

# Dental Indemnity FAQ



All Med Pro

As a Dental Professional, ensuring you have the right indemnity insurance is essential for your professional security and compliance with the General Dental Council (GDC) requirements. At All Med Pro, we understand that navigating indemnity insurance can be complex, so we've compiled this FAQ to address common questions and help you make informed decisions about your cover.

## What is a Retroactive Date?

A retroactive date is the date from which your indemnity insurance starts covering your past work. If a claim arises from an incident that occurred before your policy start date but after your retroactive date, you will still be covered.

## Why may you need a Retroactive date?

You will need retroactive cover if you have had indemnity cover on a claims made basis in place before switching providers. This ensures you remain protected for past work, as claims can sometimes arise months or years after treatment was provided.

## Do I have to pay for a Retroactive Date?

In most cases, insurers allow you to maintain a retroactive date of up to 5 years without additional cost, provided you can prove continuous prior cover. However, if there has been a gap in coverage, you may need to pay an additional premium to reinstate your retroactive cover.

## Does my policy cover me for Direct Access?

Yes, if your role involves providing treatment under direct access (without a prescription from a dentist), your policy can be tailored to include this. It's essential to check your specific policy wording to ensure this cover is included.

## Can I be covered if I do both Dental Hygienist and Dental Therapist activities?

Yes, our policies can cover professionals who perform both dental hygienist and dental therapist roles. It's important to declare both activities when applying for indemnity to ensure your cover is appropriate for all aspects of your work.

# I had Facial Aesthetics with my previous policy, do I have it with this one?

Facial aesthetics cover is not automatically included in standard dental indemnity policies. If you require cover for treatments such as Botox or dermal fillers, you will need to request this as an additional extension to your policy.

## What's the difference between Claims-Made and Claims-Occurrence cover?

- Claims-made cover: Provides protection for claims made while the policy is active, regardless of when the incident occurred (as long as it falls within your retroactive period). Once the policy expires, you would need run-off cover to protect against future claims.
- Claims-occurrence cover: Protects you for incidents that happened while the policy was active, even if a claim is made after the policy has lapsed.

## Does my cover include regulatory matters such as GDC Complaints, Investigations, and Hearings?

Yes, our indemnity policies include legal representation and support for GDC complaints, investigations, and disciplinary hearings. This ensures that you receive expert guidance and financial protection during regulatory matters.

## How can I make a Claim?

To make a claim, you should:

- Contact All Med Pro as soon as you become aware of a potential issue.
- Provide relevant details, including patient records, correspondence, and a timeline of events.
- Work with our specialist dento-legal team, who will guide you through the process and represent your interests.

## What is Run-Off cover?

Run-off cover protects you after you stop practicing, ensuring you remain covered for claims that arise from treatments provided while you were insured. This is particularly important if you retire or leave the profession, as claims can emerge years after the original treatment. Our indemnity policy includes a 10 year extended notification reporting period in the event of retirement, this is free of charge.