm/files/documents/201907/Recommendations%20for%20epidural%20injections.pdf> [↑](#footnote-ref-1)