

Requirement

All Practising CCHPBC registrants are required to obtain professional liability insurance coverage of at least \$2,000,000 per claim or per occurrence.

Providing proof of valid professional liability insurance

RMTs must upload proof of valid professional liability insurance on initial registration with CCHPBC and during annual registration renewal, in the **Registrant Portal** (<https://cmtbc.ca.thentiacloud.net/webs/cmtbc/service/>). Follow the instructions in the Portal to upload your proof of professional liability insurance.

Types of insurance

There are two types of professional liability insurance available to RMTs: claims-based and occurrence-based. It is important to you as an RMT that you understand the difference between the two, and which of the two types of insurance you hold.

- In a **claims-based policy**, your coverage is determined by the date a claim is made against you.
 - For example, let's say Joe RMT treats a patient in 2017 and has claims-based coverage for 2017. In 2018, the patient (who was treated in 2017) sues, alleging that Joe's negligent treatment aggravated an underlying condition. Is Joe covered or not?
 - The answer is maybe: under a **claims-based** policy, Joe is only covered if he also had coverage in 2018 – whether or not Joe is covered **depends on the timing of the claim**, and not the date of the treatment. So the answer is that Joe is covered only if he has insurance in place in 2018, when the claim is made for something that allegedly occurred in 2017.
- If you are covered by an **occurrence-based policy**, you will be covered providing you had coverage **when the event (the "occurrence") took place**.
 - For example, Jane RMT has **occurrence-based** coverage for 2017. At the end of 2017, she decides to take a leave so she switches to Non-practising status for 2018. She does not renew her insurance for 2018. In mid-2018, a patient sues Jane

alleging negligent treatment by Jane when Jane saw this patient in 2017. Is Jane covered?

- Yes – under an **occurrence-based** policy, what matters is whether Jane had coverage when the event that gave rise to the claim took place. Because Jane had occurrence-based coverage in 2017, and the treatment giving rise to the claim happened in 2017, Jane is covered even though she does not have coverage in 2018, when the claim is brought.

The above examples are illustrations only: it is important to speak to your broker to ensure that you fully understand the coverage that you have, or are considering purchasing. You may also consider obtaining legal advice.

Non-practising RMTs

If you decide to convert from Practising to Non-practising status, and you did **not** hold occurrence-based coverage while Practising, you will need to purchase additional coverage – sometimes referred to as “tail insurance” – to protect you against claims that may be made against you after you go Non-practising. If you held an occurrence-based policy while Practising, this additional coverage is not necessary.

Although RMTs who have given up their registration and become Former Registrants are no longer subject to the College Bylaws, they should nonetheless consider (if they held claims-based insurance while Practising) obtaining a period of tail insurance coverage to protect against future claims.