

CONFIDENTIAL FOR AvMA EXPERTS ONLY - DH Pre Consultation FRC Responses 2015-16

Speciality	Aware of FRC proposals?	Aware of expert fee caps?	Will fee cap cause you to rethink hourly rate?	Does it make a difference that the shortfall in your rate will be paid out of claimant's damages?	Effect of fee cap on your Clin Neg work?	Aware of any particular behaviours from lawyers that delay resolution?	Do you think it is possible to offer a fixed fee below 25K?	How might you calculate an approx fixed fee?	Further comments on proposals
Dermatology	No	No	No	Yes - fewer cases I would say	It is obvious that for low value claims less than £10k costs are often on a multiple of compensation. I never fail to be amazed at the NHSLA's determined defence even in the face of evident error.	NHSLA - ? defence arguments instead of admitting it. I do a lot of NHSLA work and tell them clearly if the matter is indefensible part 65 questions are often possible but occasionally I have not quite got the emphasis right and change my views.		A few of [£500] is ok permitted that the notes are properly sorted, 1 ring binder (not 4!) and a short form report can be done, secretarial time doesn't come cheap!	PI costs seem [lift] . These [?] don't surprise me. £108 per hour for legal aid is unreasonable.
Rheumatology & General Medicine	Yes	Yes	Possibly	Yes	I will continue to provide reports but would think twice if the fee was significantly reduced.	No significant "out of time" behaviours to report.	Yes	Would be determined by small volume documentation/medical records	
Midwifery	No	No	No	No - already have low fees	It may not be cost-effective to continue working		Don't know		
Bariatric Surgery	No	No	No	No	I will only accept my hourly rate		Yes	£5,000	
Emergency Medicine (A+E), Intensive Care	Yes	Yes	Yes	No		No	Yes	Unsure	
Paediatric Neurology	No	No	No	No		No	Yes	Not for me to judge	
Orthopaedics	No	No	No	No	No	No	No	No	
Paediatric Surgery	No	No	Yes	No			No		
Orthopaedics and Trauma									
Paediatric Respiratory Medicine									
Obstetrics & Gynaecology	No		Yes	Yes			Yes	Individual quote for each case.	
Hand Surgery (Orthopaedics)							No		
Clinical Psychology	No	No	No	Yes			Yes	Based on complexity and amount of medical records and documents to be received.	
GP	Yes	No	No	No	In the future my medico-legal income will be increasingly "icing on the cake" so a fall in workload should be welcome.	Failure to disclose all the facts/evidence is still/particularly a tactic used by defendants.	Yes	Possible but only for simple cases with issues clearly identified and a core bundle.	
Neuroradiology	No	No	Yes	No		No		Don't know	

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Anaesthesia	Yes	Yes	No	No	I am a simple soul! I estimate the hourly value of my expertise. If a solicitor is willing to accept and honour this rate, I accept the instruction - if not, I don't. It works out about 90% of the time.	My general impression is that professionalism has improved.	No idea		In general, I think it [inquietous] if, because of attempts to rein in legal costs. Claimants are unable to achieve equity with Defendants when it comes to instructing experts.
Adult Psychiatry	Yes	No	Yes	No	Not at present		No		
Orthopaedics	Yes	Yes	No	No	I will still work if [???] good instructions, agreement to terms which will not change.	Claimant - expert advised not to refer to certain documents in their report eg limited witness statements. - [???] to amend the claimant's answer in the report.	No		In most clin neg clases the devil is in the detail - detail requires time to identify/read and discuss = Money. Less money = less detail = poor report
General medicine, diabetes, life expectancy									
General practice	Yes	Yes	Yes	No	No	No	No	Some claims can be very complicated even if Quantum is low so the amount of expert work needed does not correlate to the value of the claim.	No
GP	Yes	Yes	Yes - unsure about this at present.	No	Not sure yet would have to wait and see what the cap was set at.	Sometimes defendant lawyers try to delay by defending the indefensible until almost the trial date.	Yes	It would be based on about 3 hours work but only if the bare minimum of documentation was provided. Otherwise I would not be able to accept the commission.	Not at present.
Cardiology	Yes	Yes	No	No			Yes		
Paediatric Cardiology	No	No	Yes	Yes	No	No	Yes	Not sure	
Paediatric Orthopaedics	Yes	Yes	Yes	No	No	No	Yes	Hours worked & volume	

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Breast Surgery	Yes	Yes	Yes	Yes	If implemented I will reduce my medico-legal work	None so far	No		
Public Health	Yes	Yes	Yes	Yes			Yes	Approx 10 hours of my time =£2200	
Gynaecology	No	No	Yes	No			Yes	Based on volume of records	
Oncology									
Plastic Surgery	No	Yes	Yes	No	No	Defendant lawyers are very inefficient and create more work compared to claimant lawyers	Yes	?	
Psychiatry									
Orthopaedics	Yes	Yes	Yes	No	I do not think they have been adequately thought through	Increasingly claimant lawyers are becoming very sensitive as to what goes or is removed in the report, making multiple revisions necessary	No		Poorly thought out mainly to protect NHS payouts rather than provide a fair justice
Ophthalmology	Yes	Yes	No	No		1.NHS Trust making only denials that are then retracted. 2.Expert conferences need urgent review	Yes	Agreed chronology, limited questions, pre agreed examination criteria	
Midwifery	No		Yes	No	No	No			
Speech therapy		Yes	No	No	Seems anomalous to have different fee levels for same expert	1.Defendants trying to alter recommendations if they exceed claimants. 2. Claimants advising against gastrostomy until after settlement because of possible effects on life expectation. 3.Failure to provide expert's advice to case managers leading to inappropriate intervention and costs.			Fees offered should reflect level of expertise needed in order to provide evidence based and objective advice to the Court
Orthopaedics									
Accommodation expert	Yes	Yes	No	No	More instructions may have to be declined		Do not know		
GP	No	No	Yes	Yes	If fees fall I might cease accepting instructions		No		
Clinical Psychologist	No	No	No	Yes	I am tired or arguing about fees and as a result am doing less legal work overall	Not really no but I tend to wait for the top quality firms who by and large behave well as far as I am aware	No	The complexity of the case psychologically speaking bears no relationship to the amount of money under consideration	

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Orthopaedic Surgery	Yes	Yes	Yes	Yes	May drive me out of business as I would be unwilling to reduce quality in such an important field	Claimants having instructed inappropriate experts pushing for ADR rather than risking Court	No	Allegation of negligence is inevitably complex work requiring both a great and wide degree of knowledge and experience both in medical and legal matters and will never be inexpensive simply because the recoverable losses are not great	They will further restrict access to reasonable restitution for those with valid claims
Pharmacy	Yes	Yes	No	No			No		
GP	Yes	Yes	No	Yes			No		
Orthopaedic surgery	No		No	No			No		
Microbiology	No		Yes	Yes			No		
Neuropsychiatry	No	No	Yes	Yes		No	No		
Obstetrics & Gynaecology	No	No	No	No		No	No		Fees are proportionate to the time spent on a case.
Brain injury, neurological conditions	Yes	Yes	Yes	Yes	I think that it will become increasingly unviable and fail to see how this will promote fair compensation.		Yes	By looking at streamlining/standardising report - averaging time taken and pitching to cover cost, with profit and being mindful of market rates.	
Optometry, vision									
Nursing Oncology/IV therapy	No		Yes	Yes		No	Yes	Based on the type will indicate how much research I will have to do and in some cases I have that up-to-date information already	
Neonatology	No	No	Yes	Yes	The proposals seem biased against the Claimant	No			
Colorectal Surgery	No	No	Yes	Yes			Yes		
Obstetrics & Gynaecology									
Nursing, Paeds, Midwifery, Health visits	Yes	Yes	Yes	Yes	Delay in payment of fee		Not sure		
Diagnostic Imaging	No		No	I don't know!	No	Not really	Yes	On usual time expended, about 3 hours. I often do "fixed fee" reports	No
Immunisation	No		No	Yes		No			
Spinal	No	No	No	No	No	No	No		
Gastroenterology	No		No	Yes			Yes		
Ophthalmology	No		Yes	Don't know		No	No		
General Dental Practice	No	No	No	Depends on the case		No	Yes	Knowing the number of papers involved i.e. size of bundle	

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Otorhinolaryngology (ENT)	Yes	Yes	No	No - This is not ideal for the Claimant but the expert should be paid adequately for the work done.	No	No	No		No
Social Care	No	No	No	No		Claimant wanting to make extensive changes to expert reports			
Paed. Neurosurgery & Craniofacial Surgery									
ENT/Head & Neck Surgery	No	No	Yes	Yes	It will make it less attractive	No	No		
Anaesthetics	Yes	Yes	No	No			Yes		
Dentistry General	Yes	Yes	Yes	Difficult as expert cannot receive or act on a conditional basis	Cannot work on conditional fee basis as expert	Defendant bodies still delay admit liability	Yes	I will it £150 per hour + VAT so fixed fees possibly	
Upper & Lower Limb Prosthetics						No			
Anaesthetics	No	N/A	No	No			Yes	Calculate something that is proportional but still allows adequate recompense for my time	
Ophthalmology	Yes	Yes	No	No	I will not work without fair pay for an experienced professional	No	No	Cases vary greatly re work involved and I only give sound opinions	
Pharmacy & Pharmacology									
Cardiac Surgery (Adult)	Yes	Yes	Yes	Yes			Yes		
General Practice	Yes	Yes	No		Capping fees would put Claimants at a severe disadvantage - as did capping Legal Aid	Less preparation of claimant costs	Yes	Brief report at fixed fee (I already do this)	
Obstetrics & Gynaecology	No		No	No		Giving an opinion to NHSLA - can't defend - then 2 to 3 years later still unsettled!!	No		
General Practice	No	No	Yes	Yes			No		
Plastic & Cosmetic Surgery & Pressure sores	No	No	Possibly	Possibly		There are a few (generally inexperienced) lawyers who "churn" - i.e. create work by asking silly questions or ask for clarification when it isn't appropriate.	No	When a case for negligence is not strong it may take a lot of time sifting the evidence and proportionality becomes a problem, but justice must be done, and it will create injustice by an expert trying to cut corners because he knows he will/may be underpaid.	You tend to get what you pay for in life. Cutting fees will result in poorer quality of the service which is in noone's interest.
Gynaecology	Yes	Yes	No	Yes	A lot of consultants will give up this type of work if their fees are severely capped. I certainly will.		Yes	Maximum fee of £500/report	

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General/Vascular Surgery	Yes	Yes	Yes - I would anticipate negotiating with solicitors on responsibility for payment of my fee	No - Not personally - see above	Presumably there will be a place for better initial screening of the strength and likely value of any case	No - most remain as slow as usual until a court deadline is only a few days away	Yes	I would probably agree an absolute minimum of £500 - increased in what seem likely to be more complex cases - for an initial screening report.	I would be more likely to offer fixed price screening to lawyers who offer the greatest volume of work and who have a record of prompt payment
OT and Care	Yes	Yes	No	Yes	Reducing the No of hours an expert has to spend on a case could seriously impact upon the quality of the work provided/undertaken	In both instances: solicitors continue to limit the experts opinion to their medical experts views only: as a care expert this often limits the range of opinion you may wish to express in a particular matter	Yes	Based upon a <u>reasonable</u> number of hours set at a <u>reasonable</u> rate without the huge disparity that currently exists between different professional bodies.	All experts require reasonable remuneration for the effort undertaken. recognising the time spent to produce reports they do.
General Surgery/Colorectal	Yes	Yes	Yes	Yes	Reduce the time I commit to medicolegal work	No recent change in behaviour observed		Not sure	
General Medicine/Clinical Pharmacology	No	Yes	No	No			Yes	This will depend entirely on instructing solicitors giving focussed instructions and restricting material ie. will depend on work involved.	
Clinical Psychologist									
General Surgery	Yes	Yes	No	No	Should apply to both sides!	Occasionally a solicitor comes back to question my opinion that his client/claimant has no case. They seem to be looking for a case to make where there is none.	Yes	Greater than fee for preliminary report and close to average fee. Equivalent to 2 or 3 hours' work	
Gynaecology	No		No	No					
Neuropsychology									
Orthopaedics	No		Yes	Yes			Yes	20 hours at hourly rate	
Orthopaedics	Yes	Yes	Yes	No			Yes	It depends on volume of notes. If notes were presented in a summary form then the fees could be lower.	

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Midwifery & Gynae Nursing	Yes	Yes	No	Yes	Seems v unfair to claimant. Overall there will be a reduction of instructions.	Defendant - unwilling to settle at all costs		Don't know	
Respiratory Medicine	No	No	Yes	No			No		No
Paediatric Liver Disease									
Respiratory Medicine	No	No	No	No	There should be scope for more single expert work. Also solicitors could work faster - always hours slow some claims progress	1) Claimant solicitors slow to formulate claims; 2) Defendants very slow to instruct experts so that claims run on for long times - often I can be approached by defendants in a case 2 years after I gave report for claimant!		In these cases I would suggest an expert medical panel - [?] experts. Often no less work though for low value claims	
No longer doing ML work									
GP	Yes	Yes	No	No	I may stop completely if pay is reduced	Defendants defend stupid cases and run up both sides costs	Yes	Same as now - 6hrs for a report	Usual lawyer and doctor [?] - the Government is not bothered about justice or injured patients
Dentistry	Yes	Yes	No	No	I am generally very busy and so a reduction in workload does not cause me concern	Defendant experts seem to have a more blinkered approach to claimant experts. Defendant solicitors often seem to create a "smoke screen" to confuse rather than clarify the issues.		Don't know	
Paramedic & Ambulance	No	No	No	Yes			No		
Prosthetics	No		No		N/A	N/A			
Paediatrics									
Cardiology									
ENT - nose and sinuses	No		No	No		No	Yes	Not sure	
Accommodation	Yes	Yes	No	No			No		
Obstetrics & Gynaecology	Yes	Yes	Yes	Yes					
Neuroradiology	Yes	Yes	No	Yes	I advise claimants and defendants indiscriminately	On a <u>personal</u> basis, I have been irritated by defendant teams making concessions I thought unjustified	Yes	That's for the experts	No

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General/Gastro-Intestinal Surgery	Yes	Yes	No	Yes	Both proposals are seriously flawed and those proposing them don't understand the result they would have	NHSLA seem to more reluctant to settle claims that [?] an experienced expert, aren't realistically defensible. They always settle eventually, but a lot of money is wasted.		Very difficult. Have done many 'preliminary' reports for £4-500. Works out at v. low hourly rate! From my perspective, a loss [?] !	
ENT	Yes	Yes	Yes	Yes		No	No		
Paediatric Hepatology	Yes	Yes	Yes	Yes			Yes		
General Surgery	No	No	No	No		No	No		
Neuroradiology	No	No	No	Yes		No		V few of the cases I do are below this level	
Dermatology									
Colorectal and General Surgery	No	No	Yes	No	No	I only do Claimant work		No idea	No
Neurology	Yes	Yes	Yes	No	It's another step towards conditional fees for experts	Only the kind attempts by both sets of lawyers to alter the meaning of my reports - as always!	No		
Obstetrics & Gynaecology	No	No	Yes	No			Yes		
Paediatric Urology	Yes	No	No	No		The original response of defendants is usually a blanket denial of all allegations even when they have been advised of liability. This increases costs at the end of the day.	No		
Respiratory Medicine									
Gastroenterology									
Plastic and Hand Surgery	Yes	Yes	No	No	If the fees are capped below a certain level, possibly £500 to £600, I will not be taking on any of these cases. They are lengthy, complex and difficult cases which may go to court. I no longer want the hassle of this for low capped fees. I currently charge a fixed fee of about £850 and consider this is good value for Claimants.	No	Yes	On estimated time cas will take me at £200 per hour. Currently I charge a fixed fee of £850 plus £100 for mounted photos unless the case is unusually complex with massive piles of notes	
Pain medicine	No	No	No	No		No	No		No
General Practice	Yes	Yes	No	No	Funding needs to be available for conferences etc	The lawyers seem to be better at selecting cases that will "run"	Yes	Hourly rate but there is a minimum below which I decline work	

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Dental	No	No	No	No			Yes	Volume of records	
Diabetes									
Emergency Medicine (A+E)	Yes	Yes	Yes	Yes	No	No	Yes	Screening report £300 with fixed fee or agreeing a fixed fee before taking the case on	No
Oncology	Yes	Yes	Yes	No	No	No	No		
Neurosurgery	Yes	Yes	Yes	Yes		Over-long agendas. Sometimes like a cross-exam motion.	Yes	Hourly rate averages in UK	There are no data on fees. A database could be set up nationally as guidance.
Orthopaedics	Yes	Yes	No	No	The insurance companies have got their way on whiplash injuries ie non compensational in large watch out for them and the Government - you're next!	The polarisation pre the changes of CPR 35 to now are the same now	No	Hourly rate - I don't want to become a creature of the courts and my opinion restricted	They are to hamstring personal injury compensation.
Clinical Psychologist	No		No	Yes			Yes		
Plastic, Reconstructive, Anesthetic/Cosmetic Surgery									
Colorectal Surgery	Yes	Yes	No	No			No		
General Surgery - HPB surgery	No	No	Yes	No		No	No		
Urology	Yes	Yes	Yes	Yes		None	Yes	10%	No
Accident & Emergency	Yes	Yes	No - It is not worth my while working for too little. I'll just retire!	Yes - it would pose an ethical dilemma	Limiting cap to claimants would be grossly unfair - defendants already drag out cases in the apparent hope of deferring claimants.	Very slow progress of cases by defendants. Serving 'defences' without medical input. Pursuing cases to court at disproportionate cost (esp low value trauma claims)	No	Complexity is not proportionate to value	
Anaesthesia/Critical Care	Yes	Yes	Yes	Yes		Largely claimant only	Yes	Individual negotiation	
Anaesthetics	Yes	Yes	Yes	Yes					
Endocrinology	No		Yes	Yes	There will obviously be less work for experts			No idea	No
Oncology	Yes	Yes	No	Yes	Capping fees to experts will just produce poor justice.		No	Oncology cases can be extremely complex.	
GP Clinical Negligence	Yes and No - partial	Yes	Yes	Yes	Low rates would reduce incentive and quality of report, affecting justice. Paying peanuts invites monkeys, please rethink.	Instructing solicitors have conflict of interest they advise the expert witness to be impartial but do put direct or indirect pressure to favour their clients. Money makes the world go round.	Yes	Everything changes in teis universe, except this principle. We would have to conform or leave.	Please keep proposals flexible locally.
Dental Surgery	No	No	Yes	No		No		Don't know	

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General Surgery	No	No	Yes	Yes	If rate falls farther and there are greater difficulties in recovery fees I would stop providing expert reports	Defence failing to admit to obvious gross errors!		So dependent on volume of records to be examined and state (ie. pagination) of records supplied. I do offer a 'screening' report for a low fixed fee.	No
Orthopaedic & Trauma Surgery	Yes	Yes	No	Yes	If fees are capped to an unacceptable degree I shall not continue this work		No	My fees are based on £200/hr + VAT	
Obstetrics & Gynaecology									
General Surgery	Yes	Yes	Yes	No	No	No	No		
Obstetrics & Gynaecology	Yes	No	Yes	Yes		Solicitors for claimant tend to be very trigger happy about taking cases to court.	No		
Neonatal Paediatrics	Yes	Yes	No	Yes	Yes - manifestly unfair follows unsuccessful claim. Unfair not to cap both but a greater disadvantage to the credible claimant.	Initial respondents' reply always denies most issues save for the date and place.		In my mind, <u>death</u> is the only claim in such a category. Though such is commonly associated with a claim [?] to the mother/family that would increase the total claim value.	There is a conflict of outcome affecting those legal representatives who will [?] in any case, of whatever merit, so as to be able to benefit from their own costs. This causes deserving claimants to be penalised owing to the Government's legislative drive to curtail outgoings.
Community sexual and reproductive health; General practice	Yes	Yes	No	No			No		
Paediatric Neurology	Yes	Yes	No	No		No	No	Most neurological cases involve higher settlements	

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Neurosurgery and spinal surgery	Yes	Yes	No	No - although very unfortunate	Defendant fees are not capped and they pay promptly. Although instructed mainly by Claimant solicitors in Clin Neg, I would be better off if I worked for Defendant solicitors.	Just the usual in an adversarial system.	Yes	A restricted bundle of documents, limited imaging and a fixed fee offered of [?] of the probable value of the claim	
Paediatric Nephrology									
Psychology/Neuropsychology	No	No	Yes	Yes	We undertake a lot of "pro bono" work as it. This is likely to increase which is not ideal.	It doesn't feel as some cases that client needs are sufficiently being addressed.	Yes	Difficult to say without a proper evaluation.	
Obstetrics	Yes	Yes	No	No	Most of my work is very high value so probably won't affect my involvement		Yes	On volume of appropriate records - report would limit discussion and explanation	If expert costs are reduced I would have to produce shorter reports with a 'clear view' but less explanation of that view
Paediatric Surgery (Urology)	Yes	Yes	Yes	Would need to see more detail		Claimant's solicitors withholding my report/evidence when not supportive - including cases funding by legal aid	Yes	On the basis of time typically involved in preparing a report on similar cases.	
Paediatrics	Yes	Yes	Yes	No		Lengthy and repetitious agenda for experts	Yes	Based on hourly rate!	
Oral & Maxillofacial Surgeon	No	No	No	Yes	Preposterous if claimants have fees capped but defendants' experts can charge what they like.	I have never been asked to act for a defendant - not for what is offering to do so. Defendants' solicitors tend to be very slow to reply to claims.	Yes		
General Adult Psychiatry	No		No	No			No	Its impossible to calculate in advance the time taken. Records to be reviewed may be one small file or 10 ring leaf binders!	
Neuropsychologist									
Endocrinology, diabetes, lipids, metabolic medicine.	No	No	Yes	Yes	Nil	No particular change	No		

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Gynaecology	Yes	No	No	No	The need for short reports will increase - avoiding the need to provide full reports with a low likelihood of success.		No		
Nephrology/General Medicine Psychiatry	No	No	Yes	Yes	I may stop doing legal work if it is not adequately rewarding.	No	Yes	£800	
Endocrinology and diabetes	Yes	Yes	No	No	I have more instructions than I can currently agree so only prepared to do at my current rate. A lower rate is not profitable for me.	No	Yes		
Neonatal & Paediatric Surgery Spinal Surgery	Yes	Yes	No	No	If clinical work becomes uneconomical, I will do something else with the time			NHSLA fixed fee scheme dispenses with need for a cost-ready report. Not ideal for ensuring thoroughness, but may make initial discussion on feasibility of litigation easier.	
Dietics, bariatric surgery, obesity, nutrition Plastic Surgery	No		Yes						
Clinical Pharmacology and General Medicine	Yes	Yes	No	No					
Nursing and care	Yes	Yes	Yes	Yes	Unfair to claimant if not supported to have good experts to give an opinion on the case.	This was the practice some years ago. I do not have much experience of solicitors looking for "hired guns". The ones I work with respect the CPR rules.	Yes	Low value cases should have proportionate fees - depending on time taken to read notes, prepare report. Say max £1000 and limit the no. of experts.	Respect needs to keep costs down, but risk of denying people without adequate funds - access to justice.
Trauma & Orthopaedic Surgery	Yes	Yes	No	No	If they are not prepared to pay for [?] the quality of reports will fall.	Yes	Charge for 3 hours of my time: £648 + VAT		
Neurology Collation of records and case preparation	No	No	No	No	No	No			
Radiology Virology		No	Yes	No			No		
	No		Yes	No				?	

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Speciality	Aware of FRC proposals?	Aware of expert fee caps?	Will fee cap cause you to rethink hourly rate?	Does it make a difference that the shortfall in your rate will be paid out of claimant's damages?	Effect of fee cap on your Clin Neg work?	Aware of any particular behaviours from lawyers that delay resolution?	Do you think it is possible to offer a fixed fee below 25K?	How might you calculate an approx fixed fee?	Further comments on proposals
Hand & Wrist	Yes	Yes	No	No	This work is complex and time-consuming and involves personal angst in condemning colleagues, especially bearing in mind "there but the grace of God so I"	Claimant lawyers repeatedly sends more material, case conferences requests to amend reports. This takes me hours and hours and presumably even more hours for the claimant lawyer.	Yes	£3000 ie 10 hours @ £300 ph plus court @ £2500 re day 3 days therefore £10,500 BUT if only a breach/causation and then Claimant/[?] report £2500. One can't fix unless the need to go to court is defined [?] separately.	If fees are reduced then non-expert experts will take on the work to the detriment of justice.
Physiotherapy	No	No	No	No			No		
Oncology	No	No	Yes	No		Defendants always delay any negligence, and likely causation	No		
Gen Surgery	Yes	Yes	Yes	No	N/A	N/A	No		
Obstetrician & Gynaecology	Yes	No	No	Yes			No		
Podiatric Consultant	Yes	Yes	No	No	If there is to be capping should be the same for both sides		No		
Neonatology	Yes	Yes	No	Yes		No	Yes	I don't do cases of less than 25k	
Radiology	Yes	Yes	No	No	Will deter legitimate claims	Splitting liability and causation	Yes	£500	If fees are reduced I will just stop doing cases.
Plastic Surgery	Yes	Yes	No	No	The level of fees is important. Providing medical reports has a cost of pounds and in my time and there is a level where it is not viable to do reports. Also tax & VAT is unrelenting so fees have to be settled in a reasonable time.	Delay in getting up to date notes and VR's can be a difficulty. An important step in reaching a 'fair' solution is discussion between the experts on both sides. The sooner this happens the quicker the resolution of cases. Lawyers seem to be having increasing difficulties listing cases in court.		It's not the potential size of the claim that is important. It's the time that has to be spent unpicking the issues and providing the report. So the fee level is important. If you want medical experts up to date in their field they will be busy and their time will be valuable and so rewarded at a substantial rate. You can't stack MR's high and sell them cheap!	

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General Practice	Yes	Yes	Depends on the cap level!	Yes		No. My experience of work for both claimant and defendant has not been of unnecessary delay.	Yes	It would have to be done on average time spent and therefore lead to some losers and some winners.	However much I, as an expert, dislike a cap on my fees that legal costs can be so much more than the sum won at court is not right (the worst I have come across is a ration of 10:1)
A&E	Yes	Yes	No	No	It will cause more conflict between solicitors and experts over fees.	I perceive delaying tactics from defence lawyers, putting up overall costs. With the potential for this to put off claimants making a claim.	No		Not impressed!