



Panel Reaccreditation Questionnaire

Avma Specialist Clinical Negligence Panel Reaccreditation Questionnaire

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?		
	If less than three years, please provide details of your previous firm.		
1.2	What is your position at the firm? [If you are employed as a consultant please state this is the position and provide further details.]		
1.3	Are you employed full-time (i.e. 5 day week)		
1.4	If part-time please provide details:		
1.5	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	
1.6	How many clinical negligence cases do you have on your active case list at present?	
1.7	If this is lower or higher than normal, please provide further details:	
1.8	What percentage of your time is spent on:	
	(i) Clinical negligence (personal caseload):	
	(ii) Supervision (clinical negligence):	
	(iii) Other cases/responsibilities etc:	
1.9	What other types of case do you deal with?	
1.10	Approximately what percentage of your cases over the past year were:	

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	(i) Cases of maximum severity – over £1m?		
	(ii) Valued at £100,000 – £1m		
	(iii) Valued at £30,000 – £100,000		
	(iv) Valued at under £30,000		
CASE OUTCOME DATA			
1.11	How many clinical negligence cases have you settled for damages in the past 12 months:		
	(i) Before proceedings commenced:		
	(ii) After proceedings commenced:		
1.12	If this is lower or higher than normal, please provide details:		
1.13	What is the average timescale from initial instruction to settlement for a claim for damages in:		
	(i) Catastrophic injury claims		
	(ii) Other Claims		
CATASTROPHIC INJURY CLAIMS			
1.14	Have you successfully concluded any maximum severity claims of any type	Yes / No / Other (please delete)	

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	(clinical negligence or personal injury) in the past three years (over £1m)?		
1.15	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:	
1.16	Please provide brief details of catastrophic injury cases that you currently have under investigation. Type of claim and nature of injury:	Approximate value:	
TRAINING			

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1.17	Please provide your training record for the past three years (attach document)		
1.18	Can you certify that you have completed 12 hours training per annum relevant to clinical negligence during this period:	Yes / No (please delete)	
1.19	If not, please provide details:		
SPECIALIST AREAS			
1.20	Do you specialise in any particular areas of clinical negligence (achieved at least 5-10 settlements in the past five years?	Yes / No (please delete)	
1.21	If yes, what are your main specialist areas? Please provide brief details of the type of settlements achieved:		
1.22	Do you or does anyone in your department deal with claims involving mental health issues? Please provide details.		

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PROFESSIONAL REGULATION			
1.23	Do you have experience of advising clients on taking a complaint to the professional regulators (GMC, NMC, HPC etc)?	Yes / No (please delete)	
1.24	If yes, please provide details:		
SUPPORTING DOCUMENTATION – PERSONAL CASELOAD			
1.25	CASE REPORTS Please submit 2 completed case report forms for clinical negligence cases where you have had personal conduct throughout and which have settled for damages in the past 24 months. (Please use pro forma). [AvMA will also accept cases prepared on the current Law Society pro forma case report form but we recommend that you check with AvMA]	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 paragraphs 1.58-1.63 of the Reaccreditation booklet.	

1.26	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 4. Current status/stage 5. Quantum (estimated (e) /achieved (a)) 6. Date of closure/settlement 7. If abandoned, reason for closing. 8. Counsel	Please attach to your application. If your case management will not allow you to generate a list in this format, please submit the nearest approximation that you can. (The list should not include clients' names.)	
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Part Two – Clinical Negligence Department & Firm

PERSONAL DETAILS			FOR OFFICE USE
	NAME:		
	FIRM:		
	DX:		
CLINICAL NEGLIGENCE DEPARTMENT – ACCREDITATION SCHEMES			
2.1	Does your office have a current Legal Aid Agency contract for clinical negligence? [If your firm does not have a current LAA clinical negligence contract, your firm needs to hold Lexcel accreditation: see 1.54-1.55 in the booklet.]	Yes / No (please delete)	
2.2	Does your firm have current Lexcel accreditation?	Yes / no / pending (please delete)	
2.3	Please provide details of when Lexcel accreditation was awarded, is due for renewal and/or the stage that your application has reached.		
2.4	If your office has any additional accreditation or quality marks, please provide details.		
FEE EARNERS – AT YOUR LOCATION			

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2.5	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:				
	Name	PQE	Panel memberships Law Soc / Avma	Approx. CN caseload over past 12 months and/or experience.	
PROVISION OF COVER					
2.6	Who provides cover during periods when you are absent, describe their position/qualifications:				

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OFFICES WHERE CLINICAL NEGLIGENCE IS UNDERTAKEN			
2.7	Firm – list the other offices where clinical negligence is undertaken with details of where panel members (AvMA/Law Society) are based (include on a separate sheet if necessary):		
	Office	Panel Members (Law Society/AvMA)	
SCREENING AND RISK ASSESSMENT			
2.8	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.]		
2.9	What is considered to be the optimal clinical negligence caseload for practitioners within the department?		

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CLIENT CARE			
2.10	What do you consider are the key features of your department's approach to client care?		
2.11	Please submit data from your most recent client satisfaction survey or other forms of client feedback as available?	Please attach client feedback information.	
2.12	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?		
2.13	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			
2.14	Have you personally assisted clients with preparing for an inquest involving clinical negligence issues in the past five years?	Yes / No (please delete)	
2.15	If yes, approximately how many?		

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2.16	Do any of your colleagues specialise in inquest work? Please provide details.		
2.17	Who would normally represent the family at the inquest?		
	DEFENDANT HEALTHCARE WORK Please refer to the application booklet, 1.2 to 1.7 for AvMA's eligibility rules.		
2.18	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.)		
2.19	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		
2.20	What medical and legal resources do you and the clinical negligence department have access to and use regularly?		

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	e.g. journals, internet subscriptions, memberships, libraries etc.		
2.21	Do you have access to any in-house medical support or other sources of medical advice?	Yes / No (please delete)	
2.22	Please provide brief details:		
EXPERTS AND COUNSEL			
2.23	Please list the main counsel you instruct. (Please identify in the list, the main counsel instructed in relation to catastrophic injury claims)		
2.24	Do you maintain a list of medical experts and how often is this updated?		
SUPERVISION			
2.25	Who is responsible for overall supervision of clinical negligence work within the clinical negligence department?		
2.26	How many fee earners are you personally responsible for supervising?		
2.27	If you are <u>not</u> a primary supervisor, please give details of any involvement you do have in		

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	supervision including monitoring or mentoring more junior staff.		
2.28	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 state how your own personal supervision is carried out. (Please attach any documents setting out standard supervisory procedures).		
2.29	Do you carry out supervision for any other offices?	Yes / No (please delete)	
2.30	Please provide brief details		
FUNDING & COSTS			
2.31	Approximately what percentage of your department's cases are:	Privately funded	
		Publicly funded	
		Legal Expenses Insurance	
		Conditional fee agreements	
		Union funded	

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		Other (please specify)	
2.32	Please describe the nature of the CFAs currently offered to your clinical negligence clients including: - the stage that you would usually offer a CFA to your clinical negligence clients - how disbursements are funded - any financial outlay the client will be required to make during the conduct of their claim		
2.33	Who are your main providers for after-the-event insurance cover?		
2.34	Are all first face-to-face interviews free of charge to the client?	Yes / No / Other (please delete)	

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2.35	Please give details of charges made for first interviews or other arrangements including any time restrictions:		
2.36	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			
2.37	You are asked to submit the following outcome data:		
	Please submit a case list for the clinical negligence department covering the past twelve months, with date file originally opened, type of claim/medical issue, 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 submit the nearest approximation that you can. (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.	
2.38		

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:

FILEX Applicants

If you are a current Fellow of the Chartered Institute of Legal Executives, when did you qualify?:

[Note you must be a current fellow of the Institute to qualify for membership of the AvMA panel and have passed the Institute's examinations in Civil Litigation and Tort and have litigation practice rights.]

CILEx membership number:

Disciplinary action

Are you or have you been subject to any disciplinary action by the SRA/Chartered Institute of Legal Executives 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 reaccreditation is true to the best of my knowledge and that I will abide by the procedures for reaccreditation and if reaccredited will continue to abide by the Obligations of an AvMA panel member and the Code of Conduct.

Signed Date:.....

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

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 secure upload with the documents set out below.
2.	Signed declaration	See previous page above.
3.	Application administration fee	£500 plus VAT by BACS payment only.
4.	Case reports	Two completed case report forms for clinical negligence cases where you have had personal conduct throughout and which have settled for damages in the past 24 months. As the case reports provide essential evidence of your skills as a clinical negligence practitioner and litigator, ideally all case reports should be issued cases although applications containing no more than 1 pre-issue settlement will be accepted. See refer to the application booklet. See question 1.25.
5.	Training record	For past three years and identifying training specifically related to clinical negligence. See question 1.17.
6.	Outcome data	A departmental case list. See question 2.37.
7.	Personal case list	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.
8.	Supervision	Any written policy/procedure on supervision arrangements for clinical negligence. See question 2.28.
9.	Client feedback	Latest client satisfaction data. See question 2.11.
10.	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 2.12-2.13.

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Avma is the operating name of Action against Medical Accidents, which is registered as a charity in England and Wales (299123) and in Scotland (SCO39683) and is also a company limited by guarantee (2239250). Registered office: 82 Tanner Street, London SE1 3GN