

CONFIDENTIAL FOR AvMA EXPERTS - Single Joint Experts Responses 2015-16

Speciality	SJE Instructions (C+D) - Increase?	Experienced difficulties accepting instructions?	Comments on SJE for Liab/Caus
Dermatology	No	No problem - the report is aimed at a judge arguably.	It is usual - and it's okay - see 5(b)
Rheumatology & General Medicine	No		My experience is that single joint instructions are still a rarity.
Midwifery	No		
Bariatric Surgery	No		
Emergency Medicine (A+E), Intensive Care	No		
Paediatric Neurology	No		
Orthopaedics	No		No
Paediatric Surgery	No		
Orthopaedics and Trauma			
Paediatric Respiratory Medicine			
Obstetrics & Gynaecology	No		
Hand Surgery (Orthopaedics)	No		
Clinical Psychology	No		
GP	No	Have rarely been a single joint expert, but I comment primarily on liability. When I am instructed as a single expert I enjoy it. When reporting for the GMC I feel like a single joint expert because I feel they are trying to reach the right conclusion without an agenda.	Both sides have to trust you. Many experts do work for both sides. Most of my work is from claimant solicitors but the MPS + MDU do also instruct me.
Neuroradiology	No		
Anaesthesia	No		Almost never happens in my area of liability/causation.
Adult Psychiatry	No		
Orthopaedics			V [??] rewarding
General medicine, diabetes, life expectancy			
General practice	No		No
GP			Not applicable. I am not a single joint expert.
Cardiology	No		
Paediatric Cardiology	No		
Paediatric Orthopaedics	Yes	No	
General and Vascular Surgery	No		I can't remember when I was last instructed as a single joint expert. I believe SJE instructions are potentially a good way of resolving matters quickly and cheaply but that lawyers are terrified of them.

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Anaesthesia	No		
Obstetrics & Gynaecology	No	No	No
Vascular Surgery	No	No, become less common	Would welcome this. Would save NHS costs
Orthopaedics	Yes	No	
Anaesthesia	No		
Nursing			
Emergency Medicine	No		
Respiratory Medicine	No		
Orthopaedics	No		
Midwifery	No experience of this		
Paediatric neurology	No		
Paediatrics	No		
Neurology	No		
Ophthalmology	No		
General Practice			
Vascular Surgery			
Breast Surgery	No		
Public Health	No		
Gynaecology	No		
Oncology			
Plastic Surgery	Yes	No	
Psychiatry			
Orthopaedics	No		
Ophthalmology	No		
Midwifery	No		
Speech therapy	Yes	Exclusion from discussion with other relevant experts who are not jointly instructed but whose expertise is needed re diagnosis eg psychologists	
Orthopaedics			
Accommodation expert	No		
GP	No		
Clinical Psychologist			In general rarely instructed as a SJE
Orthopaedic Surgery	No		My concept of liability is that it constitutes breach and causation and that C and P help assess quantum. The downgrading of care reports erroneously assumes that Quantum can be medically assessed

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Pharmacy	No		
GP	No		
Orthopaedic surgery	No		
Microbiology	No		
Neuropsychiatry	Yes	No	
Obstetrics & Gynaecology	No		
Brain injury, neurological conditions	No		
Optometry, vision			
Nursing Oncology/IV therapy	No		
Neonatology			
Colorectal Surgery	No		
Obstetrics & Gynaecology			
Nursing, Paeds, Midwifery, Health visits	No		
Diagnostic Imaging	No	Very uncommon to do a joint report - only 1-2% of claims	
Immunisation	No		
Spinal	No		
Gastroenterology	No		
Ophthalmology	Yes	No	Preferable instruction.
General Dental Practice	No		
General & Colorectal Surgery	Yes	No	
Midwifery Maternity	No		
Physiotherapy	No		
Paediatrics/Neonatology	Yes	No. Much of my work is for the Family Court and this is the usual form of instructions and has been for several years.	
Orthopaedics/Spine	No		
General Practice/Vasectomy	No		
Orthopaedics and Trauma	No		
Dental/Periodontal	No		No
General Practice	No		
Medical record collation and chronology		N/A	No
Obstetrics & Fetal Medicine			
Orthopaedics (Hands)	Yes	No	
Psychiatry	No		
Obstetrics & Gynaecology	No		
Neurologist			
Midwifery	No		
Gastroenterology/Hepatology	No		
Dental Practice - Restorative & Forensic			

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Neurology	No	Mainly because neurology cases are such high value.	
Psychologist/Nurse			
Physiotherapy			
Gastroenterology	Yes		
Paediatric Surgery	No		
Orthopaedic & Trauma Surgery	No		
Orthopaedic Surgery			
Otorhinolaryngology (ENT)	No		No
Social Care	Yes	I prefer this as by definition my independent role is clear and there are less (no) attempts to change the report.	
Paed. Neurosurgery & Craniofacial Surgery			
ENT/Head & Neck Surgery	No		
Anaesthetics	No		
Dentistry General	No		
Upper & Lower Limb Prosthetics	No		
Anaesthetics			
Ophthalmology	No		I suspect in many cases the "other side" accept my reports and opinions
Pharmacy & Pharmacology			
Cardiac Surgery (Adult)	No		
General Practice	No		
Obstetrics & Gynaecology	No		
General Practice	No		
Plastic & Cosmetic Surgery & Pressure sores	No		
Gynaecology	No		
General/Vascular Surgery	No		
OT and Care	Yes	No	No
General Surgery/Colorectal	No		
General Medicine/Clinical Pharmacology	No		
Clinical Psychologist			
General Surgery	No		
Gynaecology	No		
Neuropsychology	No		
Orthopaedics			
Orthopaedics	Yes	Can be awkward working for 2 firms	
Midwifery & Gynae Nursing	No		
Respiratory Medicine	No		

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Paediatric Liver Disease			
Respiratory Medicine	Yes - very small though	Often solicitors chat trust each other with the others afterwards! [?]	Generally very good - but tending again to settle near the court door - which plays havoc with diary and they are reluctant to pay cancellation fees.
No longer doing ML work			
GP	No		Good idea in principle but need very good impartial experts
Dentistry			
Paramedic & Ambulance	No		
Prosthetics	No		
Paediatrics			
Cardiology			
ENT - nose and sinuses			
Accommodation	Yes	No	
Obstetrics & Gynaecology	No		
Neuroradiology	No		
Accident & Emergency	No		
Paediatric & Adult Congenital Cardiology	Yes	Mainly in family courts in child protection cases	Seems to work well
Orthopaedics & Trauma	No		
GP, Minor Surgery, Lasers, Anaesthetics	No		Never seems to happen
ENT	Yes	Small numbers only	
Audiology	No		
Orthopaedics	No		
Vascular Surgeon	Yes - but less than expected	No - joint expert reports seem to be helpful	I am surprised that I am not instructed as a joint expert more often.
Ophthalmic Surgeon			
Radiology	No		
Emergency Medicine			
General/Gastro-Intestinal Surgery	No		Never been instructed as single joint expert (I receive a <u>lot</u> of instructions)
ENT	No		
Paediatric Hepetology	Yes	No	
General Surgery	No		
Neuroradiology	No		I do not advise on quantum
Dermatology			
Colorectal and General Surgery			Never done one
Neurology	No		
Obstetrics & Gynaecology	Yes	No problems	

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Paediatric Urology	No		In fact I have noticed a decrease in single joint expert instruction.
Respiratory Medicine			
Gastroenterology			
Plastic and Hand Surgery	No		Less this year. I have never had such an instruction. I can see a snag in that neither teams are likely to support you and your report is likely to upset one team or the other.
Pain medicine	No		
General Practice	No		There is still a reluctance to use SJE in cases that might be suitable
Dental	No		
Diabetes			
Emergency Medicine (A+E)	No		No
Oncology	No		
Neurosurgery	No		
Orthopaedics	No		The insurers/claimant seem to be allowed a very limited of expertise
Clinical Psychologist	No		
Plastic, Reconstructive, Anesthetic/Cosmetic Surgery			
Colorectal Surgery	No		
General Surgery - HPB surgery	No		
Urology	Yes	None - I think this is a good idea allowing a transparent pathway to duty to the court	
Accident & Emergency	No		
Anaesthesia/Critical Care	No		
Anaesthetics	No		
Endocrinology	No		
Oncology	No	No	
GP Clinical Negligence	No		Courts should appoint "single joint experts" not the instructing solicitors, who do have conflict of interest.
Dental Surgery	No		
General Surgery	No		Uncommon in my practice
Orthopaedic & Trauma Surgery	No		No
Obstetrics & Gynaecology			
General Surgery	No		

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Obstetrics & Gynaecology	No		
Neonatal Paediatrics	No		A change from the adversarial system would not be appreciated in the [?], corporate, [?] drones in offices fixed. It requires a qualitative difference in the system.
Community sexual and reproductive health; General practice			Never acted as SJE
Paediatric Neurology	No		
General Surgery	No		
Orthopaedic & Trauma Surgery			
ENT	No		
Ophthalmology	No		
Radiology			
Urology	Yes	No	
Paediatric Respiratory medicine	No		A decline in my experience
Medical Microbiology	No		
Paediatrics	No		
Urology	No		
Brain and spinal injury/case management	No		
Medical Records Pagination	N/A		
General Surgery	Yes	No	
General Practice	No		Not done any SJE
Plastic Surgery			
Geriatrics & General Medicine	No		I would be happy to be involved in such cases.
ENT/Head and Neck Consultant			
Paediatric Endocrinologist	No	I am never happy being a single joint expert. One only has to consider the work of Prof. Meadows.	Nil else.
General surgery & Surgical Oncology	Yes		
Paediatric Oncology			
Urology	Yes	No	No
Ophthalmology	Yes		
Orthopaedic & Trauma Surgery	No		
Clinical Oncology	Yes	No	
Child, Adolescent & Family Psychiatry	Yes		
Practice Nurse	No		
Neurology			

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Cardiothoracic anaesthesia & intensive care			No-one has engaged me as a SJE as such, but I think that a Welsh health authority may have done so under another name.
Intensive Care	Yes	No	
Neuroradiologist; paediatric neuroradiology			
OT/Care/Rehab	Yes		
Oncology			
Respiratory Medicine	No		
Gastroenterology Clinical Nutrition			Never been instructed for joint opinion.
Paediatric Neuropsychology	No		
Foot & Ankle Surgery			
Psychiatry	Yes	No	
General Practice			
Mental Health Nursing, Intellectual Disability Nursing	Yes	No difficulties experienced	
Plastic Surgery	No		
General Surgery	No		
Paediatric Cardiology	No		
Dentistry			
Neurosurgery and spinal surgery			
Paediatric Nephrology	No		
Psychology/Neuropsychology	Yes	No	
Obstetrics	No	Very limited in liability	
Paediatric Surgery (Urology)	No	Single Joint Experts uncommon in my area of work	
Paediatrics	No		
Oral & Maxillofacial Surgeon	No		There should be much more arbitration and SJE cases.
General Adult Psychiatry	Yes	Main problem is the split billing.	
Neuropsychologist			
Endocrinology, diabetes, lipids, metabolic medicine.	No		
Gynaecology	No		
Nephrology/General Medicine	No		I support the concept of SJE as an important cost-saving measure.
Psychiatry			
Endocrinology and diabetes	No		No
Neonatal & Paediatric Surgery	No		Almost never see it.
Spinal Surgery			
Dietics, bariatric surgery, obesity, nutrition			

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Plastic Surgery			
Clinical Pharmacology and General Medicine	No		
Nursing and care	No		Rarely happens as big firms prefer their "own" experts. Like working with those they know.
Trauma & Orthopaedic Surgery	No		
Neurology	No		
Collation of records and case preparation			
Radiology	No		
Virology	No		
Hand & Wrist	No		This is a simple way to reduce costs but relies on the expert witness also may or may not have the best balanced view especially in cases which are never black-and-white.
Physiotherapy	No		
Oncology	No		These have decreased in number.
Gen Surgery	Yes	No	
Obstetrician & Gynaecology	No		
Podiatric Consultant	No		
Neonatology	No		
Radiology	No		
Plastic Surgery	No	There should be in many aspects of cases.	Complex cases may require experts in different field. Some of these should be no contravertial and factual and non-adversarial eg. pressure sore or scars
SALT	Yes	No	I always cc both firms into correspondence but they often don't.
Oral & Maxillofacial Surgeon	No		
ENT	No		I have never received SJE requests in clinical negligence cases
Psychiatry	No		
Breast cancer and delay in diagnosis	No		
Obstetrician & Gynaecology			
General Practice			
A&E	No		