	CON	IDILIVITA	LI ON AVIV	IA LAFERTS ONLT -	Diffie Collisaitation	FRC Responses 2015-	10		
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	Aware of any particular behaviours from lawyers that	Do you think it is possible to offer a fixed fee below 25K?		Further comments on proposals
Dermatology	No	No	No	Yes - fewer cases I would say	compensation. I never fail to be amazed at the NHSLA's determined defence even in the	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.			
					I will continue to provide reports but would think twice if the fee	1		Would be determined by small volume	
Rheumatology & General Medicine	Yes	Yes	Possibly	Yes			Yes	Would be determined by small volume documentation/medical records	
inicamatology & ceneral medicine	100	1.03	1 0331019	165	It may not be cost-effective to	benaviours to report.	1.03	accumentation, medical records	
Midwifery	No	No	No	No - already have low fees	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				Unsure	
Paediatric Neurology	No	No	No	No No	N.a.			Not for me to judge	
Orthopaedics	No	No	No	No No	No	No	No	No	
Paediatric Surgery Orthopaedics and Trauma	No	No	Yes	No			No		
Paediatric Respiratory Medicine		+	 						
Obstetrics & Gynaecology	No	+	Yes	Yes			Yes	Individual quote for each case.	
Hand Surgery (Orthopaedics)	110	+	103	103			No	marviduai quote ioi eacii case.	
riana sargery (Orthopaeales)		+						Based on complexity and amount of	
		1						medical records and documents to be	
Clinical Psychology	No	No	No	Yes			Yes	received.	
					"icing on the cake" so a fall in	Failure to disclose all the facts/evidence is still/particularly a		Possible but only for simple cases with issues clearly identified and a core	
GP	Yes	No	No	No	workload should be welcome.	•		bundle.	
Neuroradiology	No	No	Yes	No		No		Don't know	

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	Aware of FRC	Aware of expert fee	cause you to rethink hourly	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	Aware of any particular behaviours from lawyers that			Further comments on proposals
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.		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.
<u> </u>	Yes		Yes	No	Not at present		No		скрента.
			No		I will still work if [???] good instructions, agreement to	Claimant - expert advised not to refer to certain documents in their report eg limited witness statements [???] to amend the	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
	Yes	Yes	Yes	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	Yes - unsure about this at present.	No No		Sometimes defendant lawyers try to delay by defending the indefensible until almost the trial date.		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	Not at present.
	No		Yes	Yes	No			Not sure	
	Yes		Yes	No				Hours worked & volume	
r acaraci ic Oi triopacules	100	103	103	1140	110	110	1.03	TIOUIS WOINCU & VOIGITIE	

Seedality proposals? caps? date? damages? Neg work? delay resolution? below 25K? fixed fee? on proposal and the proposal and		CONF	IDIENTIAL	L FUR AVIV	A EXPERIS ONLY -	DH Pre Consultation	FRC Responses 2015-	10		
Senterial of Vascular Surgery Ves. Ves. Ves. Ves. No. Obstating Ves. Ves. No. Ves. Ves. No. Obstating Ves. Ves. No. Ves. Ves. No. Obstating No. No. No. Obstating No. No. Obstating No. No. Obstating No. No. Obstating No. No. Obstating No. No. No. Obstating No. No. No. No. Obstating No. No. No. No. No. No. No. No. No. No.			Aware of expert fee	cause you to rethink hourly	that the shortfall in your rate will be paid out of claimant's	Effect of fee cap on your Clin	Aware of any particular behaviours from lawyers that	is possible to offer a fixed fee		Further comments on proposals
Anaesthesia No Ves Ves Ves No desseem unfair Vascular Surgery Ves Ves Ves No desseem unfair Vascular Surgery Ves Ves Ves No desseem unfair Vascular Surgery Ves No	General and Vascular Surgery	Yes	Yes	Don't know,	small in comparison to the	A substantial reduction in fees would be likely to diminish my interest in undertaking medico-	for estimates of total fees [?] the duration of a case (imposible to give) and for deferral of payment, though this seems to have receded. NHSLA seems more included to contest claims which		The fee depends upon complexity and	A very blunt instrument, though I must confess to irritation at some of the trivial claims which are pursued.
Certainly. The number of complex cases I report on with the FRCS will be reduced. This does seem unlaif Vascular Surgery Ves Ves Ves Ves Ves Ves Ves Ve						- San II Cara				ранова
Ves Ves Ves No fewer joint instructions-the NHS cannot afford this ves instruction would halve the costs. Orthopaedics No Ves Ves Ves No Cannot afford this Ves instruction would halve the costs. Anaesthesia No	Obstetrics & Gynaecology	Yes	Yes	Yes	No	complex cases I report on with the FRCS will be reduced. This		No		
Orthopaedics No							fewer joint instructions-the NHS		used as the basis for a report. A joint	
Anaesthesia No			Yes				cannot afford this	Yes	instruction would halve the costs.	
Nursing No				1						
Emergency Medicine No Yes No I feel that claimant rates are substantially less than substantially less than defendant rates No No No documentate and families able to have for less will apply. Expert fees will not be commensurate for the control of the work undertaken No				1						
Respiratory Medicine Yes Yes Yes No Yes No Yes No Yes No No No No No No No No No N										
Respiratory Medicine Yes Yes Yes No Yes No No No No No No No No No N	Emergency Medicine	No		Yes	No			No		
And families able to have to justice the for less will apply. Expert fees will not be commensurate for lost	Respiratory Medicine	Yes	Yes	No	Yes	substantially less than	No	No		Too much variation in the documentation
Midwifery No No No No Yes No I will reduce my rates No Yes. £750 Paediatrics Yes Yes No	Orthopaedics	Yes	Yes	Yes	Don't know	for less will apply.Expert fees will not be commensurate for the work undertaken		Unsure		I hope for women and families to be able to have access to justice through the cost cutting that is being undertaken by the Government
Paediatric neurologyYesYesYesNoI will reduce my ratesNoYes. £750PaediatricsYesYesNoNoNoNeurologyNoNoYesNo				1						
PaediatricsYesYesNoNoNoNeurologyNoNoYesNoNo							•			
Neurology No No Yes No No No Yes No						I will reduce my rates	No			
Ophthalmology	<u> </u>	No	No	Yes	No			No		
	Ophthalmology									
General Practice	General Practice									
Vascular Surgery	Vascular Surgery									

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Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that		How might you calculate an approx fixed fee?	Further comments on proposals
					If implemented I will reduce my				
Breast Surgery	Yes	Yes	Yes	Yes	medico-legal work	None so far	No		
Public Health	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									
Outhoropodics	Voc	Vos	Vos	No	I do not think they have been	Increasingly claimant lawyers are becoming very sensitive as to what goes or is removed in the report, making multiple revisions			Poorly thought out mainly to protect NHS payouts rather than provide a fair
Orthopaedics	Yes	Yes	Yes	No	adequately thought through	necessary	No		justice
Ophthalmology Midwifery	Yes No	Yes	No Yes	No No	No	1.NHS Trust making only denials that are then retracted. 2.Expert conferences need urgent review		Agreed chronology, limited questions, pre agreed examination criteria	
					Seems anomalous to have	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			Fees offered should reflect level of expertise needed in order to provide evidence based and objective advice to
Speech therapy		Yes	No	No	expert	costs.			the Court
Orthopaedics									
Accommodation expert	Yes	Yes	No	No	More instructions may have to be declined		Do not know		
CD	N.o.	N	V	Was	If fees fall I might cease		 		
GP Clinical Psychologist	No	No	Yes No	Yes	and as a result am doing less	Not really no but I tend to wait for the top quality firms who by and large behave well as far as I am		The complexity of the case psychologically speaking bears no relationship to the amount of money under consideration	
· ·	•	•	•				•		

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	Aware of FRC	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that			Further comments on proposals
Orthopaedic Surgery	Yes	Yes	Yes	Yes		Claimants having instructed inappropriate experts pushing for ADR rather than risking Court		experience both in medical and legal matters and will never be inexpensive simply because the recoverable losses	They will further restrict access to reasonable restitution for those with valid claims
	Yes	Yes	No	No	neid .		No	are not great	With Valia claims
	Yes	Yes	No	Yes			No		
	No	103	No	No			No		
	No		Yes	Yes			No		
	No	No	Yes	Yes		No	No		
Obstetrics & Gynaecology	No	No	No	No		No	No		Fees are proportionate to the time spent on a case.
7 7	Yes	Yes	Yes	Yes	I think that it will become increasingly unviable and fail to see how this will promote fair compensation.			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		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	
					The proposals seem biased				
Neonatology	No	No	Yes	Yes	against the Claimant	No			
	No	No	Yes	Yes			Yes		
Obstetrics & Gynaecology									
Nursing, Paeds, Midwifery, Health visits	Yes	Yes	Yes	Yes	Delay in payment of fee		Not sure		
	No		No	I don't know!	No	·	Yes	On usual time expended, about 3 hours. I often do "fixed fee" reports	No
	No			Yes		No			
·	No	No	No	No	No	No	No		
<u> </u>	No		No	Yes			Yes		
Opthalmology	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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Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to rethink hourly	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	Aware of any particular behaviours from lawyers that			Further comments on proposals
General & Colorectal Surgery	No		Yes	No		Continual intransigence by NHSLA in costly defence attempts for indefensible cases, eventually cave in after and cost to taxpayer.		Based on 8 hours work @ £180 per hour	
					It is utterly unjust as those patients who have received poor care need redress. The NHS at present cannot cope with all the care needs. Why should justice be for the rich				The reforms are unjustifiable for those claimants who timely can't afford a claim. This should be looked at maybe (if not don't now) means tested so that the right Claimants who have a case can be
Midwifery Maternity	Yes	No	Yes	Yes		No	Yes		guided.
Physiotherapy	Yes	Yes	Yes	Yes	Joney .		No	1500	Daiaca.
			No - I would probably avoid such					By estimating the minimum necessary	
Paediatrics/Neonatology	Yes	Yes		Yes				work to provide an opinion.	Nie
Orthopaedics/Spine	No	No	Yes	No		POCs are often poorly drafted and not specific enough. Defence bodies do not address all issues	No		No Doft!
General Practice/Vasectomy Orthopaedics and Trauma	No Yes	No Yes	No No	Yes	No	Delay in accepting liability by		Even a low value claim may have numerous medical records to review	Daft!
Dental/Peridontal	Yes	Yes	Yes	No	Yes, small claims are supposed to be handled by a joint single	Yes - claimants who have spurious claims but are "on the take" and expert witnesses recommending only the highest expenditure treatments even when inappropriate.		Many cases are awarded much less than that, and others are awarded much more.	
General Practice	No		No	No			No		
Medical record collation and chronology	Yes	Yes	No	No	No	N/A		N/A	No
Obstetrics & Fetal Medicine				l					

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Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that		How might you calculate an approx fixed fee?	Further comments on proposals
						Yes, solicitors are already trying to			
						limit fees for reports and ongoing			
Orthopaedics (Hands)	Yes	Yes	Yes	Yes		work.		Possibly	
					saving on time I can't imagine continuing much longer and a	Not paying my fees does affect me. Failure to provide details and notes on time. Poor referral quality. Poor organisation and last			Try squeezing other
Psychiatry	Yes	Yes	Yes	No	go sooner.	minute demands.	No	Depends on a sliding scale	people than experts
Obstetrics & Gynaecology	Yes	Yes	No	No	Not sure	No	Yes	£750	
Neurologist									
Midwifery	No	No	Yes	Yes		Occasionally 1) failure to recognise basis of claim and instruct appropriate experts at appropriate times 2) Competent communication with all relevant experts at correct times.			
Gastroenterology/Hepatology Dental Practice - Restorative & Forensic	Yes	Yes	No	No	For someone who is senior if it is not helpful to have fees that are too low			But not easy as the time needed can be very variable - however I do now do some <u>preliminary</u> (but quite detailed) report for a fixed fee of £550	
	Vec	Ves	No	No	Just will not do underfunded work. I have to pay my staff	Defence is beginning to use concept of "utter dependency" - by case managers and care		There is rarely an "easy" neurology	No one is considering how we "validate symptoms". My neuroscience research group is
Neurology	Yes	Yes	No	No	their salaries!	support workers.	Dno	"negligence" as causation matters.	looking into this!
Psychologist/Nurse		+							
Physiotherapy Gastroentorology	Voc	Voc	Voc	No		No	Voc		
Gastroenterology Paediatric Surgery	Yes No	Yes No	Yes Yes	No Yes			Yes No		
					No			Assess complexity of case and give	No
Orthopaedic & Trauma Surgery	Yes	Yes	Yes	Yes	No	No	Yes	estimate before commitment.	No
Orthopaedic Surgery		1		l	L	<u> </u>	<u> </u>	<u> </u>	

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Speciality		Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that		<i>o</i> ,	Further comments on proposals
				No - This is not ideal for the					
				Claimant but the expert					
			1	should be paid adequately for					
Otorhinolaryngology (ENT)	Yes	Yes	No	the work done.	No	.	No		No
			1			Claimant wanting to make			
	l	l	l	l		extensive changes to expert			
	No	No	No	No		reports			
Paed. Neurosurgery & Craniofacial Surgery	No	No	Voc	Voc	It will make it less attractive	No	No		
ENT/Head & Neck Surgery Anaesthetics	No Yes	No Yes	Yes No	Yes No	it will make it less attractive	1	No Yes		
Aliaestiletits	163	163	140	Difficult as expert cannot			163		
			1	-	Cannot work on conditional fee	Defendant bodies still delay admit		I will it £150 per hour + VAT so fixed	
Dentistry General	Yes	Yes	Yes	basis				fees possibly	
Upper & Lower Limb Prosthetics	1.00	1.03	1.03		David ad Expert	No	1.03	rees possibly	
			 					Calculate something that is proportional	
								but still allows adequate recompense	
Anaesthetics	No	N/A	No	No				for my time	
			1		I will not work without fair pay			Cases vary greatly re work involved and	
Opthalmology	Yes	Yes	No	No	for an experienced professional	No	No	I only give sound opinions	
Pharmacy & Pharmacology									
Cardiac Surgery (Adult)	Yes	Yes	Yes	Yes			Yes		
					Capping fees would put				
					Claimants at a severe				
			L		disadvantage - as did capping			Brief report at fixed fee (I already do	
General Practice	Yes	Yes	No			Less preparation of claimant costs	Yes	this)	
			1			Giving an opinion to NHSLA - can't			
Obstatuias 9 Cursos - I	No		l _{No}	No		defend - then 2 to 3 years later still	No		
Obstetrics & Gynaecology General Practice	No No	No	No Yes	No Yes	No		No No		
General Fractice	INU	INU	162	162			INU		
			1					When a case for negligence is not strong	You tend to get
						There are a few (generally			what you pay for in
			1			inexperienced) lawyers who		evidence and proportionality becomes a	
						"churn" - i.e. create work by asking		problem, but justice must be done, and	_
					A lot of consultants will give up				quality of the
			1		this type of work if their fees are	1		trying to cut corners because he knows	service which is in
	Inc.	Is.	In 11. 1	In-asiki.		I	lai-	ha will/may ha wadaraaid	naanala intarast
Plastic & Cosmetic Surgery & Pressure sores	No	No	Possibly	Possibly	severely capped. I certainly will.	appropriate.	No	he will/may be underpaid.	noone's interest.

Will fee cap Aware of cause you to Aware of FRC proposals? Will fee cap Aware of cause you to acuse you to that the shortfall in your rate will be paid out of claimant's damages? Do you think it Aware of any particular behaviours from lawyers that offer a fixed fee How might you calculate below 25K? fixed fee?	e an approx Further comments on proposals
Yes - I would anticipate negotiating with solicitors on responsibility for payment of for payment of my fee above Yes - I would anticipate negotiating with solicitors on responsibility for payment of my fee 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 minimum of £500 - increstrength and likely value of any case General/Vascular Surgery Yes Yes my fee above case days away Yes for an initial screening responsible to the more contained to the strength and likely value of any case days away Yes for an initial screening responsible to the more contained to the strength and likely value of any case days away Yes for an initial screening responsible to the more contained to the strength and likely value of any case days away	eased in what of work and who complex cases - have a record of
In both instances: solicitors continue to limit the experts opinion to their medical experts expert has to spend on a case could seriously impact upon the quality of the work OT and Care Yes Yes No Yes Provided/undertaken Particular matter Yes between different profes Reducing the No of hours an 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 the huge disparity that co particular matter Yes between different profes	e rate wihtout recognising the time currently exists spent to produce
General Surgery/Colorectal Yes Yes Yes Yes medicolegal work observed Not sure	
This will depend entirely solicitors giving focussed and restricting material in General Medicine/Clinical Pharmacology No Yes No No No Ves No	d instructions
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 and close to average fee.	
General Surgery Yes Yes No No Should apply to both sides! make where there is none. Yes 2 or 3 hours' work	
Gynaecology No No No No	
Neuropsychology No Yes Yes	
Orthopaedics No Yes Yes Tes 20 hours at hourly rate	f notes If notes
were presented in a sum	mid. y rorm them

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Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that			Further comments on proposals
					Seems v unfair to claimant.				
					Overall there will be a reduction	Defendant - unwilling to settle at			
Midwifery & Gynae Nursing	Yes	Yes	No	Yes		all costs		Don't know	
Respiratory Medicine	No	No	Yes	No			No		No
Paediatric Liver Disease	-	† -					-		•
Respiratory Medicine No longer doing ML work	No	No	No	No	There should be scope for more single expert work. Also solicitors could work faster - always hours slow some claims	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 IVIL work									Harral Jarrana and
GP	Yes	Yes	No	No		Defendants defend stupid cases and run up both sides costs	Yes		Usual lawyer and doctor [?] - the Government is not bothered about justice or injured patients
					I am generally very busy and so a reduction in workload does	Defendant experts seem to have a more blinkered approach to claimant experts. Defendant solicitors often seem to create a "smoke screen" to confuse rather			
Dentistry	Yes	Yes	No	No	not cause me concern	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	1	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	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
	•	•			•		•		

	CONF	IDIENTIAL	. FUR AVIV	IA EXPERTS UNLT -	DH Pre Consultation	FRC Responses 2015-	10		
Speciality	Aware of FRC	Aware of expert fee	cause you to rethink hourly	Does it make a difference that the shortfall in your rate will be paid out of claimant's damages?		Aware of any particular behaviours from lawyers that			Further comments on proposals
Accident & Emergency			Yes	Yes				Difficult to calculate as it would depend upon how much work involved, and conference/questions/joint statements etc	
restaunt di Emergency	1.00				What happens if the claim is				
Paediatric & Adult Congenital Cardiology	No		No	No		No		Not sure	
Orthopaedics & Trauma	Yes	Yes	No	No	No	No	No		
GP, Minor Surgery, Lasers, Anaesthetics	No	No	No	No	My rates are very reasonable	No		MEDIATION or ARBITRATION	Encourage mediation
ENT	Voc	No	Voc	No		Nana sa far		Small claims therefore should be	No
ENT Audiology	Yes No		Yes? No	No No		None so far	Yes	possible	No
Orthopaedics			No	Yes	Affect adversely	No		guaranteed a certain amount of	Proposal will adversely affect the Claimants.
Vascular Surgeon Opthalmic Surgeon	Yes - although I don't have enough	Yes - again I have no information on this	No	Yes - but I fear that my fees are unlikely to be reduced	I would like a clear summary of how the proposals might affect my practice	Some Claimant solicitors (the minority) push to make a claim even when the claim has low value or occasionally little merit. I have been asked to remove aspects from a report where "inconvenient". More defendant's solicitors are admitting breach or liability at an early stage, which is helpful. Remarkably the medical provided by defendant's solicitors (particularly in clinical negligence cases) are often in a very disorganised state which adds considerably to my costs (and those of other experts).	No	The value of the case has little relevance to the complexity!	I need more information on this
Radiology	Yes	Yes	No	No			Yes	Estimate time required to report	
Emergency Medicine	103	162	INU	INO		Siow. Fooi communications.	163	Latinate time required to report	
Emergency Medicine	ı	ı	l .	l .	L	ı	<u> </u>	J	

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Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that delay resolution?			Further comments on proposals
General/Gastro-Intestinal Surgery	Yes	Yes	No	Yes	Both proposals are seriously flawed and those proposing them don't understanding 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 Hepetology	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		1						N	
Colorectal and General Surgery	No	No	Yes	No	No	I only do Claimant work		No idea	No
Neurology Obstetrics & Gynaecology	Yes No	Yes No	Yes Yes	No 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 Yes		
Paediatric Urology Respiratory Medicine	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.			
• •		+	+				+		
Plastic and Hand Surgery Pain medicine	Yes No	Yes	No No	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.			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	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	

	CON	FIDIENTIA	L FOR AVIV	IA LAI LINIS ONLI	Diffie Consultation	FRC Responses 2015-	10		
Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that		fixed fee?	Further comments on proposals
Dental	No	No	No	No			Yes	Volume of records	
Diabetes									
Emergency Medicine (A+E)	Yes	Yes	Yes	Yes			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.			There are no data on fees. A database could be set up nationally as guidance.
					in large watch out for them and	The polarisation pre the changes of CPR 35 to now are the same		Hourly rate - I don't want to become a creature of the courts and my opinion	They are to hamstring personal injury
Orthopaedics	Yes	Yes	No	No	the Government - you're next!		No	restricted	compensation.
Clinical Psychologist	No	<u> </u>	No	Yes			Yes		
Plastic, Reconstructive, Anesthetic/Cosmetic Surgery									
Colorectal Surgery	Yes	Yes	No	No			No		
General Surgery - HPB surgery	No	No	Yes	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!		already drag out cases in the apparent hope of deferring	Very slow progress of cases by defendants. Serving 'defences' without medical input. Pursuing cases to court at disproportionate cost (esp low value trauma claims)	1	Complexity is not proportionate to value	
Anaesthesia/Critical Care	Yes	Yes	Yes	Yes				Individual negotiation	
Anaesthetics	Yes	Yes	Yes	Yes		3-1,			
					There will obviously be less work				
Endocrinology	No		Yes	Yes	for experts			No idea	No
					Capping fees to experts will just			Oncology cases can be extremely	
Oncology	Yes	Yes	No	Yes	produce poor justice.		No	complex.	
					Low rates would reduce incentive and quality of report,	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		Everything changes in teis universe, except this principle. We would have to	Please keep proposals flexible
GP Clinical Negligence	Yes and No - partial	Yes	Yes	Yes	invites monkeys, please rethink.	the world go round.	Yes	conform or leave.	locally.
Gr Chined Wegingerice	<u> </u>								

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Speciality	Aware of FRC	expert fee	cause you to	Does it make a difference that the shortfall in your rate will be paid out of claimant's damages?		Aware of any particular behaviours from lawyers that	Do you think it is possible to offer a fixed fee below 25K?		Further comments on proposals
					If rate falls farther and there are			So dependent on volume of records to	
					greater difficulties in recovery			be examined and state (ie. pagination)	
					fees I would stop providing	Defence failing to admit to obvious		of records supplied. I do offer a	
General Surgery	No	No	Yes	Yes	expert reports	gross errors!		'screening' report for a low fixed fee.	No
					If fees are capped to an				
					unacceptable degree I shall not				
Orthopaedic & Trauma Surgery	Yes	Yes	No	Yes	continue this work		No	My fees are based on £200/hr + VAT	
Obstetrics & Gynaecology									
General Surgery	Yes	Yes	Yes	No	No		No		
						Solicitors for claimant tend ot be			
						very trigger happy about taking			
Obstetrics & Gynaecology	Yes	No	Yes	Yes		cases to court.	No		
Community sexual and reproductive health; General	Yes	Yes Yes	No No		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.	No	In my mind, death 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.
								Most neurological cases involve higher	
Paediatric Neurology	Yes	Yes	No	No		No	No	settlements	

	CON	IDIENTIAL	L FUR AVIV	IA EXPERTS UNLT -	DH FIE COIISUITATION	FRC Responses 2015-	10		
Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that			Further comments on proposals
									Rates depend on time spent preparing reports. Duty is to the court therefore the
General Surgery	Yes	Yes	Yes	Yes		None	No		quality of reports shouldn't suffer.
- · ·					Any reduction in fees will result in me stopping doing doing this	Initial denials of everything by defendants ratehr than adapting a			
Orthopaedic & Trauma Surgery	Yes	Yes	No	No			Yes	Average hours taken X hourly rate + VAT	
ENT	No	No	No	No			Yes	Rate per file of case	
Opthalmology	Yes	Yes	No	No					
Radiology	No	No	No	No	I work for £200 per hour (no VAT charged). If the rate had to drop below this it would not be worth my while and I would give up medicolegal work.			Not sure	
Urology	Yes	Yes	Yes	Yes			No		
Paediatric Respiratory medicine Medical Microbiology	No No	No No	No Yes	No Yes		Sometimes want things changing which I sometimes refuse to do.	Yes	About 400 Average fee for report, say 7 hours	
Paediatrics	No	1	Yes	Yes				5	
Urology	Yes	Yes	No	No			Yes	Depends on the time involved	
Brain and spinal injury/case management	No	Yes	Yes	Yes		No	Yes		
Medical Records Pagination	Yes	Yes	N/A	N/A		N/A	No	Value does not equate to complexity	
General Surgery	Yes	No	Yes	No	The payment should reflect the	Some claimant lawyers have decided to proceed with a case when I have advised that a claim is unlikely to be successful.		Poor question. Do you mean £25,000 total ie medical and legal fees?	
Conoral Practice	Voc	Voc	No	No	Defendant food war leveler - 1	No	Voc	Dananda an complexitor and time and t	
General Practice Plastic Surgery	Yes	Yes	No	No	Defendant fees very low already	INU	Yes	Depends on complexity and timescale	
					Justice should be an a fair and equitable basis and so the cap			The fee is dependent on the work involved and each case is different. I have reported on cases which take 2	
Geriatrics & General Medicine	No	No	Possibly	No	should apply to all parties.		No	hours or 20 hours.	
ENT/Head and Neck Consultant				l					

	CONF	-IDIENTIAI	L FOR AVIV	A EXPERIS ONLY -	DH Pre Consultation	FRC Responses 2015-	<u>16</u>		
Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to rethink hourly rate?		Effect of fee cap on your Clin Neg work?	Aware of any particular behaviours from lawyers that			Further comments on proposals
Paediatric Endocrinologist	No	No	Yes	Yes	Nil	Nil		?	Nil
General surgery & Surgical Oncology	Yes	Yes	Prepared to negotiate with solicitors	No				Volume of case notes is not related to value of claim. eg. 7 lever arc files - 2300 pages for a low value claim	
Paediatric Oncology									
Urology	Yes	Yes	Yes	No	Difficult to say at this stage but I would expect to do less as a	No. Some defendant solicitors seem to take a long time to reach a conclusion that there is no defence.		Very difficult as the amount of work for small claims may still be considerable	
Opthalmology	No	1	Yes	Yes			Yes	and the second s	
Orthopaedic & Trauma Surgery	Yes	Yes	No	No	_	difference which will ultimately		I could not undertake an open ended commitment to work for a fixed fee until the end of the case irrespective of the number of reports/meetings/attendances required.	
					It will make me (+ us all) work more efficiently/effectively (too			A prior agreement on: 1) the fee; 2) whether C+D so how much more work will be required! Given after the initial report. Presumably sundry expenses -	
Clinical Oncology	Yes	Yes	No	No	efficiently, I fear!)	No		travel etc would be separately Very small bundle + 2 to 3 specific	
Child, Adolescent & Family Psychiatry	Yes	Yes	No	No			Yes	questions	
Practice Nurse	No	No	No	No					
Neurology						I have often been disappointed by the way the NHS lawyers in the four jurisdictions in the UK and also in Ireland use every trick in the book to disadvantage			The Government consultations have been widely advertised. They are unlikely to make me change anything. Money is not my
Cardiothoracic anaesthesia & intensive care	1					legitimate claimants.			major motivation.
Intensive Care	No	Yes	Yes	Yes			Yes		
Neuroradiologist; paediatric neuroradiology					I am a professional person with years of expertise. I will not compromise my fee				
OT/Care/Rehab	Yes	Yes	No	No	arrangement.		No		
Oncology	1		<u> </u>		l				

	CON	TUILITIAL	- FOR AVIV	IA LAPLINIS ONLI -	Diffie Consultation	FRC Responses 2015-	10		
Speciality	Aware of FRC proposals?	Aware of expert fee	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	Aware of any particular behaviours from lawyers that			Further comments on proposals
Respiratory Medicine	No	Yes	No	Yes			Like average of previous claims/fees paid		
Gastroenterology Clinical Nutrition	No		No	No	My fees have always been £225/hr - it is hard but	No - so far I am treated equally whether representing Claimant or Defendant. The most important function fo a Medical Expert is to give an opinion.	No	Impossible with all the pages to read review and offer opinion. But this would impair the quality of the work in more complex cases (i.e. requiring more time than 'standard' which cannot be done as is not paid for). Fixed fee may still be considered quite high due to many hours involved. I would estimate time to read notes, see	To give a proper opinion you have to read all the papers and get a feel of the case and then give an opinion. I cannot do this for less than my fee which hasn't changed in 8 years.
Paediatric Neuropsychology	A little		Unsure how I will be able to respond to cap	Yes	Depending on the level of the cap, I may well be limited in what services I can offer	I have acted only for claimants	Yes	family and write report in general and then stick to a set 'pro forma' to complete the work.	
Foot & Ankle Surgery			, , , , , , , , , , , , , , , , , , ,						
Psychiatry		1							
General Practice	Yes	Yes	No	Yes			No		
Mental Health Nursing, Intellectual Disability Nursing			No	Unsure		No - joint issue statements have been very assistive in these	Yes		
Plastic Surgery	Yes		No	Yes		maccers.	No		
General Surgery	No		No	No	No	No	Yes		
Paediatric Cardiology	No		No	Yes			Yes	Unsure - I cap my fees.	
	1	110		1.03			103	onsure reapility ices.	
Dentistry		1	<u> </u>	L	l	L	<u> </u>	L	

	CONF	IDILIVITAL	- FOR AVIV	IA LAPLICIS CIVLI -	Diffe Consultation	FRC Responses 2015-	10		
Speciality	Aware of FRC proposals?	Aware of expert fee caps?	cause you to	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	Aware of any particular behaviours from lawyers that	Do you think it is possible to offer a fixed fee below 25K?		Further comments on proposals
Neurosurgery and spinal surgery Paediatric Nephrology	Yes	Yes	No	No - although very unfortunate		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	
Psychology/Neuropsychology	No	No	Yes	Yes	bono" work as it. This is likely to	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			On volume of appropriate records - report would limit discussion and	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) Paediatrics	Yes	Yes Yes	Yes Yes	Would need to see more detail		Lengthy and repetitious agenda for	Yes	On the basis of time typically involved in preparing a report on similar cases. Based on hourly rate!	
Oral & Maxillofacial Surgeon	No	No	No	Yes	Preposterous if claimants have fees capped but defendants' experts can charge what they	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	Yes		
General Adult Psychiatry Neuropsychologist	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!	
Endocrinology, diabetes, lipids, metabolic medicine.	No	No	Yes	Yes	Nil	No particular change	No		

	CONI	FIDIENTIA	L FUR AVIV	IA EXPERTS UNLT -	DH Pre Consultation	FRC Responses 2015-	10		
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	Aware of any particular behaviours from lawyers that			Further comments on proposals
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		
Newbyslam / Conoral Madiaina	No	No	Vos	Voc	I may stop doing legal work if it	No	Voc	Cano	
Nephrology/General Medicine Psychiatry	No	No	Yes	Yes	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	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 feasability of litigation easier.	
Spinal Surgery									
Dietics, bariatric surgery, obesity, nutrition	No		Yes						
Plastic Surgery									
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	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.		Low value cases should have proportionate fees - depending on time taken to read notes, prepare report. Say	
				1.55	If they are not prepared to pay for [?] the quality of reports will		Charge for 3 hours of my time: £648 +	man 22000 and mine the not of experts.	assess to justice.
Trauma & Orthopaedic Surgery	Yes	Yes	No	No			VAT		
Neurology	No	No	No	No	No	No			
Collation of records and case preparation		No	Voc	l No.			No		
Radiology Virology	No	No	Yes Yes	No No			No		
virology	INO		1,69	INO	I	1	<u> </u>	<u> </u> :	

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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	Aware of any particular behaviours from lawyers that		How might you calculate an approx fixed fee?	Further comments on proposals
					consuming and involves personal angst in condemning colleagues, especially bearing in	Claimant lawyers repeatedly sends more material, case conferences requests to amend reports. This takes me hours and hours and presumably even more hours for		and then Claimant/[?] report £2500.	If fees are reduced then non-expert experts will take on the work to the
Hand & Wrist	Yes	Yes		No	God so I"		Yes	court is defined [?] separately.	detriment of justice.
Physiotherapy	No	No	No	No			No		
Oncology	No	No	Yes	No			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		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	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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Speciality	Aware of FRC proposals?	Aware of expert fee	•	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	Aware of any particular behaviours from lawyers that delay resolution?			Further comments on proposals
						I like to make appts directly with			
						the family, when instructed by the			
						defendant they frequently report			
						that the claimant's solicitors want			
						the appt made through them. I			
						have never subsequently met a			
						family who tell me that they stipulated that I should not speak			
						to them direct. This is unhelpful.			
						Speaking to families from the			
						beginning allows me to build a			
						relationship with them. I can find			
						out what their concerns are; get			
						info. On the school and local SLT			
						services they tell me what has/has			
						not been shared re to claim. I need			
						parental permission to speak to			
						other professionals. The Claimant's			
						request therefore leads to			
						misunderstanding and errors as			
						info is seldom conveyed to families			
						and schools correctly and		None of the cases I work for would do	
SALT	No		Yes	Yes		accurately.		so.	
Oral & Maxillofacial Surgeon	Yes	Yes	Yes	No	Equality should prevail	Not noticed any	No		
						Not a particular problem in clinical			
						negligence. Lawyers tend to			
						behave responsibly and			
					To cap fees for claimant's efforts	professionally. Different matter			
ENT	Yes	Yes	No	No			Yes	Based on likely amount of work involved	
Psychiatry	Yes		Yes	Yes			Yes	Dependant on amount of notes	
. Systemati y	1.03	1.23		1.00		Defendant firms/lawyers are	1.03	Dependent on amount of notes	
Breast cancer and delay in diagnosis	Yes	Yes	No	No		slower, less organised			
Obstetrician & Gynaecology	1.50	1							
	1	1	<u> </u>	ı	I.	ı	l	<u>I</u>	

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	Aware of FRC	expert fee	cause you to rethink hourly	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	Aware of any particular behaviours from lawyers that		How might you calculate an approx fixed fee?	Further comments on proposals
	<u> </u>			-					
									However much I, as
									an expert, dislike a
									cap on my fees that
									legal costs can be so
									much more than the
						l			sum won at court is
			Donandaan			No. My experience of work for		It would have to be done on average	not right (the worst
Conoral Prostice	Vac	Vos	Depends on	Voc.		both claimant and defendant has		-	I have come across
General Practice	Yes	Yes	the cap level!	Yes		<u> </u>	Yes	losers and some winners.	is a ration of 10:1)
						I perceive delaying tactics from defence lawyers, putting up			
						overall costs. With the potential			
					between solicitors and experts	for this to put off claimants making			
A&E	Yes	Yes	No	No		I .	No		Not impressed!