



Supporting people affected
by avoidable medical harm

Panel Case Report Form

Avma Panel Case Report Form

This form should be completed electronically or scanned.

Please note: for new applicants to the panel, all submitted case reports should have been settled/concluded within the last 18 months. For applications for reaccreditation, all submitted cases should have been settled within the last two years. The applicant should have had sole conduct throughout (other than administrative tasks and routine matters). **Please ensure that client information is anonymised.**

Date		Report Number	
1. YOUR DETAILS			
Your name			
Your firm			
2. YOUR CLIENT			
Client's first name, initials or identifier		Client's year of birth	
Injured party's first name, initials or identifier (if not client)		Injured party's year of birth (if not client)	
Name of defendant(s)			
Defendant's solicitors & counsel			
3. CASE DETAILS			
Date of injury			
Age of client at time of injury/death			
Limitation date			
If limitation was extended, how was this agreement made or confirmed?			
Brief description of the case. [This must be in your own words and include the client's medical condition and any significant co-morbid conditions, the medical/surgical intervention and the key allegations of breach and causation.]			
Brief description of the injury			

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[This must be in your own words and include details of the level of debility/disability caused including the severity of any psychiatric injury.]			
Present condition and/or prognosis			
N.B. Pleadings, statements, counsel's advice may be submitted in addition to the summary but should not replace a summary in your own words.			
4. FUNDING	TYPE OF FUNDING	DATE from	to
Please list in date order the funding arrangements for this case (public funding, private, legal expenses insurance, CFA, union etc) including when ATE insurance was taken out.			
Details of any funding difficulties			
5. INITIAL INVESTIGATION	DATE(S)	ADDITIONAL COMMENTS	
Client's first contact			
Your first interview with client			
Retainer confirmed (client care letter and Ts & Cs)			
Initial client statement drafted			
Client statement signed			
MEDICAL RECORDS			
Medical records applied for			
Medical records received			
Details of any additional documents requested (e.g. Serious Incident reports, infection control etc).			

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Medical records and additional documents collated		
INQUEST		
If an inquest was held, please provide brief details		

6. EXPERT LIABILITY (L) AND CAUSATION (C) EVIDENCE

(add more lines to table as required)

	Expert's name	Speciality	L or C	Date instructed	Date received	†Grade and/or comment
1.						
2.						
3.						
4.						
5.						

†Grade:

[1] Helpful and positive; [2] Helpful but equivocal [3] Helpful but unsupportive; [4] Unhelpful

CLIENT STATEMENT/HISTORY

Did you include a copy of your client's signed statement in the document bundle accompanying your instructions to the liability and causation experts?	Yes: No: Other: [delete as appropriate]
If not, what was the main reason for not including your client's statement? Is this your normal practice? What alternative client history was used if any?	

QUANTUM EVIDENCE (key experts)

Indicate at what stage the report was obtained e.g. pre-issue, post-issue, after an admission of liability or successful trial on liability.

	Expert's name	Speciality	Date received	Stage report was obtained.	†Grade and/or comment
1.					
2.					
3.					
4.					
5.					

†Grade:

[1] Helpful and positive; [2] Helpful but equivocal [3] Helpful but unsupportive; [4] Unhelpful

7. COUNSEL

Name of counsel	Chambers	Written advices (Dates)	Conference date(s) (Experts and/or client in attendance)

8. PRE-ISSUE

DATE and/or DETAILS

Letter of Claim

Response to Letter of Claim

First schedule of special damage drafted (brief details of heads and totals)

Pre-issue settlement agreed Y/N (details)

If settled pre-issue, go to Qu.11

9. LITIGATION

DATE and/or DETAILS

[please include details of any agreed extensions]

Issue

Service of claim form and particulars of claim

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Service of defence			
First CCMC			
Document exchange			
Exchange of witness statements			
Exchange of medical expert reports			
P35 questions to experts			
Experts' meetings			
Experts' joint statements			
Updated schedule served (include total value)			
Second CMC			
Trial date set/listing questionnaire filed			
Pre trial review			
Date of trial			
10. PART 36 OFFERS	Claimant or Defendant	Date	Offer
11. SUMMARY OF SUCCESSFUL SETTLEMENT			
Date of settlement/judgment			
Stage at which claim settled			
Method of settlement (e.g. at RTM, negotiation, Part 36, mediation, etc)			
If a mediation took place, at what stage did this happen and did this lead to settlement? Please provide brief details.			
BREAKDOWN OF SETTLEMENT			
Total damages	£		
General damages	£		
Past losses and expenses	£		
Future losses and expenses	£		

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Details of lump sum and periodical payments	Lump sum: Periodical payments:	
GLOBAL' SETTLEMENTS		
Was settlement agreed on a 'global' basis i.e. no formal breakdown between general damages, and past and future losses?	Yes No Other: [delete as appropriate]	
If yes, what was the nature of the global settlement e.g. accepted/made a global offer exclusive of costs or accepted/made a global offer inclusive of costs? What efforts were made, if any, to get the defendant to settle in the usual way? How was it decided what amount should be damages for the client i.e. how was the global offer apportioned and agreement with the client achieved?		
DETAILS OF DEDUCTIONS FROM THE SETTLEMENT		
CRU	£	
Success fee	£	
Unrecovered costs (shortfall)	£	
ATE premium	£	
Other	£	
Total deductions	£	
Amount received by client after deductions (e.g. ATE, success fee, shortfall and CRU)	£	
INTERIM PAYMENTS		
Details of any interim payments	Date	Amount

12. COMMENT ON DAMAGES

Please indicate whether this represented a full or compromise settlement. If this was a compromise settlement, please provide brief details of the basis for the compromise.

13. SUMMARY OF ABANDONED CASE (NEW PANEL APPLICANTS ONLY)

Date case abandoned

Stage abandoned

Reasons for withdrawal

14. SUMMARY OF COSTS (All applicants)

Bill as drawn (including disbursements, profit costs, counsel, VAT)

Date of detailed assessment

Costs recovered

15. ADDITIONAL INFORMATION – DELAYS, DIFFICULTIES, OTHER FACTORS

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Please provide details of any difficulties progressing the case at any stage, please summarise the problems encountered including details of any delays in collating the initial set of documents, client care issues, difficulties with experts, funding, delays caused by the defendants, and other relevant matters.

16. DETAILS OF ANYONE WHO ASSISTED WITH THIS CASE AND THEIR ROLE

If you were absent for an extended period during the life of the claim, please provide dates and your role in the case.

17. DECLARATION

In submitting this form with my application, I certify that I have had sole conduct throughout (other than administrative tasks and routine matters) and subject to 17 above:

Signed:

Date:

Please remember to sign the report form, either the hard copy for scanning or electronically by inserting your name under the declaration above.