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Knowledge and Attitude of Dental Practitioners about Professional Indemnity Insurance in Davangere District: A Cross Sectional Survey

Dr. Veeresh DJ[1], Dr. Puja C Yavagal[2], Dr. Aniruddha Das[3], Ms. Shraddha SR[4], Ms. Srishti KM[5], Ms. Shreya Elizabeth John[6]

[1,2] Professor, Department of Public Health Dentistry, Bapuji Dental College and Hospital, Davanagere-577004
[3] Public Health Dentist, Dentvalley Dental Clinic, Siliguri, Darjeeling, West Bengal, India-734011E
[4,5,6] Dental Intern, Bapuji Dental College and Hospital, Davanagere-577004

ABSTRACT

Background: It is essential that dentists should have an adequate knowledge of professional Indemnity insurance to safeguard themselves.

Aim: To assess the knowledge and attitude of dental practitioners about professional indemnity insurance (PII) in Davangere district.

Materials and methods: A descriptive cross-sectional questionnaire study was conducted involving data collection from 101 dental practitioners in Davangere district at their respective clinics using a pretested, validated, investigator-administered closed-ended 10 items questionnaire. Statistical significance was set at $P < 0.05$. IBM SPSS Statistics for Windows, version 21 (IBM Corp., Armonk, N.Y., USA) was used for statistical analysis. Descriptive statistics were generated in terms of percentages and chi square test was used to compare the responses across groups.

Results: The mean age of participants was 41.4±8.1 years. Majority of the participants were females (51.5%) and qualified with a masters degree (70.3%). Majority did not have a professional indemnity insurance (PII) (69.3%) as they were unaware of it (51.5%). Many (56.4%) were informed about PII by their professional colleagues. Around 51.5% felt that it was not mandatory to have a PII. Around 83.2% maintained patient records and around 76.2% paid compensation to their patients for negligent dental practice.

Conclusion: Majority of dental practioners in Davanagere district did not have Professional Indemnity Insurance as many were unaware about it.

KEYWORDS: Compensation, Dentists, Dental practice, Patients, Professional indemnity.

INTRODUCTION

The term "indemnity" means reimbursement or to compensate. The principle of indemnity is strictly observed in liability insurances. These insurances are designed to provide the insured person protection against the financial consequences of legal liability.[1] An indemnity insurance is a contract of insurance by which the insurer promises to indemnify the insured on the occurrence of a defined event or events or against defined losses. The insurer will not necessarily be obliged to pay or indemnify the insured; unlike an investment life assurance, the obligation to indemnify will arise only if the event or the risk which is insured against occurs. If the insured event occurs and the insured suffers adefined loss, the insured must prove the loss because the principle of indemnity means that insured should be indemnified only to the extent of the loss.[2] 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 inrecent decades where, 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 but; on occasions when the faith in a doctor or dentist is breached (the reasons for which could vary widely), patients maynot 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.[3] Legal modalities are now widely accepted as being essential to dental

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practice. Dental professionals should therefore be familiar with the relevant laws and take a preventative approach to litigation. Therefore, this study was carried out to assess the knowledge and attitude about the professional indemnity insurance (PII) and its utilization among dental practioners of Davanagere District.

MATERIALS AND METHODS

The study design was a cross-sectional, questionnaire survey, conducted among dental practioners of Davanagere district at their clinical premises. Ethical approval was obtained from institutional ethical review board of the college where the study was conducted. (Ref. No. BDC/Exam/509/2019-20 dated 27-11-2019). The list of registered dental practitioners of Davanagere district was obtained from District Health Office which formed the sampling frame to collect the data. All the registered dentists in the list were approached for data collection. Out of 140 registered dentists in the list 101 dentists responded and participated in the study. Voluntary written informed consent was obtained from the study participants after explaining them about the purpose of conducting the study and procedure of collecting the data through participant information letter.

A. Data Collection

Data was collected using self -designed structured proforma. The proforma had provision to record demographic characteristics like name, age, sex, place of work, contact number, educational qualification, years of service, and to record the knowledge and attitude related to professional indemnity insurance. Data was collected using questionnaire which was designed with the help of questionnaires used in few studies. [4-6] A 10-item closed ended questionnaire was used to assess knowledge and attitudes of dental practitioners towards PII.

B. Validation of the questionnaire

The questionnaire was in English language. It was tested for content validity by four validators (Two public health dentists and two private dental practitioners). Items in the Questionnaire were assessed for relevance, simplicity, clarity and ambiguity. The content validity index (CVI) of questionnaire was computed and validity was tested. The Content validity index score for relevance clarity, simplicity and ambiguity was 0.77, 0.84, 0.86, and 0.82, respectively. These CVI values suggested that the questionnaire had a good content validity. Necessary modifications were done based on comments of the validators. Face validity of the questionnaire was determined by distributing the questionnaires to dental practitioners. A satisfactory level of agreement was found among practitioners regarding the clarity and understandability of the questions and language of the questionnaire.

C. Details of pilot study

A pilot study was conducted to check the feasibility, reliability and internal consistency of questionnaire. The questionnaire was administered to 20 participants for pilot testing. After a period of 10 days the questionnaire was again re – administered to the same participants to check the reliability by test - retest method. Inter and Intra examiner reliability score were 0.83 and 0.71 which reflected good reliability of questionnaire.

D. Method of Data Collection:

Data was collected from private dental practioners of Davanagere district by distributing questionnaires to them at their respective clinical premises. questionnaire was self-administered. Sufficient time was given to participants to answer the questionnaire. Maximum time of 20 minutes per participant was allowed to answer the questionnaire. Participants were not allowed to discuss among themselves during answering of questionnaires.

E. Statistical analyses:

The data obtained was compiled systematically in Microsoft Excel sheet and subjected to statistical analyses using IBM SPSS Statistics for Windows, version 21 (IBM Corp., Armonk, N.Y., USA). The significant level was fixed at $p<0.05$. Descriptive statistics of the responses was generated in terms of frequencies or percentages. Chi square test was used to compare proportions across groups

RESULTS

A total of 101 private dental practioners participated in the study. The mean age of participants was 41.4±8.1 years. Majority of participants were females (51.5%) and had a masters degree. (70.3%) (Table 1). Majority did not have PII (69.3%), since many were

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unaware of it (27.7%). Around 56.4% were informed about PII by their professional colleagues. Around 66.3% paid more than Rs 2000 annual premium of PII. Majority (46.5%) felt that the extent of PII was more than 3 lakhs. Around 60.4% were unaware of PII and 51.5% felt that it was not mandatory to have PII. Many (52.5%) felt that the compensation paid to the patient for negligent dental practice was more than 1 lakh. Around 83.2% reported of maintaining patient records and 76.2% reported giving compensation to patients for negligent dental practice. (Table 2)

DISCUSSION

Majority of dental practitioners were unaware of PII and were not insured for the same. Similar results were observed in few Indian studies by Gupta et al ,Yashoda et al. [5-6] The main reason for not having indemnity insurance is that the dentists thought it is not mandatory and majority were unaware of it . Similar result was observed in the study done by Yashodha et al where majority of dentists felt that PII was not mandatory for dental practice hence they were not insured.[6] In dental schools, orientation towards professional indemnity insurance is lacking. This could be a potential reason for lack of awareness towards it . There are two fundamental types of professional liability insurance: occurrence and claims made. Few organizations do offer occurrence policies in the current insurance market, since claims-made policies make up the bulk of available policies.[3] Professional negligence like making a mistake while working on a client's project, loss of documents or data, unintended breach of copyright and/or confidentially, libel and defamation, and loss of goods or money are all insured by PII. The coverage does not include conditions and claims that were known before the policy was insured, willful harm, contractual liabilities, acts of terrorism or war risks, or insurance company failure.[7-8] Different insurance firms and insurers have different insurance policies. The expert selecting such insurance coverage must thoroughly read the document. Before finalizing one of these policies, a professional or the doctor-insurer should understand precisely the many terms covered by the policy and consider the many factors that best suit his or her practice. The following elements should be taken into account when determining the limit of indemnity: the profession's focus on diagnostic, surgical, and cosmetic operations; the scope and size of the services offered in a large hospital versus a small clinic; the degree of dangers associated with sedation and general anesthesia during surgical procedure, type of patients like children, elderly patients, and those with medical conditions ,the location of the services provided: urban, big city, metro city, rural, and semi-urban settings; accusations made against people who work in the same field.[9-10] Per accident and per policy period, the sum insured is fixed and is referred to as the Anyone Accident (AOA) Limit and the Any One Year (AOY) Limit, respectively. [10] All licensed dentists working in India have access to professional indemnity insurance, as do other professions, large multispecialty hospitals, and dental clinics. Indemnity Cover is offered in India by a few insurance companies, including New India Assurance, Bajaj Allianz Insurance, Oriental Insurance, ICICI Lombard, etc. [11] If specified in the policy, unqualified staff members who work in the clinic such peons and sweepers may also be protected for mistakes, omissions, and carelessness on their part. A few of the businesses also provide group insurance that cover people in a certain vocation. [11] Depending on the risk group of the doctor, the limits of indemnity chosen, and the ratio of limits, the premium payable can range from 0.2% to 2.5% of the limit of indemnity for regular dentists, it is advised to purchase indemnity insurance for at least Rs. 10 lakhs; for dentists working in major cities, it is advised to purchase indemnity insurance for at least Rs. 15 lakhs.[11] It is advised to choose even higher Indemnity Cover for oral and maxillofacial surgeons, implantologists, and dentists providing luxury dental care or seeing more than ten patients every day. [10-11] To prevent any legal action during the uncovered time, the policy should be renewed on a regular basis. In India, there are an estimated 5.2 million occurrences of improper prescription, wrong dose, wrong patient, and inappropriate procedure each year.[5] At the 65th Indian Dental Association Conference, which was held in Mumbai on February 1, 2012, the Indian Dental Association introduced the first PII. [5] Around 21% of the world's disease burden is borne by India. [6] Dentists' rising need for indemnity insurance should be brought to the attention of dental insurance firms, who should then support this campaign by funding public awareness events and continuing dental education courses for dentists. [10] A cross-sectional study design and social desirability bias are limitations of this questionnaire study. Dental malpractice is becoming more widely known in India. Paternalism in dentistry has given way to consumerism. Quality of care and standard operating protocols are needed for the routine dental practice. By maintaining a positive patient-dentist relation and preserving accurate dental records, the majority of lawsuits might be avoided.[12] Record-keeping guidelines should be established in dental practice. A single instance of medical malpractice can have a significant negative professional and financial impact on the dentist. The medical profession depends heavily on reputation, which must be maintained. Securing professional practice with professional indemnity insurance is essential in the current litigious society. A dentist should be aware of the various professional indemnity insurance policies currently

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available in the market and its implications. Dental students and the practitioners should be trained and oriented about dentist-patient relationships, maintenance of dental records, and professional indemnity insurance for a successful dental practice.

CONCLUSION

Majority of dental practioners in Davanagere district did not have Professional Indemnity Insurance as many were unaware about it.

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Table 1: Demographic Profile Of Participants		
Demographic variables	**N (%)**	
AGE (In Years)		**Mean age**= 41.4 ± 8.1
18-24	0(0)	
25-34	21(20.8)	
35-44	44(43.6)	
45-54	29(28.7)	
55-64	7(6.9)	
GENDER		
Female	52(51.5)	
Male	49(48.5)	
EDUCATION		
BDS	30(29.7)	
MDS	71(70.3)	

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	Table 2: Distribution of responses of Questionnaire	
Item no	**Item**	**Response rate (%)**
1	**Do you currently have dental indemnity insurance?**	
	Yes	**31(30.7)**
	No	**70(69.3)**
2	**Reason for not having dental indemnity insurance**	
	Did not know about dental indemnity insurance	**28(27.7)**
	Do not need insurance	**6(5.9)**
	It is not mandatory to have insurance	**15(14.9)**
	Dissatisfied with the previous insurance plan provider	**5(5)**
	Expensive	**10(9.9)**
	Others	**18(17.8)**
	Had insurance or not applicable	**19(18.8)**
3	**How do you come to know about dental indemnity insurance?**	
	Newspaper, magazine	**3(3)**
	Local government	**7(6.9)**
	Professional friends from dentistry	**57(56.4)**
	Professional friends from medical fraternity	**18(17.8)**
	Others	**16(15.8)**
4	**How much premium annually paid for insurance (in rupees)**	
	700-1400	**7(6.9)**
	1400-2000	**27(26.7)**
	More than 2000	**67(66.3)**
5	**Do you know the extent of dentalindemnity insurance coverage**	
	1 lakh	**10(9.9)**
	2 lakhs	**26(25.7)**
	3 lakhs	**18(17.8)**
	more than 3 lakhs	**47(46.5)`**
6	**Do you know about dental indemnityinsurance or not**	
	Yes	**40(39.6)**
	No	**61(60.4)**
7	**Is dental indemnity insurance mandatory for all dentists in India?**	
	Yes	**22(21.8)**
	No	**52(51.5)**
	Don't know	**27(27.7)**
8	**What should be the compensation paidto the patient for wrong dental procedure?**	
	Rs. 10,000-50,000	**17(16.8)**
	Rs. 50,000-100,000	**29(28.7)**
	More than Rs. 100,000	**55(52.5)**
9	**Do you maintain patient record beforeand after treatment**	
	Yes	**84(83.2)**
	No	**17(16.8)**
10	**Do you have to give compensation to the patient for negligence during treatment**	
	Yes	**77(76.2)**
	No	**24(23.8)**

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