



Supporting people affected
by avoidable medical harm

Panel Application Questionnaire - Northern Ireland

Avma Specialist Clinical Negligence Panel

Application Questionnaire – Northern Ireland

There are two separate parts to the questionnaire, the first relating to your personal practice and the second to your firm. Please complete the questionnaire electronically (or scanned) and then submit an electronic copy of your completed application including supporting documentation. Please contact us for a secure upload link for your application. Please note that we can only accept the application fee by BACS.

Part One – Your personal clinical negligence practice

Title		First Name	
Surname			
Firm:			
Address:			
DX:			
Telephone:			
E-mail:			
Website:			

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	YOUR POSITION IN THE FIRM		FOR OFFICE USE ONLY
1.1	How long have you been at your present firm?		
1.2	Please provide details of the firms you have worked at in the previous ten years and your main areas of work e.g. personal injury, clinical negligence, other?		
1.3	What is your position at your current firm? [If you are employed as a consultant please state this is the position and provide further details. Please refer to 1.14 in the booklet.]		
1.4	Are you employed full-time (i.e. 5 day week)		
1.5	If part-time please provide details:		
1.6	Are you a member of the Law Society Clinical Negligence Panel?		

YOUR CLINICAL NEGLIGENCE PRACTICE

These questions relate to your personal clinical negligence caseload. In responding to the questions, only include details of cases where you have had sole conduct (other than administrative tasks or routine matters).

	CLINICAL NEGLIGENCE CASELOAD	
1.7	How many years in total have you spent dealing with claimant clinical negligence matters?	
1.8	How long has clinical negligence represented over 50% of your caseload?	
1.9	What has been your average clinical negligence caseload over the past three years?	
1.10	How many clinical negligence cases do you have on your active case list at present?	
1.11	If this is lower or higher than normal, please provide further details:	
1.12	What percentage of your total caseload does clinical negligence currently represent?	
1.13	What percentage of your time is spent on:	
	Clinical negligence (personal caseload):	
	Supervision (clinical negligence):	
	Other cases/responsibilities etc:	

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1.14	What other types of case do you deal with and how many of these cases do you have?		
1.15	Approximately what percentage of your clinical negligence cases over the past year were:		
	(i) Cases of maximum severity – over £1m?		
	Valued at £100,000 - £1m		
	Valued at £30,000 - £100,000		
	Valued at under £30,000		
INITIAL ASSESSMENT OF CLINICAL NEGLIGENCE CASES			
1.16	Please describe how you personally go about risk assessing new cases e.g. what resources you use, what information you will review.		
1.17	At what stage do you meet with your client for the first time?		
1.18	Are you normally directly responsible for all stages of investigating your client's case?		

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	If not, please describe who will be responsible for the different stages.		
1.19	At what stage to you take a formal statement from your client?		
1.20	What type of agencies have you referred clients to in the past year e.g. advice agencies, support groups etc.?		
1.21	Do you assist clients with complaints about healthcare or other inquiry processes?		
1.22	What form does this assistance take?		
DISPOSAL OF CASES WITH NO REASONABLE PROSPECTS OF SUCCESS			
1.23	If following initial contact with the client you feel a case has little chance of success, how do you proceed?		
1.24	If following preliminary investigation and obtaining of reports a claim is not viable, please describe the steps you take with the client to explain the situation.		
1.25	If a client is not happy at this stage, what advice do you give?		
MEDICAL RECORDS			
1.26	At what stage do you apply for the medical records?		

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1.27	For which records do you apply?		
1.28	Who sorts and checks the records?		
1.29	In what circumstances would you ask the client to obtain disclosure of their records?		
1.30	In what circumstances would you not allow a client to see their records and/or medical reports?		
DOCUMENT DRAFTING			
1.31	Document Drafting	Please indicate who would normally be responsible for preparing the following documents in your clinical negligence cases e.g. myself, counsel, junior fee earner, assistant etc?:	Additional information
	Instructions to experts		
	Letters of claim		
	Schedules		
	Statements		
	Pleadings		
	Instructions to counsel		

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	Expert agendas			
1.32	For each of the categories above where you are routinely responsible for drafting the document, please attach a recent anonymised example. You may find it easier to submit examples relating to the submitted case reports. You do not need to submit examples where you would not routinely prepare the document.	Attach to application		
MEDICAL EXPERTS AND COUNSEL				
1.33	Who assesses the quality of reports received from medical experts and how is the assessment made?			
1.34	What action do you take to ensure that an expert used some time previously is still appropriate?			
1.35	Can you very briefly describe an example where an initial report was unsupportive of a claim but you subsequently obtained supportive expert evidence leading to a successful outcome. How was this achieved?			
1.36	Do you have the assistance on a regular basis of any medically qualified person?			

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	If so, what is their role in relation to your cases?		
1.37	At what stage would you normally first instruct counsel to provide an opinion on a case?		
QUANTUM AND DAMAGES			
1.38	Do you assess quantum or does counsel and if the latter, at what stage is counsel instructed and what role do they play?		
1.39	In cases in which you assess quantum, please briefly describe how you go about doing this and the resources used.		
1.40	Who normally draws up the Schedule of damages?		
1.41	Do you have experience of mediation in clinical negligence or other areas? If yes, please give brief details.		
CASE OUTCOME DATA			
1.42	How many clinical negligence cases have you personally settled for damages in the past 12 months:		
	(i) Before proceedings commenced:		
	After proceedings commenced:		

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1.43	If this is lower or higher than normal, please provide details:		
1.44	What is the average timescale from initial instruction to <u>settlement</u> for a claim for damages in:		
	(i) Catastrophic injury claims		
	Other Claims		
	CATASTROPHIC INJURY CLAIMS		
1.45	Have you successfully concluded any maximum severity claims of any type (clinical negligence or personal injury) in the past three years (over £1m)?	Yes / No / Other (please delete)	
1.46	If yes, please give information on the number of such settlements in the past 3 years including the type of claim (clinical negligence/personal injury) and the nature of the injury.		
	Type of claim and nature of injury:	Approximate settlement value:	

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1.47	Please provide brief details of catastrophic injury cases that you currently have under investigation. Type of claim and nature of injury:	Approximate value:	
TRAINING			
1.48	Please provide your training record for the past three years (attach document)		
1.49	Can you certify that you have completed 12 hours training per annum directly relevant to clinical negligence during this period: If not, please provide details.	Yes / No (please delete)	
1.50	In addition to attending training courses, how do you ensure your medical knowledge is kept up to date:		
SPECIALIST AREAS			

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1.51	Do you specialise in any particular areas of clinical negligence (achieved at least 5-10 settlements in the past five years?)		
1.52	If yes, what are your main specialist areas? Please provide brief details of the type of settlements achieved:		
1.53	Do you or does anyone in your department deal with claims involving mental health issues? Please provide details.		
1.54	Are you or have you been involved in any product liability cases? Please provide details and approximate numbers of clients involved.		
PROFESSIONAL REGULATION			
1.55	Do you have experience of advising clients on taking a complaint to the professional regulators (e.g. GMC, NMC, HCPC)?		

1.56	If yes, please provide details:		
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SUMMARY OF SUPPORTING DOCUMENTATION – PERSONAL CASELOAD			
1.57	CASE REPORTS Please submit: • 4 completed case report forms for clinical negligence cases which have settled for damages in the past two years. • 1 completed case report form for a clinical negligence case which has been abandoned in the past two years months together with a copy of the unsupportive medical report(s) and counsel's advice if obtained. You must have had personal conduct throughout. (Please use pro forma).	Please attach to your application. Case reports are central to the application process. The case examples provide the core evidence to demonstrate that the applicant meets the required standard of clinical negligence practice and applicants should therefore select cases which demonstrate that they satisfy the application criteria in terms of their skills, knowledge and experience. Please refer to the application booklet for details. If you are unable to meet the full case report requirements due, for example, a period of leave or following a change of firm, please contact Avma for advice.	
1.58	CASE LIST Please submit with your application a list of your personal active and concluded cases for the past 12 months. This list should be in the following format: 1. Nature of case (e.g. bile duct injury during cholecystectomy) 2. Date opened 3. Type of funding	Please attach to your application. If you are unable to easily provide the list in the suggested format, please contact the panel administrator to discuss alternative formats.	

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	4. Current status/stage 5. Quantum (estimated (e) /achieved (a)) 6. Date of closure/settlement 7. If abandoned, reason for closing 8. Counsel		
1.59	Example Documents (see Q.1.32) • Instruction to expert • Letter of claim • Statement • Pleadings • Instructions to counsel	Please submit with your application an example in each category where you have personally prepared the document. These should be anonymised. We would recommend using examples relating to the submitted case reports where possible.	

Part Two – Clinical Negligence Department & Firm

PERSONAL DETAILS			For office use
	NAME:		
	FIRM:		
	DX:		
CLINICAL NEGLIGENCE DEPARTMENT – ACCREDITATION SCHEMES			
2.1	Does your firm have current Lexcel accreditation?	Yes / no / pending (please delete)	
2.2	Please provide details of when Lexcel accreditation was awarded, is due for renewal and/or the stage that your application has reached.		
2.3	If your office has any other accreditation or quality marks awarded to your office.		
FEE EARNERS – AT YOUR LOCATION			
2.4	Who else handles clinical negligence cases in <u>your office</u> , what is their clinical negligence PQE, and what has been their average clinical negligence caseload over the past 12 months? Please provide details in the form below:		

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	Name	PQE	Qualification and/or status.	Approx. CN caseload over past 12 months and/or experience.	
PROVISION OF COVER					
2.5	Who provides cover during periods when you are absent, describe their position/qualifications:				
OFFICES WHERE CLINICAL NEGLIGENCE IS UNDERTAKEN					
2.6	Firm – list the other offices where clinical negligence is undertaken with details of any Avma panel members.				

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	Office	Name	PQE	
	SCREENING AND RISK ASSESSMENT			
2.7	Please briefly describe a client's experience from first contact with your firm until a decision is made to accept their case and funding is arranged. [This should include: how contact is generally made, who the prospective client will speak to, how long the decision takes to accept/reject, how that decision is made and by whom, at what stage they will meet face to face with their fee earner, who takes the first statement.]			
2.8	What is considered to be the optimal clinical negligence caseload for practitioners within the department?			
	CLIENT CARE			
2.9	What do you consider are the key features of your department's approach to client care?			

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2.10	Please submit data from your most recent client satisfaction survey or other forms of client feedback as available?	Please attach client feedback information.	
2.11	Has your firm received any formal complaints and/or professional negligence claims in the past 12 months in relation to cases you have had personal conduct of or have supervised?		
2.12	If yes, please provide either brief anonymised details and/or anonymised copies of correspondence.	Please attach information if available.	
	What action did you take as a result? e.g. change of office procedure, staff training etc.		
INQUESTS			
2.13	Have you personally assisted clients with preparing for an inquest involving clinical negligence issues in the past five years?	Yes / No (please delete)	
2.14	If yes, approximately how many?		
2.15	Do any of your colleagues specialise in inquest work? Please provide details.		
2.16	Who would normally represent the family at the inquest?		

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	DEFENDANT HEALTHCARE WORK Please refer to the application booklet, 1.2 to 1.7 for Avma's eligibility rules.		
2.17	Do you or your firm undertake any defendant work on behalf of healthcare organisations or individual healthcare professionals in cases involving injury to patients including defendant clinical negligence work, representation of healthcare workers at disciplinary hearings etc? (Do not include employment, contract or estate work.)		
2.18	If yes, please provide full disclosure of the exact nature and quantity of this work, who undertakes it, and how conflicts are avoided as set out in the application booklet.		
	RESOURCES		
2.19	What medical and legal resources do you and the clinical negligence department have access to and use regularly? e.g. journals, internet subscriptions, memberships, libraries etc.		
2.20	Do you have access to any in-house medical support or other sources of medical advice?	Yes / No (please delete)	

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2.21	Please provide brief details:		
EXPERTS AND COUNSEL			
2.22	Please list the main counsel you instruct. (Please identify in the list, the main counsel instructed in relation to catastrophic injury claims)		
2.23	Do you maintain a list of medical experts and how often is this updated?		
SUPERVISION			
2.24	Who is responsible for overall supervision of clinical negligence work within the clinical negligence department?		
2.25	How many fee earners are you personally responsible for supervising?		
2.26	If you are <u>not</u> a primary supervisor, please give details of any involvement you do have in supervision including monitoring or mentoring more junior staff.		
2.27	Please briefly describe how supervision is carried out within the clinical negligence department including the nature and frequency of file reviews, supervision sessions, and other forms of supervision undertaken. (Please attach any documents setting out standard supervisory procedures).		
2.28	Do you carry out supervision for any other offices?	Yes / No (please delete)	
2.29	Please provide brief details		

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FUNDING & COSTS			
2.30	Approximately what percentage of your department's cases are:	Privately funded	
		Legal Aid	
		Legal Expenses Insurance	
		Union funded	
		Other (please specify)	
2.31	For privately funded clients, please describe how this works in practice e.g. if you offer payment plans, fixed costs etc.		
2.32	Are all first face-to-face interviews free of charge?	Yes / No / Other (please delete)	
2.33	Please give details of charges made for first interviews or other arrangements including any time restrictions:		

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2.34	What is the firm's policy on deducting costs from a client's settlement? Please provide details of any deductions that are routinely made from damages.		
OUTCOME DATA - DEPARTMENT			
2.35	You are asked to submit the following outcome data:		
	Please submit a case list for the clinical negligence department at your office covering the past twelve months, with date file originally opened, nature of claim (e.g. birth injury), current status of claim (closed, settled, open), date of closure and outcome.	Please attach. If your case management system is not able to produce the list in the format required, please contact Avma for advice. (The list should not include clients' names.)	
OTHER RELEVANT INFORMATION: Please provide any other information which you would like to be considered as part of this application.			
2.36			

Declaration

Title: Forename(s): Surname:

Firm’s Name: Your email:

Solicitors

If you are a practising solicitor, do you hold a current unconditional practising certificate?: Yes / No (please delete)

If no, please provide details on a separate sheet.

Law Society ID: Date of admission to roll:

Disciplinary action

Are you or have you been subject to any disciplinary action by the in the past five years where a finding was made against you?:

Yes / No - If yes, please provide details on a separate sheet.

Declaration

I certify that all the information I have provided in support of my application for Avma accreditation is true to the best of my knowledge and that I will abide by the application procedures and if appointed will continue to abide by the Obligations of an Avma panel member and the Code of Conduct.

I confirm a non-refundable application administration fee of £850 + VAT has been made by BACS to Avma.

BACS payments:
Co-operative Bank
Sort code: 08-92-99
Account number: 65583630
Please email remittance to: vicki@Avma.org.uk
Please quote the applicant surname on BACS payments

Signed Date:.....

Documents to be submitted with your application

You are asked to submit one copy of your complete application including the accompanying documentation to us. Please contact vicki@Avma.org.uk for a secure upload link as we are unable to accept applications by email. The following list sets out the key documents that are required.

1.	Completed application questionnaire	By email only with the documents set out below.
2.	Signed declaration	See previous page above.
3.	Application administration fee	£850 plus VAT by BACS payment only.
Part 1		
4.	Case reports (Q1.57)	4 settled cases 1 abandoned case with associated medical reports/counsel's advices.
5.	Case list (Q1.58)	This should be a list of your cases over the past 12 months and should include: nature of case - date opened - type of funding - current status/stage - quantum (estimated (e) or achieved (a)), if abandoned, stage and reason for abandonment, counsel. See question 1.26.
6.	Example documents	Where you routinely draft key documents, please provide an example in each category. See question 1.31
7.	Training record	For past three years and identifying training specifically related to clinical negligence. See question 1.48.
Part 2		
8.	Client feedback	Latest client satisfaction data. See question 2.10.

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9.	Complaints	Information about any formal complaints received over the past 12 months relating to your cases or that of cases you are supervising. See questions 2.12.
10.	Supervision	Any written policy/procedure on supervision arrangements for clinical negligence. See question 2.28.
11.	Outcome Data	See question Q2.35 Departmental case list

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