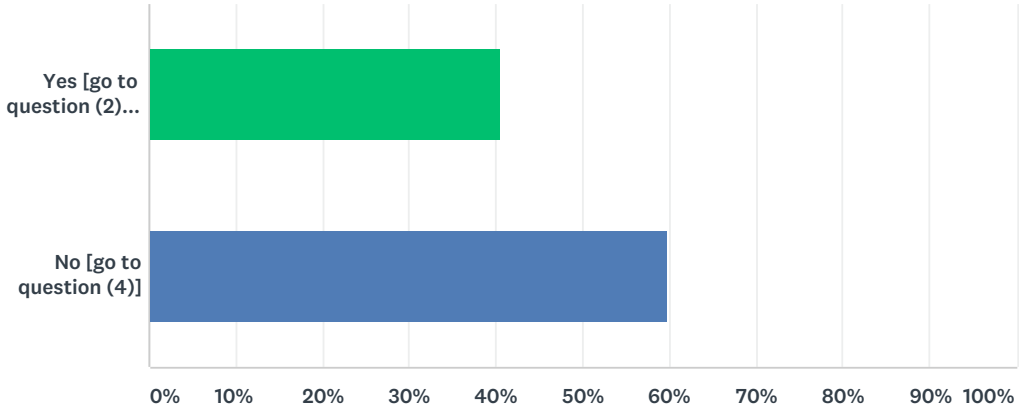
Q1 Have you had any medicolegal or professional claims against you personally in last five years?

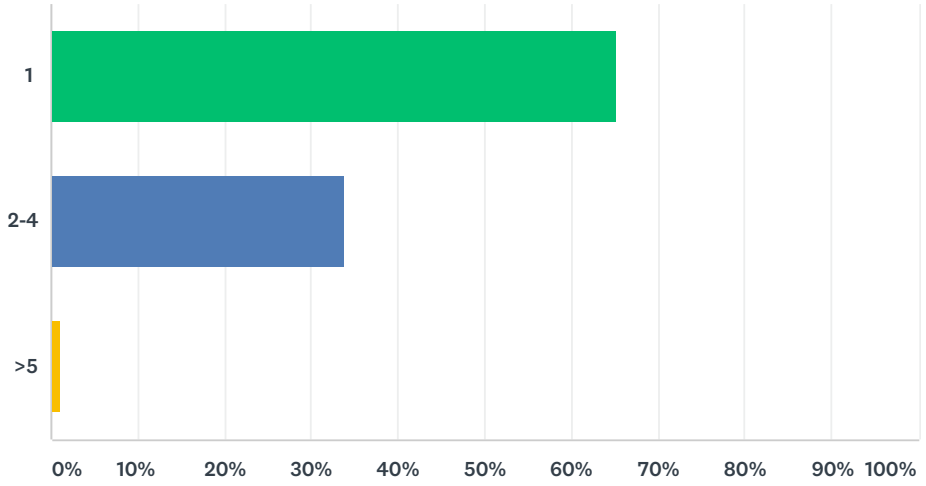
Answered: 540 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes [go to question (2) and/or (3)]	40.56%	219
No [go to question (4)]	59.81%	323
Total Respondents: 540		

Q2 Were these claims civil (meaning alleged medical negligence involving solicitors)? If so, how many:

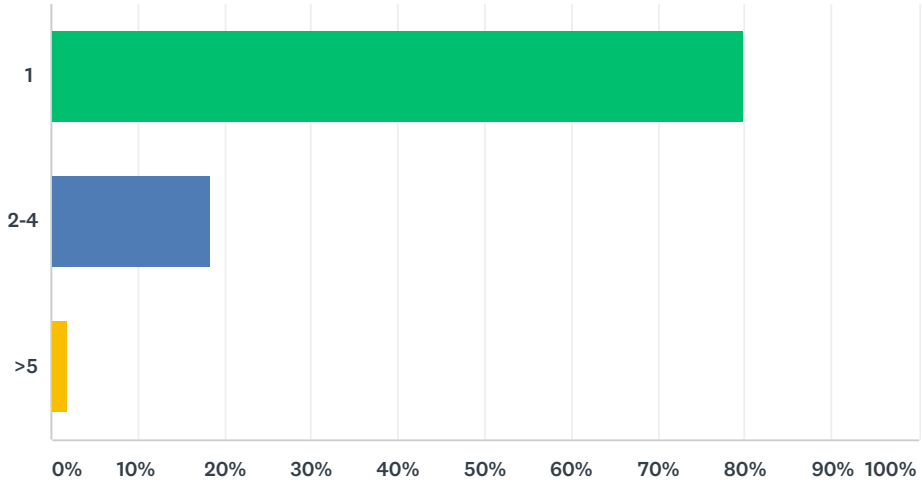
Answered: 204 Skipped: 336



ANSWER CHOICES	RESPONSES	
1	65.20%	133
2-4	33.82%	69
>5	0.98%	2
TOTAL		204

Q3 Were these claims professional (meaning involvement with Trust MHPS procedures or NCAA or GMC)?If so, how many:

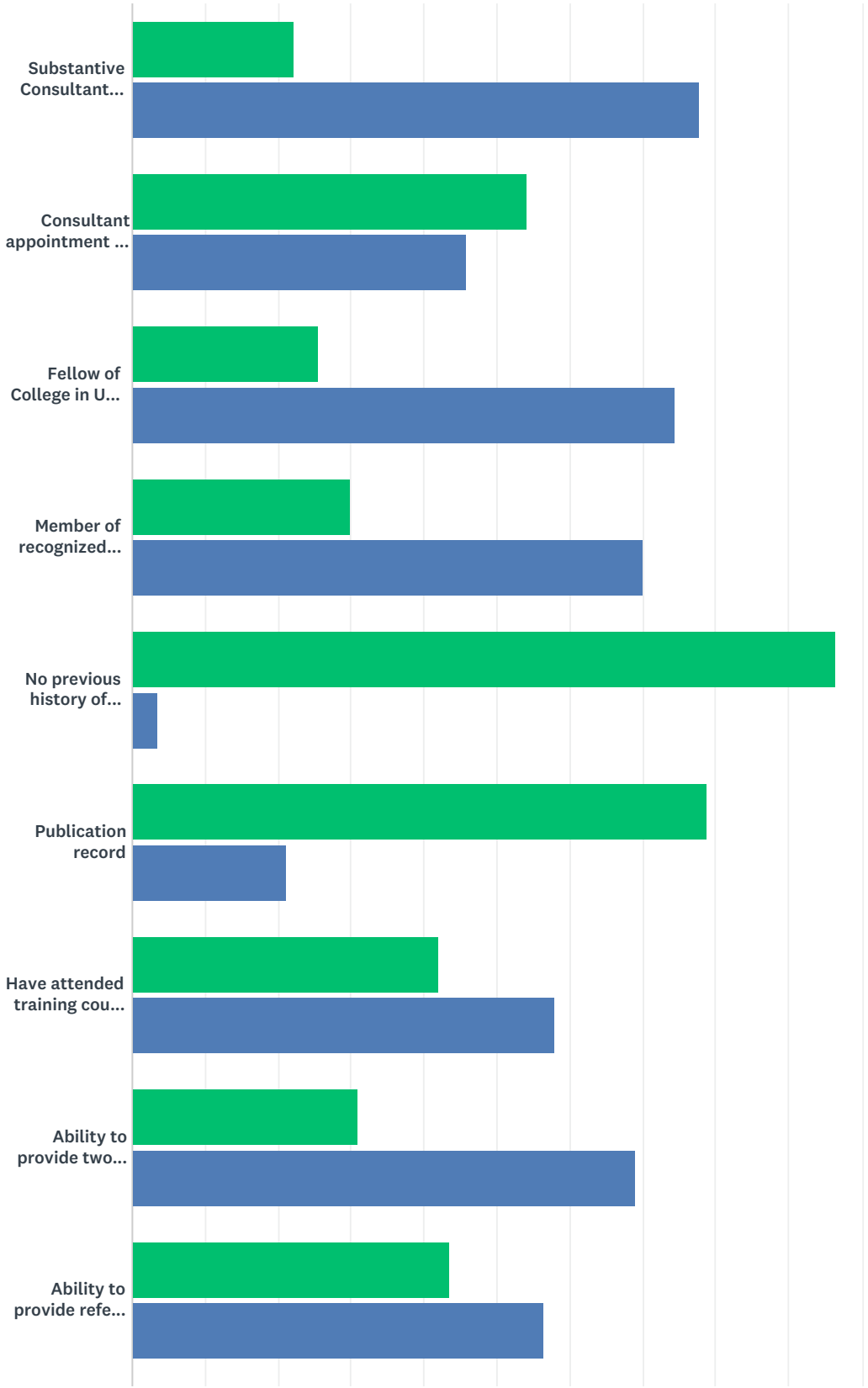
Answered: 109 Skipped: 431

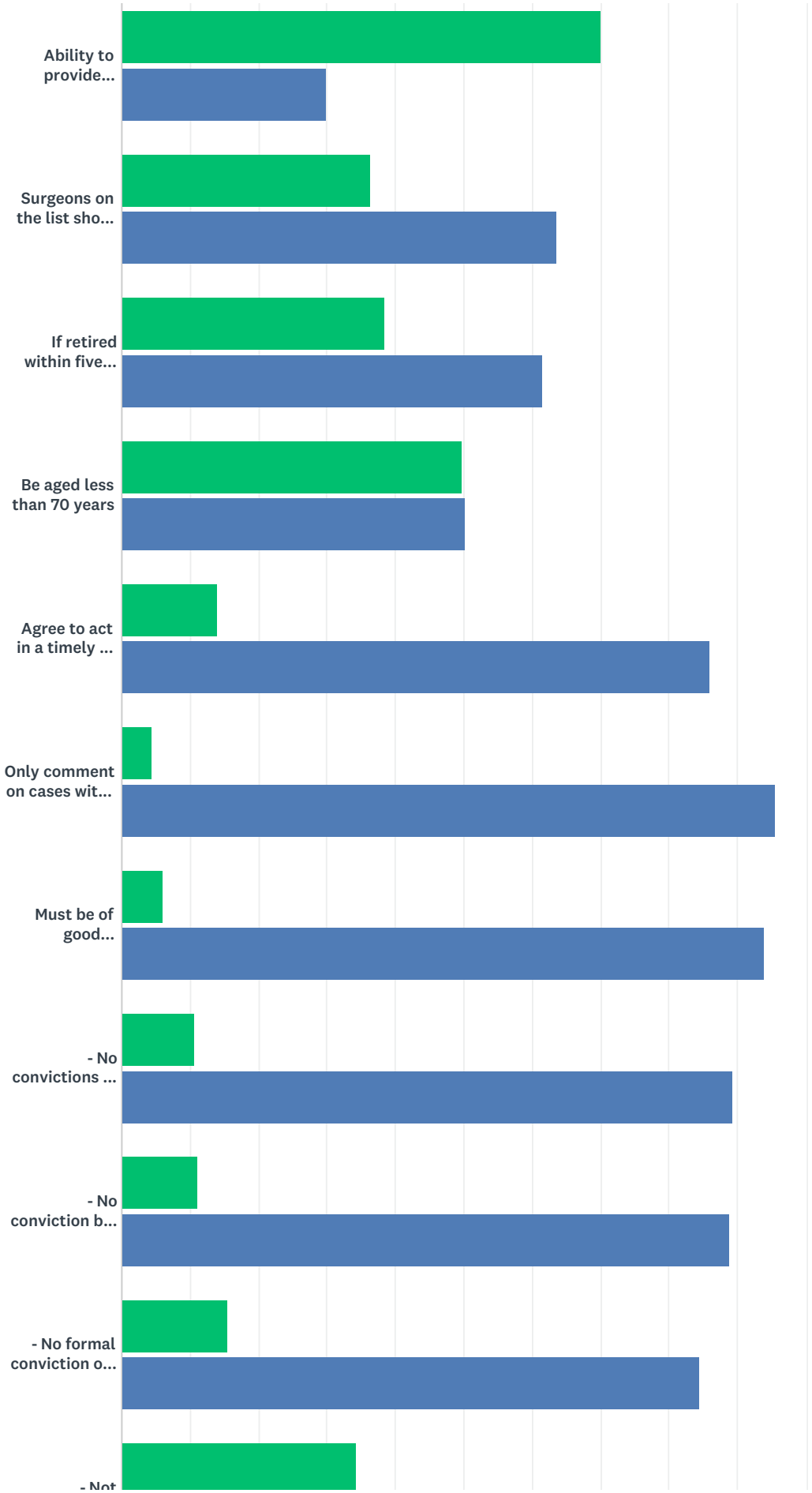


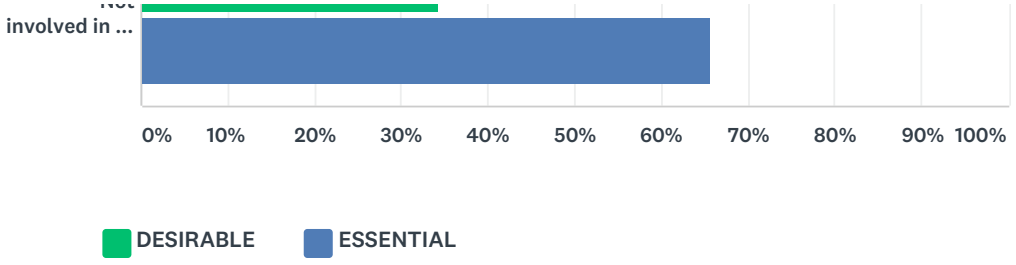
ANSWER CHOICES	RESPONSES	
1	79.82%	87
2-4	18.35%	20
>5	1.83%	2
TOTAL		109

Q4 Please indicate whether you consider the following criteria to be desirable or essential for surgeons wishing to act as an 'expert'?

Answered: 506 Skipped: 34




Ability to provide...
Surgeons on the list sho...
If retired within five...
Be aged less than 70 years
Agree to act in a timely ...
Only comment on cases wit...
Must be of good...
- No convictions ...
- No conviction b...
- No formal conviction o...
- Not



	DESIRABLE	ESSENTIAL	TOTAL
Substantive Consultant appointment	22.13% 110	77.87% 387	497
Consultant appointment for >10 years	54.12% 256	45.88% 217	473
Fellow of College in UK and Ireland	25.56% 126	74.44% 367	493
Member of recognized Specialty Association	29.84% 148	70.16% 348	496
No previous history of claims against them	96.35% 343	3.65% 13	356
Publication record	78.92% 337	21.08% 90	427
Have attended training course on medical report writing and acting as expert	42.05% 201	57.95% 277	478
Ability to provide two independent professional referees	30.88% 147	69.12% 329	476
Ability to provide referee from employer	43.56% 196	56.44% 254	450
Ability to provide examples of reports/opinions previously written for the courts	70.07% 316	29.93% 135	451
Surgeons on the list should be in active clinical NHS, University or equivalent practice either full time or part time at a rate of 50% FTE	36.42% 173	63.58% 302	475
If retired within five years of clinical practice	38.41% 169	61.59% 271	440
Be aged less than 70 years	49.89% 219	50.11% 220	439
Agree to act in a timely and impartial fashion	14.06% 70	85.94% 428	498
Only comment on cases within their area of expertise (see below)	4.41% 22	95.59% 477	499
Must be of good professional standing:	6.07% 30	93.93% 464	494
- No convictions in a UK civil or criminal court on a serious professional matter during the last five years which might compromise the practitioner's perceived independence in disciplinary matters.	10.59% 52	89.41% 439	491
- No conviction by the GMC on a serious professional matter during the last five years which might compromise the practitioner's perceived independence in disciplinary matters.	11.00% 54	89.00% 437	491
- No formal conviction of a serious disciplinary offence by their employer in the last five years which might compromise the practitioner's perceived independence in disciplinary matters.	15.50% 75	84.50% 409	484
- Not involved in a formal investigation or actual disciplinary process.	34.29% 155	65.71% 297	452

Q5 Please specify any additional criteria you consider relevant.

Answered: 127 Skipped: 413

#	RESPONSES	DATE
1	Retired Consultants should not be allowed to provide medical reports for a period more than 1 year from their retirement date	10/29/2017 10:58 AM
2	Publications, academic positions, research history are not relevant other than if the expert opinion is in an area of basic research (e.g. clinical genetics application in practice). Active clinical practice should be essential (again unless in areas of non clinical issue)	10/15/2017 5:54 PM
3	Must hold professional indemnity	10/9/2017 6:14 PM
4	I have not answered some questions, as there is not a space to comment 'not applicable', or similar. Being involved in disciplinary matters should not imapir impartiality, as the issues could be irrelevant to the opinion being sought, and in fact can offer insight into the lack of impatiality and expertise being diaspalyed by some 'experts',which could possibly improve the quality of the opinion. Too often, and expert opinion does not argue the many sides in a given situation, thereby affecting the balance and objectivity of the opinion.Training is essential in how the legal mind reads and interprets the opinion being given, and thus the presentation of that opinion. The real issues, I believe are the experience of the expert, the real expertise thay have in a given field, and the balance offered in their opinion where there may be many different and honest points of view	10/2/2017 2:44 PM
5	Current, or recent within the last 5 years, practice in the specific area of practice that the case refers to.	10/1/2017 8:28 PM
6	Evidence of working well with others, and leading teams in challenged environments	10/1/2017 5:38 PM
7	The expert should be free from racial and gender bias. The judiciary like wise and should be aware of reality at Trust level. The experts and the professionals who are being investigated should be freed from some of the work so they can concentrate on the case	9/29/2017 10:20 AM
8	The criteria should make the title of specialist/expert in a medical role explicitly clear in order to prevent allied health professionals from being allowed to use this title.	9/29/2017 7:54 AM
9	Nil further	9/29/2017 7:22 AM
10	results in national audit leadership role local or national	9/27/2017 11:35 AM
11	Must be above all colors creed religion and normal neutral above all human being	9/26/2017 4:33 PM
12	Retired surgeons should NOT be invited to an expert panel	9/26/2017 11:29 AM
13	The questionnaire doesn't give enough options. In my opinion medical experts should be in full-time current practice and less than 65 years of age.	9/26/2017 8:55 AM
14	I would suggest that surgical experts be currently in practice i.e. not retired Many surgeons will have had claims against them, and this probably helps balance their opinion	9/22/2017 1:38 PM
15	None immediately come to mind	9/20/2017 10:35 PM
16	Wisdom, so often lacking in young surgeons.	9/20/2017 12:31 PM
17	Not sure about age limit or need for active practice depending on the case Also may give better insight if had had claims against	9/20/2017 8:24 AM
18	Ability to accurately reference opinion from appropriate medical, legal and industrial literature	9/20/2017 8:24 AM
19	Not working in an administrative role in the NHS	9/20/2017 8:23 AM
20	N/A	9/19/2017 12:41 PM
21	Agreed by both parties as recognised within the surgical field of claim.	9/18/2017 12:50 AM
22	Must be able clearly to justify any criticism of clinical care in the context that the clinical 'error' occurred in and within the existing constraints and knowledge at the time of the event.	9/15/2017 9:02 AM
23	should be currently practising in a post similar to the defendant	9/13/2017 6:29 PM

24	Must have an interest in medico-legal issues and have an idea of the legal system.	9/12/2017 4:41 PM
25	Age cut off could be over 70 for those practicing regularly as Experts	9/12/2017 1:52 PM
26	With respect to retired experts within 5 yrs "clinical practice" should mean active surgical practice	9/12/2017 11:43 AM
27	I would wish to see experts being practicioners with similar work volumes and levels of experience to the defendant. I would wish experts to be able to demonstrate their opinions are supported by evidence of good practice (their own outcome data is better than the regional average, their trust performance is better than average)	9/12/2017 10:41 AM
28	The key is demonstrable expertise and considerable experience in the key surgical question.	9/12/2017 10:05 AM
29	Honesty and probity must be at the forefront. The expert must be impartial in relation to the case.	9/12/2017 7:41 AM
30	Events in a district general hospital should be commended upon by experts from a district general hospital not by academics from teaching hospitals	9/12/2017 6:20 AM
31	I think consultants from small district hospitals should be mostly included as expert witness not from big teaching hospitals. Professors and famous experts can be biased and their opinion may not be challenged.	9/11/2017 11:41 PM
32	Appropriate sub-seciality expertise (e.g. IBD / pelvic floor) when appropriate	9/11/2017 7:35 PM
33	Demonstrate feedback from solicitors attesting to quality of reports Volume - medneg practice is not for the dabblers I c this organisation fundamentally working closely with The NHSLA/NHS resolution - it's not going to work with individual legal firms apart from maybe the big players. One area to consider might b use of survey monkey amongst membership to answer specific questions in a case supporting whether a reasonable body of surgeons would do a specific action - most cases come down to 1 or 2 critical decisions...	9/11/2017 6:57 PM
34	So, where is the option for us to reply that a criteria is not relevant? How exactly can an person supplying a medical expert's opinion give an opinion on a condition, treatment or operation that they do not perform or use? Where is this criterium in the questionnaire?	9/11/2017 4:56 PM
35	Should still be working (ie. NOT retired)directly in field where expertise is queried Should only act in specialty (eg. vascular surgeon who no longer does general surgery should not comment on appedicitis)	9/11/2017 4:12 PM
36	? anonymity -- is that possible?	9/11/2017 3:03 PM
37	Reputable Professional standing	9/11/2017 2:55 PM
38	If complaint historical, the "Expert" should have knowledge of the established practice at that time - ideally in practice at the time, even if as a junior surgeon.	9/11/2017 2:54 PM
39	I don't think age should be specified.	9/11/2017 2:47 PM
40	Desirable: qualification demonstrating interest in legal matters e.g. LLM	9/10/2017 3:21 PM
41	Must be considered an authority within the subspecialty under investigation	9/10/2017 11:07 AM
42	Not know to be a "gun for hire"	9/9/2017 9:30 PM
43	should be open to civil litigation. should be called to provide expert witness directly at court without having access to literature search should not be given the diagnosis and outcome. should be asked to provide answers to questions as history and examination unfolds.	9/9/2017 12:07 PM
44	you didn't offer us the opportunity to have as a selection: doesn't matter	9/9/2017 11:23 AM
45	willing to be identified and give reasons for their decision- evidence based and not based on 'my series'	9/9/2017 5:56 AM
46	A clear record of managing patients with the condition in question. Length of service does not necessarily mean experience. Consultants in busy centres can have more experience in a shorter period of time.	9/8/2017 1:54 PM
47	Only provide reports within their speciality area of expertise	9/8/2017 12:48 PM
48	Expert in the subject matter	9/8/2017 11:58 AM
49	Your questionnaire is very one sided, only choice is desirable or essential, no option for irrelevant	9/8/2017 8:15 AM
50	No prior history of training or mentorship with parties involved	9/8/2017 6:38 AM

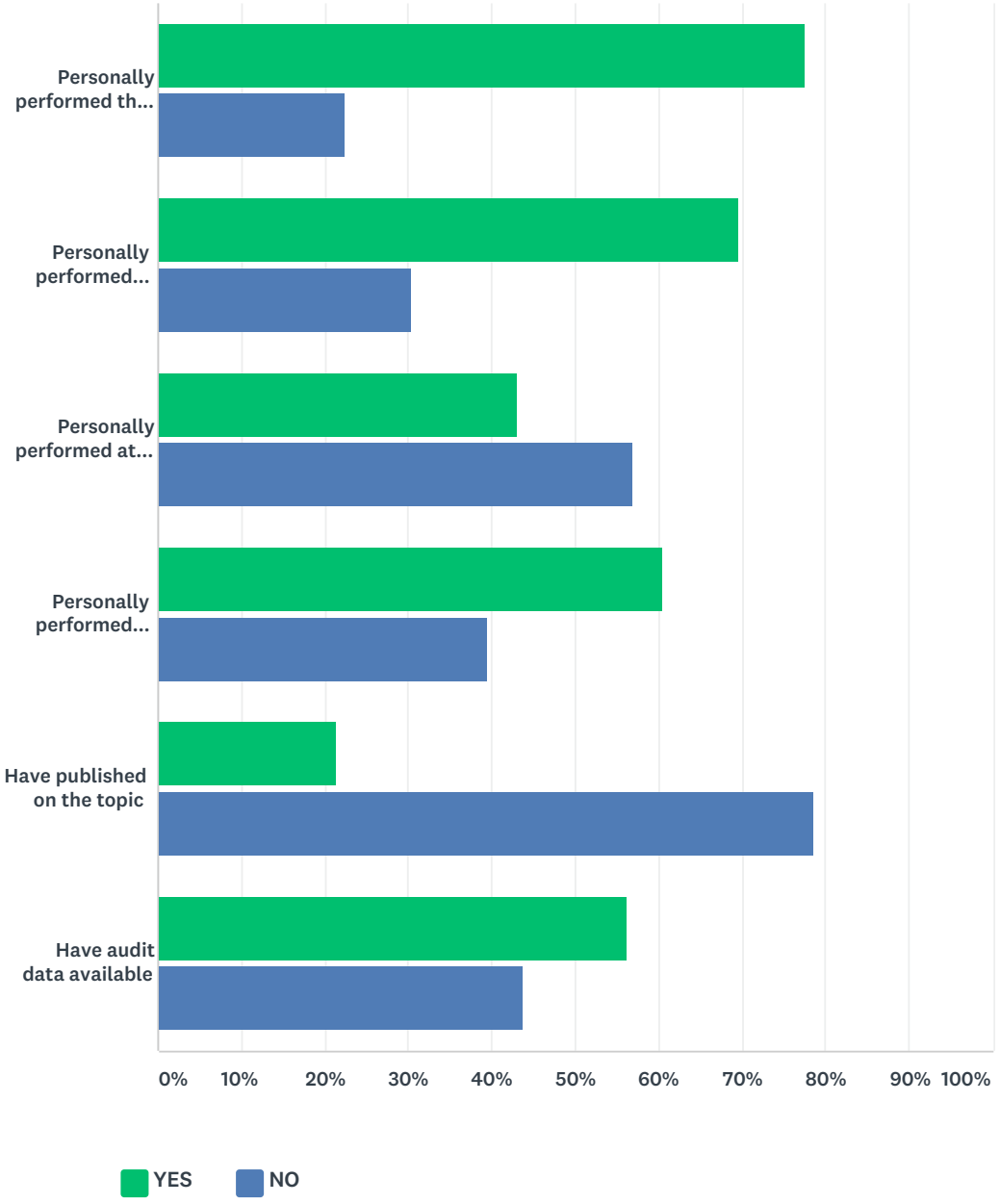
51	Being entirely independent and a collaborative opinion can only be a good thing for all involved.	9/7/2017 3:40 PM
52	Essential to have an contemporary and active NHS clinical practice involving the full range of pathologies they are provide "expert" opinions on.	9/7/2017 2:44 PM
53	Age is less of a problem than length of time out of specialty	9/7/2017 12:21 PM
54	Conflict of interest , financial or professional	9/7/2017 11:23 AM
55	English as first language.	9/7/2017 10:47 AM
56	Instead of desirable and essential add an "irrelevant" option	9/7/2017 9:58 AM
57	More emphasis on clinical experience than over-reliability on publications.	9/7/2017 8:49 AM
58	I do not support retired surgeons providing expert statements	9/7/2017 8:30 AM
59	Claims: surely it is successful claims against them? If retired (<5y) no Employer; to active clinically There is a hangover of long cases where expert reaches 70y, so should say new cases	9/7/2017 8:25 AM
60	i believe that an expert can be retired from clinical practise, and the retirement period does not have to be less than 5 years	9/7/2017 6:14 AM
61	N/A	9/7/2017 6:02 AM
62	Retirees should not be experts	9/7/2017 2:22 AM
63	I have had these so called experts commenting on our patients without any insight into the real world. I am a bariatric surgeon of my standing and work in UK's highest volume bariatric unit. Have been a consultant for six and a half years. I think in my speciality far too many surgeons with not much surgical experience or even knowledge claim themselves to be experts. This has to change and we need a group of sensible bariatric surgeons to adjudicate matters. Happy to help (and even train) if it helps the situation on the ground and protect both patients and professionals. Kind regards, Kamal Mahawar kmahawar@gmail.com	9/7/2017 1:44 AM
64	Panel members should be 'employed' following a transparent appointments process. Any 'surgical expert' panel should not be comprised of a group of 'cronies'. The jobbing surgeon out in the sticks already feels that most of the off-shoots of the ASGBI are set up primarily for the benefit of the ruling class. One gets the impression that this venture may be something similar	9/6/2017 7:39 PM
65	All the above. As well as has experience in private practice especially that most of it is nhs patient's choice	9/6/2017 6:24 PM
66	Those parts of question 4 where I have not selected an answer is because I consider those attributes to be non essential	9/6/2017 6:11 PM
67	Should understand the evidence required for a Grade A recommendation of treatment. Fundamentally the "expert" should write a report explaining the evidence for the treatment (Which may be utterly lacking) rather than their own opinion. "Expert opinion" is the lowest possible basis for recommending a treatment within medical research so it is ludicrous that it is used in courts of law.	9/6/2017 5:46 PM
68	Good English grammar	9/6/2017 5:45 PM
69	none	9/6/2017 5:30 PM
70	Many are now retiring from the NHS later than 65 how does this affect the age quoted? Having retired last year at 70 from the NHS I continue in private practice can I continue to help?	9/6/2017 5:16 PM
71	I think that acting for both complainant and defendant demonstrates balance and is desirable	9/6/2017 4:32 PM
72	Given the types of cases, trust manipulation of MHPS process, manipulation of evidence, vindictive referrals to GMC etc, experience in this ought not to preclude these people. In my Med Leg experience, experts frequently produce bias/loaded reports	9/6/2017 4:31 PM
73	No criteria but active/within 5 years/under 70 is not practical in relation to the volume of work/the number of good experienced Experts in that most Experts start late/latish in their surgical career; at 70 they may still be learning the trade and have much to give.	9/6/2017 4:29 PM
74	only specialist in the area of expertise during recent times.	9/6/2017 4:04 PM
75	Have satisfactory NJR data and appraisals	9/6/2017 2:57 PM
76	Written English must be excellent	9/6/2017 12:25 PM

77	Be a recognised leader in their field Be endorsed by their specialist society	9/3/2017 6:13 PM
78	Be able to show some exposure or expertise in the specific area of contention (i.e. sub specialist area) in their substantive practice	9/3/2017 12:16 PM
79	Specialists in that sub field not just generic	9/1/2017 11:14 AM
80	It is important to recognise that employers can generate criticisms and GMC referrals of individuals (even experts), such as whistleblowers. Those experts who themselves who have been involved in GMC investigation or negligence accusations are much more aware of possible conflicting clinical opinions Subspecialty interest/experience is crucial - being a consultant in a speciality does not make that consultant an expert on all aspects of that specialty An interest/qualifications in Medical Law and/or Medical Ethics is desireable	9/1/2017 8:49 AM
81	To actually practice in the sub-specialty area of concern i.e. Revision knee arthroplasty must be revision knee specialist not just primary arthroplasty	9/1/2017 5:19 AM
82	Member of an expert witness association	8/31/2017 6:36 PM
83	Cardiff law school bond Solon certification	8/31/2017 8:36 AM
84	There is an argument for selecting experts who have experience of having claims against them - this was not an option on the list	8/30/2017 11:10 PM
85	These preceding questions should have had a option for saying not relevant or desirable	8/30/2017 1:31 AM
86	Subspeciality interest in area of complaint as demonstrated by logbook and publications	8/29/2017 5:28 PM
87	Be up to date and performing in a high volume subspecialty unit and have a proven track record in both standard and complex cases	8/29/2017 5:22 PM
88	Have completed the appraisal and revalidation processes	8/29/2017 4:36 PM
89	Recognised as expert in the particular area of work for which an opinion is sought and supported by at least two other such experts in that field. Supported by medico legal lawyer(s) who have experience of the proposed expert's ability to fulfil this role to the satisfaction of the court	8/29/2017 3:43 PM
90	History of previous claims is not necessarily relevant and publications are not relevant at all to competence	8/29/2017 3:20 PM
91	Provide evidence based report	8/29/2017 2:18 PM
92	If retired from clinical practice should be revalidated by GMC or actively being appraised yearly with a view to revalidation	8/29/2017 1:50 PM
93	evidence of national recognition such as having held a representative post on council for professional body or clinical advisor for a royal college	8/26/2017 11:48 AM
94	Working in a multi-surgeon MDT environment	8/24/2017 2:56 PM
95	Face to face interview	8/23/2017 5:26 PM
96	I think that all experts should be currently practicing and so retired individuals should not be used at all.	8/23/2017 10:38 AM
97	None	8/22/2017 10:16 PM
98	none	8/21/2017 12:17 PM
99	In that litigation is increasingly prevalent and the support to Consultants is diminishing I consider there should be an on-line appraisal system which could act as a simple document to suitably underpin a Consultant's intention to act as an expert. This might include Medical CPD, Medico-legal CPD and the NHS appraisal document.	8/21/2017 9:12 AM
100	some of choices above are not comprehensive. in a number of questions options need to be not essential, desirable, and essential.	8/18/2017 7:31 PM
101	Anyone giving an opinion on an operation MUST be currently performing that operation as part of their clinical practice. Retired surgeons should not be allowed to comment on performance of an operation.	8/18/2017 11:33 AM
102	.	8/18/2017 9:26 AM
103	Must provide list of all cases performed over past thre years with independnelty verifiable outcomes (mortality) data. This would clarify the rnge of expertise in the field.	8/18/2017 6:49 AM

104	Minimum of 5 years consultant experience	8/17/2017 5:15 PM
105	MUST be working fulltime, no previous convictions of any kind other than a speeding ticket,have undergone training and have medicolegal qualification; no retired moneygrabbing old farts	8/17/2017 12:27 PM
106	I think several of the above criteria are NEITHER desirable or essential!!	8/17/2017 12:01 PM
107	All expert witnesses should be required to provide evidence to substantiate their position with CONTEMPORANEOUS evidence from the literature. In addition, they should be required to demonstrate understanding of the counterpoints to their position (which there invariably are) and to consider those with equal merit before making a BALANCED judgement on their expert position. Too many "experts" have strongly held views with little or no evidence to support them. Those with archaic practices in particular are of concern.	8/17/2017 11:42 AM
108	the expert requires experience in the area of concern.	8/17/2017 11:26 AM
109	Active clinician, not retired.	8/17/2017 8:28 AM
110	none	8/16/2017 9:08 PM
111	na	8/16/2017 6:21 PM
112	clinical experience balance understanding of legal process	8/16/2017 3:50 PM
113	Must not have been reprimanded by the courts because of the quality of their opinion in previous rulings	8/16/2017 2:19 PM
114	Within each speciality there are sub-specialities; experts should clarify their exact area of interest.	8/16/2017 12:12 PM
115	If retired, within 3 yrs of practice. Things change too quickly for 5 years to be acceptable.	8/16/2017 12:04 PM
116	Why it has to be consultant only? An Associate specialist, specialist doctor working in his 'special' area fulfilling the criteria can be an 'Expert'. Expert is the one who has knowledge, experience, skills and wisdom	8/16/2017 9:59 AM
117	Legal qualifications	8/15/2017 9:49 PM
118	Duration of Consultant practice is important, but perhaps more like at least 4-years is better. However, there is also the need to recognise what additional specialist training was undertaken by way of Fellowships post CCT and even additional attachments as a Consultant too. Regular attendance at (relevant) International Conferences would also be highly desirable if not essential.	8/15/2017 9:25 PM
119	Expert should provide reports in their sub speciality not in area where they do not practise	8/15/2017 7:56 PM
120	Not active in private practice or having a pecuniary interest in the relevant subspecialty field of practice that might be construed as a conflict of interest. Evidence of leadership roles within specialty such as Intercollegiate exams, Royal Colleges etc.	8/15/2017 4:40 PM
121	Where I felt the stipulation was neither desirable nor essential and- in fact- unecessary above I have left it blank	8/15/2017 3:46 PM
122	I feel this is a poorly constructed and loaded survey with few open ended questions mainly closed questions and aimed at getting a yes to previously constructed agenda. It is not fit for purpose and should not be held to represent the views of surgeons or the Medicolegal body of the UK	8/15/2017 3:40 PM
123	Need to be able to be clear that they are giving an opinion in their area of expertise. not a tumour expert giving a spine opinion just because they are an 'expert.'	8/15/2017 3:21 PM
124	Thank you - this is excellent and required. Please note I have no claims against me but had to answer questions 2 and 3 before I was allowed to proceed (I answered 1 in both cases). The difficulty with experts not being allowed to have previous gmc action against them is that it would unfairly preclude the likes of David Sellu who has suffered greatly. There also should be a process by which any expert is removed from the register if their opinion is not felt to represent that of a reasonable body of practioners. Thank you once again for this work	8/15/2017 3:07 PM
125	active clinically in the area of alleged expertise	8/15/2017 2:43 PM
126	Fluent in English	8/15/2017 2:36 PM
127	None	8/15/2017 2:29 PM

Q6 How do you define relevant expertise regarding surgical procedure?

Answered: 488 Skipped: 52



	YES	NO	TOTAL
Personally performed the operation at some point in career	77.53% 352	22.47% 102	454
Personally performed within last five years	69.63% 321	30.37% 140	461
Personally performed at time of index event	43.11% 194	56.89% 256	450
Personally performed minimum of 5/year within last five years	60.52% 279	39.48% 182	461

Have published on the topic	21.32% 94	78.68% 347	441
Have audit data available	56.24% 257	43.76% 200	457

Q7 Do you have any suggestion on how to improve litigation costs and costs in the UK and Ireland?

Answered: 233 Skipped: 307

#	RESPONSES	DATE
1	To apply the same rules with other processes such as accidents at work, RTA etc	10/29/2017 11:00 AM
2	In my experience, most complaints have arisen due to communication reasons, NHS system pushing patients through the system to achieve numbers and targets and significant mismatch between staffing and workload. As a surgeon, one feel under siege all the time and constantly taking risk on behalf of a system which does not recognise human factors as a main cause for error. The people who work as experts must have a good understanding of human factors and how it can be strained by an everincreasing workload and inadequate staffing. Each trust must have "Putting things right" mechanism within the trust where a surgeon can highlight system reasons for failure and then a trust can decide along with the solicitors about the settlement.	10/22/2017 8:44 PM
3	Co-writing (or even group writing) of reports is a good idea but is bound to be more time consuming and difficult to execute in timeframes for those involved. Since the expectation would be for reduced numbers of claims to go forward (thus reducing the associated costs of multiple advanced expert reports, case conferences, time lost for witnesses at conferences, and episodes going to trial) the expectation would have to be that such reports would be BETTER remunerated to represent the time and difficulty of generating such combined reports. This assumes that the perceived 'value' of such reports to the court and solicitors will be higher and more akin to joint statements allowing for more cases to resolve earlier.	10/15/2017 6:06 PM
4	By moving away from an adversarial based system By introducing proportionality between legal costs and potential award value By wider use of structured settlements By reversing the multiplier decision By use of professional mediation in settlement meetings which should be obligatory prior to any proposed trial	10/9/2017 6:23 PM
5	.	10/7/2017 9:13 AM
6	let complaints and incidents be managed by clinical teams earlier, rather than through an impersonal and taget driven process, resulting in anodyne letters from CEOs who know nothing of the child. Allow earlier apology and explanation. Mediation Openness, honesty and transparency from all invloved Review the role of the GMC- their experts can be anyhting but experts	10/2/2017 2:51 PM
7	no	10/2/2017 8:06 AM
8	.	10/1/2017 10:28 PM
9	Get the NHS to settle cases at an early stage without trying to defend the indefensible at great cost in terms of both time and money.	10/1/2017 8:30 PM
10	A panel of experts who would consider a case as an MDT and offer an opinion would be ideal.	9/29/2017 6:26 PM
11	by having robust consent processes and clear documentation of all communications with th epatients in particular the details about the risks and benefits of surgical procedures and how they were disscussed and what the pts were warned about needs to be clearly documented.	9/29/2017 5:00 PM
12	Deterrence by financial penalty if proved to be false allegation.	9/29/2017 10:23 AM
13	Education of the public unpicking un-realistic expectations, but that would have to be supported by the courts & barristers!	9/29/2017 7:58 AM
14	Government intervention to cap payouts and make successful claims harder	9/28/2017 7:46 PM
15	Adopt New Zealand No Fault Claim System. Cease No win-No fee System Stop Ambulance chasing solicitors from advertising in A&E depts	9/28/2017 7:17 PM
16	stop the adversarial court system and move to an independent review panel which can award damages. Lawyers consume >50% costs - nuts!	9/28/2017 6:10 PM
17	Settle rapidly when negligence is obvious. Strongly resist frivolous claims and stop " pay to go away" approach.	9/28/2017 6:09 PM

18	Remove facility for no-win no-fee claims.	9/28/2017 11:45 AM
19	fixed cost compensation for each problem defined and agreed nationally to give a sealing for the courts like in current legislations for length of sentencing in criminal law.	9/27/2017 11:39 AM
20	More diagnostic improvent/clinical improvement patient involvement	9/26/2017 4:38 PM
21	No	9/26/2017 11:31 AM
22	Single joint expert in many cases - setting up a claims review group in Trusts to avoid defending the indefensible	9/26/2017 9:16 AM
23	No fault compensation. Plus independent panel to review cases.	9/25/2017 10:47 PM
24	Adopt the New Zealand or Australian model. Abolish lump sum payments and have monthly payments instead Abolish compensation where the litigant is deceased	9/25/2017 12:06 PM
25	Any reduction in adversarial system where majority of small claims stay with the legal team	9/24/2017 12:41 PM
26	Countersue malicious or time-wasting complainants	9/22/2017 1:40 PM
27	no	9/22/2017 11:35 AM
28	Joint, consensus opinion as suggested makes sense.	9/21/2017 5:27 AM
29	Reduce no win no fee solicitors Education re duty of candour and better communication skills	9/20/2017 10:36 PM
30	Thorough reassessment of Complaint System in the UK; it is neither good for the patients nor for doctors	9/20/2017 9:54 PM
31	nip in the bud at Trust level - mediation and communication	9/20/2017 8:13 PM
32	-----	9/20/2017 7:48 PM
33	Too many experts work not for the courts but the instructing solicitor. Settle quickly when there is obvious falt	9/20/2017 7:07 PM
34	Implement the Wolfe reforms and appoint a single joint expert. Lawyers to initially obtain an inexpensive "screening report".	9/20/2017 12:31 PM
35	Better training of future consultants. Improvement in NHS Processes. No fault compensation system	9/20/2017 8:26 AM
36	As above	9/20/2017 8:26 AM
37	this is good approach	9/20/2017 8:25 AM
38	there should be a cap imposed	9/19/2017 1:10 PM
39	Need an information leaflet for each condition to be given to patients.	9/19/2017 12:44 PM
40	Published fees	9/18/2017 12:52 AM
41	yes association and colleges should support surgeons	9/16/2017 4:13 PM
42	Single expert system would reduce costs	9/15/2017 9:04 AM
43	no	9/14/2017 3:20 PM
44	No	9/14/2017 10:56 AM
45	Minimise legal fees that an be claimed by solicitors when mounting a claim. Ban TV and other adverts encouraging people to sue for perceived harm since this results in higher costs to the NHS and the insurance industry. Develop in-house NHS system for independently assessing harm (independent from the individual hospital) and providing compensation proactively to patients who are genuinely suffer as a result of malpractice.	9/13/2017 5:41 PM
46	Introduce no blame compensation so more cases can be settled out of court without the often unnecessary and exorbidant costs involved in court.	9/13/2017 4:03 PM
47	make patient expectation realistic	9/13/2017 1:26 PM
48	Use many of the criteria above to limit the 'guns for hire' opinions	9/13/2017 12:24 PM
49	pay lawyers less	9/13/2017 11:53 AM
50	no	9/13/2017 9:47 AM

51	Only can claim if loss of life. Limb or serious function.	9/12/2017 8:33 PM
52	Support abolition of no win no fee. Limit legal costs as well as potential damages. Insist on independent opinions as per this system prior to commencing cases	9/12/2017 8:10 PM
53	Pro rata payment for specific complications which adversely affect patients QOL & earning capability without having to prove negligence and causation.	9/12/2017 4:46 PM
54	This is an excellent venture but there are many vested interests, not least within the legal profession	9/12/2017 1:59 PM
55	Government to modulate the system better	9/12/2017 12:16 PM
56	.	9/12/2017 11:57 AM
57	maybe pay experts a package deal rather than per hour - an incentive to shorten the process	9/12/2017 11:44 AM
58	Costs that are actually borne by the NHS should not be paid (If there is a claim that corrective therapies are needed and these are provided by the NHS there should be no payment for private surgery) There should be a double indemnity clause - If a patient already has a claim for loss of earnings and early retirement they should not then be able to reclaim the same again. The process should be managed better, collect information quickly, write up and settle - generally claims take 3-5 years and hang over us constantly with requests for further information and opinion. People should carry insurance to claim which pays for all the claims, if not insured you cant claim (but you will still receive treatment and redress in criminal law)	9/12/2017 11:04 AM
59	ke the default that patients can't attempt to sue for litigation without proff of negligence and abandon no fault compensation	9/12/2017 8:03 AM
60	This is a matter for the legal profession.	9/12/2017 7:47 AM
61	Do away with no win no fee services. There should be as proposed a central panel of experts which reviews each case rather than each side identifying its own experts. Consideration should be given to counter claim if the claim is erroneous. The NHS should not be expected to pay legal fees when the case has been successfully defended.	9/12/2017 7:45 AM
62	Increase in no fault compensation as in New Zealand	9/12/2017 7:23 AM
63	Early joint instructions	9/12/2017 6:22 AM
64	Parliament should agree on maximum limit of compensation which should become law. Reverse insurance when every patient should be insured against medical negligence. Insurance premiums will be based on risk.	9/11/2017 11:48 PM
65	Greater and earlier use of "without prejudice" expert conference, resulting in a combined report. In my experience, this is an efficient means of driving a sensible opinion.	9/11/2017 10:20 PM
66	Change the discount rate that the government has recently altered which will increase awards to claimants massively	9/11/2017 10:07 PM
67	Unless legislation is introduced to impose a no fault compensation system, civil cases of MedNeg will rise exponentially	9/11/2017 8:53 PM
68	Standardised body with whom all cases are dealt	9/11/2017 8:37 PM
69	limit the total amount that can be claimed	9/11/2017 8:04 PM
70	Agreed report if possible by the experts from both sides	9/11/2017 7:01 PM
71	See above Single joint expert is way forward	9/11/2017 6:58 PM
72	no	9/11/2017 6:48 PM
73	no	9/11/2017 6:44 PM
74	No blame statement as a matter of principle.	9/11/2017 5:15 PM
75	While courts make judgements that are clearly contrary to medical practice, there is little hope. Perhaps the medical colleges should run the costs of legal negligence.	9/11/2017 4:59 PM

76	I think the suggestions in the ACPGBI email directing towards this survey are helpful. However, there is a danger that Prof MacFie's suggestions will perpetuate the system that we have. We might take the edges off the costs, but, alas, I suspect that the differences will be at best underwhelming. As a profession we need to tackle the much more difficult underlying issues. Without doing this we are more than likely doomed not to succeed. The underlying issues are always avoided, because they seem "too difficult", but without addressing these things we'll struggle to progress quickly enough. In my view the underlying issues can be addressed and include 1) lack of understanding of the inevitability of variation in a complex system (amongst professionals, media and the public) 2) unrealistic expectations 3) avaricious legal profession (not all, but enough) 4) continuing reliance on scrutiny, regulation on assurance, which we know will only glacially slowly improve results 5) belief (this is mainly surgeons, I think) that expertise overrides transparency, apology and humility (it does not). Well done on the efforts described, I hope that we can use this as a launch board for tackling the real drivers. We should not, however, ignore the bigger challenges.	9/11/2017 4:24 PM
77	Make it harder for law firms to advertise and ban them advertising on hospital premises.	9/11/2017 3:59 PM
78	To develope some system as suggested to filter out frivalous claims.	9/11/2017 3:15 PM
79	Improve the standard of healthcare Improve the 'forensic analysis' of errors/complications at audit Pay lawyers less Stipulate timescales for responses SJE or pairs of experts Mediation between complainant and plaintiff	9/11/2017 3:14 PM
80	Change the system - I believe Australia has better way of dealing with this Set levels of claim if patient want nhs treatment We need to set maximum pay out levels or we will not survive	9/11/2017 3:14 PM
81	counter sue ridiculous claims	9/11/2017 3:06 PM
82	No fault settlements	9/11/2017 3:04 PM
83	This seems a good initiative. The problem is getting active surgeons to become involved. May need to encourage more mid-career to get involved	9/11/2017 2:58 PM
84	Revoke crown indemnity- Most trusts have legal teams that are not upto scratch and definitely not as professional as the MPS/MDU etc. Go back to the system where each doctor is responsible for his or her indemnity and this is reimbursed by the trust- This would be cheaper for the NHS	9/11/2017 2:58 PM
85	no fault compensation	9/11/2017 2:39 PM
86	no	9/11/2017 2:33 PM
87	Experts should understand Woolf Reforms cleary	9/10/2017 3:28 PM
88	Approach a system similar to in New Zealand	9/10/2017 11:08 AM
89	Abolish no win no fee	9/9/2017 9:32 PM
90	cap on the damages. cap on legal and expert charges	9/9/2017 12:09 PM
91	education of surgeons. those who do medicolegal work are poor at teaching those who don't how to avoid being sued	9/9/2017 11:26 AM
92	Reduced and maximum amounts for settlements and awarded amounts.	9/9/2017 10:22 AM
93	stop no win, no fee practice. Fixed prices - graded as per difficulty of case/severity of comorbidities	9/9/2017 5:59 AM
94	Independent opinion before letting the family waste time and money	9/8/2017 9:14 PM
95	no	9/8/2017 7:05 PM
96	The writer of this survey needs to have at least a basic grip on the law...'convictions' only flow from a criminal court, not civil, GMC, or Trust actions. Paradoxical and risible error in a survey related to legal matter. And your reluctance to give the respondent the option of disagreement indicates you wish to skew the results. Little wonder the FSSA is no influence	9/8/2017 4:04 PM
97	standardisation of hourly rate and speciality association recommendation	9/8/2017 1:42 PM
98	Change the NHS to an insurance based system which would ensure Consultants were paid per case only if they were present during surgery.	9/8/2017 12:53 PM
99	Cap on payouts and legal fees.	9/8/2017 12:45 PM

100	Cap the amount claimed. Once claimed cannot use NHS facilities for the support related to the claim. Re	9/8/2017 12:01 PM
101	no fault compensation	9/8/2017 11:59 AM
102	no	9/8/2017 11:44 AM
103	In my experience, most litigation arises from a combination of poor outcome and poor communication, if there has been an error it needs to be communicated early and an apology given, often I find that the treatment given is ok, and the poor outcome reasonable, but the explanation poor. Impoving this aspect could greatly reduce the amount of litigation.	9/8/2017 8:23 AM
104	There must be robust training on communication and the process of consent	9/8/2017 6:40 AM
105	A no fault compensation scheme	9/7/2017 5:54 PM
106	No fault compensation	9/7/2017 5:13 PM
107	When I worked in the USA (mid-80s), surgeons there were beginning to discuss the profession's ability to counter-sue patients who make ridiculous, time-wasting and frankly libellous claims. It never happened (as far as I am aware); it's something we should look at in the UK.	9/7/2017 4:03 PM
108	Stop speculative cases by allowing the healthcare professionals and hospital staff to charge for their time answering claims if the claim is not successfully won in court	9/7/2017 3:36 PM
109	No	9/7/2017 2:44 PM
110	Joint instructions. Recommended by Woolf but seldom happens. It would cut out the hired guns	9/7/2017 12:22 PM
111	no	9/7/2017 12:02 PM
112	Agreed tariffs for common incidents.	9/7/2017 11:50 AM
113	Early joint reports	9/7/2017 11:47 AM
114	no	9/7/2017 11:46 AM
115	Cap on lawyers/solicitors fees to an agreed rate, similar to BMA agreed legal fees	9/7/2017 11:25 AM
116	Bypass the Lawyers.	9/7/2017 10:50 AM
117	Change to UK law similar to New Zealand.	9/7/2017 10:05 AM
118	No	9/7/2017 10:03 AM
119	Mandatory annual training for senior trainees and consultant grades	9/7/2017 9:59 AM
120	.	9/7/2017 9:53 AM
121	Concept of an early Preliminary Meeting between the experts for the two sides after the Letter of Claim and the Response	9/7/2017 8:31 AM
122	More cases should be settled earlir	9/7/2017 6:19 AM
123	Experts who advise Claimant's solicitors to provide impartial opinion rather than an opinion that favours the Claimant's case but is not based on sound clinical practice and principles, which fuels litigation.	9/7/2017 6:05 AM
124	Have more robust clinical governance within hospitals, and be honest with patients/families when things do not go according to plan.	9/7/2017 5:28 AM
125	Yes, make medicolegal experts legally liable for their comments. At the moment, they can say whatever they like without any personal implications.	9/7/2017 1:47 AM
126	More time spent on informed consent process by operating surgeon. Abolish pooled lists. Abolish consent form completion on day of surgery - this is still widely practised. Standardise consent forms for common procedures and operations - through SSA and not through commercial channels (i.e EIDO healthcare forms)	9/6/2017 10:38 PM
127	Government should make limits for litigation claims	9/6/2017 10:31 PM
128	No fault compensation	9/6/2017 8:40 PM
129	through government legislation	9/6/2017 8:34 PM
130	Banning retired consultants from preparing expert reports 18yrs after they retired age 65 would help for a start. These charlatans need hauled over the coals	9/6/2017 7:44 PM

131	Reduce the fees for those involved	9/6/2017 7:13 PM
132	Adopt the New Zealand system ACC	9/6/2017 6:58 PM
133	Bring back continuity of care. Write good notes. Ensure patients are reviewed at Consultant level at weekends. Defendants to admit any legally defined failure early rather than prolonging the process. In that there is no space to comment on Question 8 I so do here. The suggestion that a report be co-written is not practical as to who does what,ie who records the clinical history?, what if the Experts disagree as to liability and causation? Do you start again with a different Expert paired with one or other of the two original experts or do you start again with two different Experts? Who determines how much each of three/four Experts is paid. If one Expert thinks that he has done more than the other who decides how much should be paid to which Expert. What happens if one or the other party does not agree with the two Experts report? Who makes the decision as to the two Experts to be approached? The suggestion mirrors the "Joint Expert Report"; this has not taken off in medico legal litigation. I would also point out (Q9) that both Experts would need to read the clinical notes; with this a major aspect of the time spent (the devil is in the detail) it is very unlikely to result in reduced fees. No party can expect Experts to work for a fee that does not reflect the hours spent. This document has been designed in a way such that there is no "halfway" between yes and no. All such documents should have an area to comment between questions. there is often a large gap between yes and no; this has not been allowed for.	9/6/2017 6:53 PM
134	Supply and demand. You cannot beat it.	9/6/2017 6:33 PM
135	Standardised consent practices nationally according to standard of guidelines produced by relevant specialist body e.g. AUGIS for UGI procedures	9/6/2017 6:13 PM
136	Stop no win no fee Have nationally agreed consent forms Single experts	9/6/2017 5:50 PM
137	Outlaw "no win no fee" practices.	9/6/2017 5:49 PM
138	Admission of liability early on if true and be entirely open with patient/relatives. Must be combined with very clear notes at all times.	9/6/2017 5:45 PM
139	no	9/6/2017 5:30 PM
140	Medical records should be organised in chronological order to reduce the waste of time finding the relevant information. The decision on whether or not to defend a mistake or a breach of duty should be made very much earlier in the process and with senior Independent consultant involvement	9/6/2017 5:22 PM
141	Reduce the huge financial incentive that surgeons have to criticise their colleagues	9/6/2017 5:19 PM
142	Mediation and candour before moving to Legal action.	9/6/2017 5:18 PM
143	I would support the concept of surgical expert panels	9/6/2017 5:15 PM
144	Appointment of single expert to give independent opinion for both sides	9/6/2017 5:01 PM
145	As an expert active in medicolegal work I am sure that a higher level of expertise acting for the complainant will hugely reduce costs by stopping cases that have no merit.	9/6/2017 4:35 PM
146	No fault compensation with a defined schedule of payments avoiding court costs/judges feeling sorry for pts etc	9/6/2017 4:34 PM
147	Teach "Trusts and Surgeons" to be open and honest rather than agressively defensive. Frank explanations and sincere apologies are often very much appreciated.	9/6/2017 4:17 PM
148	Create a no fault scheme (similar to that in New Zealand and Scandinavia) so that it becomes less important to prove that a surgeon has been negligent when we all know that unfortuantely complications and adverse events do happen.	9/6/2017 4:08 PM
149	Remove the law firms as they are looking this as their business.	9/6/2017 4:06 PM
150	This is a good start - too many reports i have seen listing outrageous statements from those i would nt regard as qualified	9/6/2017 4:03 PM
151	No	9/6/2017 3:58 PM
152	Investigate claims immediately, even if that means stopping clinical activity for a couple of day to resolve issue rather than letting it drag on, costing lots more money	9/6/2017 3:00 PM
153	Have a nationally agreed tariff	9/5/2017 5:41 PM
154	Introduce an accident compensation scheme as in New Zealand	9/4/2017 10:22 AM

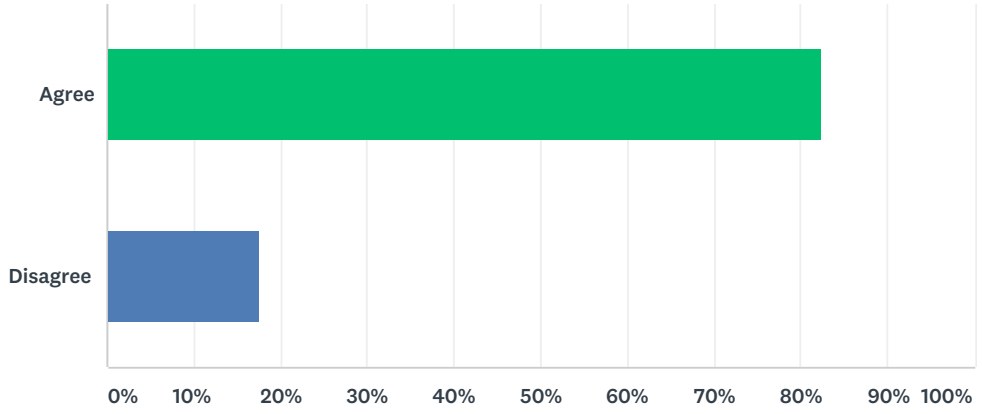
155	No fault system as in new Zealand Ban advertising by law firms for claims for holiday sickness, accident claims and medical negligence Make it compulsory for solicitors and barristers who act in such cases to send a summary of their findings and questions to witnesses pre-trial to stop wasting witness time Stop NHSLA from settling any claims for <£50,000 due to cost of defence. All spurious claims by law firms thrown out of court = a fine for the law firm and not just costs	9/3/2017 6:18 PM
156	1 - eliminate "no win no fee" approaches from solicitors 2 - Institute a mandatory NHS(or other institution ? ombudsman) run "discussion process" between claimant / complainant and the providing Trust, seeking resolution before any healthcare related civil actions are permitted to proceed to court	9/3/2017 12:25 PM
157	Reduce the administrative burden. The costs are massively outweighed by the legal process. Medical costs in relation are negligible	9/1/2017 11:16 AM
158	No that is is the hands of lawyers and politicians. A no fault system similar to NZ may work.	9/1/2017 9:09 AM
159	The medical defence organisations seem far too ready for (and almost encourage) clinicians to accept blame for actions that may not be their sole responsibility. Similarly those organisations seem too ready to settle without arguement in court to reduce costs to themselves. Personally I have seen appalling examples of 'experts' providing opinion which was factually incorrect, which the courts/GMC/GDC accepted as correct because those organisations themselves are not in a position to determine what is correct	9/1/2017 9:00 AM
160	Yes. Solicitors should discuss cases with barrristers early to decide on merit rather than instruction immediately prior to hearing having already incurred expenses for both sides	9/1/2017 5:23 AM
161	np	8/31/2017 9:20 PM
162	Reform the pre action protocols	8/31/2017 7:34 PM
163	Increased use of single joint experts or hot tubbing by the Courts	8/31/2017 6:39 PM
164	Eradicate CFAs	8/31/2017 8:37 AM
165	A no fault arrangement, like New Zealand with the NHS agreeing to undertake the care that is needed as a result of the problem caused.	8/30/2017 11:14 PM
166	no fault compensation	8/30/2017 1:38 PM
167	More robust appraisal processes.	8/30/2017 1:36 AM
168	No fault compensation similar to the ACC system in New Zealand would be helpful especially for obstetric issues where there is a genuine need for compensation by the patient but no fault can be found , solicitors would loose out but I would happily sacrifice my meagre expert witness fees to avoid the heartache that malicious claims cause	8/29/2017 8:51 PM
169	Arbitration involving a mediator, the independent expert and the two parties with a legal representative if wanted. Mediator and independent expert decision is final, with an assessor deciding on appropriate damages/ recompense for time on both sides to prevent malicious claims.	8/29/2017 5:32 PM
170	Cap on legal expenses should be applied	8/29/2017 4:38 PM
171	Proactive approach to restrict areas of practice to those who can demonstrate training and competence.	8/29/2017 3:31 PM
172	separate compensation and discipline. Compensation for care should not be lump sum and should be NHS provided. It should be possible to compensate without proving negligence.	8/29/2017 3:23 PM
173	Reduce payments to lawyers or have a cap on lawyer fees Cap on litigation fees. A robust NHS litigation team to avoid settlements just because it is cheaper A judge just type system for simple cases	8/29/2017 2:21 PM
174	Stop after the event insurance	8/29/2017 1:01 PM
175	Standardise consent process fro specific operations Vigorous defence of "spurious" claims	8/29/2017 12:39 PM
176	New Zealand style no blame compensation.	8/29/2017 12:25 PM
177	Cap legal fees	8/28/2017 9:14 AM
178	I have found court proceedings very slow, often disorganised, a great deal of time wasted, short notice cancellation,	8/26/2017 11:51 AM
179	Cap	8/25/2017 2:36 PM

180	People who make a claim that is not upheld should be responsible for the defending parties legal costs	8/25/2017 4:36 AM
181	Two surgeon operating for complex cases	8/24/2017 2:59 PM
182	Lobby parliament on rules of conditional fee agreement claims and other areas of legislation.	8/23/2017 5:28 PM
183	Place a cap on solicitors' fees, much like insurance companies do with medical professionals in private sector	8/23/2017 5:26 PM
184	No fault compensation (although this would decimate a large sector of legal work).	8/23/2017 10:41 AM
185	Re-educate the judges of England and ensure that defence costs are routinely awarded to successfull defendants, especially NHS Trusts	8/22/2017 3:00 PM
186	no fault compensation outside the courts	8/21/2017 11:19 PM
187	No long time wasted on investigations which could be unnecessary The idea of NO win No fee claims should be banned as it encourages patients to make unnecessary claims	8/21/2017 12:20 PM
188	Revise the discount rate again.	8/21/2017 9:13 AM
189	Stop claims for whiplash. Stop ambulance chasing Defend cases to the hilt without settling simply because cheaper	8/19/2017 5:08 AM
190	scrutiny on experts and solicitors	8/18/2017 7:36 PM
191	Put cap on fees the legal profession can charge.	8/18/2017 2:57 PM
192	Never settle out of court. The NHS is easy target Look at Mayo clinic. Lawyers do not sue Mayo clinic because they know they won't win	8/18/2017 1:35 PM
193	Improved expert reports. There should be a penalty for poor and inexpert reports.	8/18/2017 11:34 AM
194	Stop NO WIN NO FEE principle of lawyers, even if they don't have any practice/work to do.	8/18/2017 9:29 AM
195	I don't think that medical experts should compromise on their fees. If anything this type of service would merit increased fee.	8/18/2017 6:51 AM
196	no fault compensation system based on level of impairment should be under consideration	8/17/2017 4:40 PM
197	No	8/17/2017 1:11 PM
198	consultant should stop trying to screw eachother and doctors in general should stop apologizing all the times and patients should be told to follow dietery and lifestyle advice if they want help	8/17/2017 12:30 PM
199	no	8/17/2017 12:26 PM
200	Earlier screening of inappropriate cases.	8/17/2017 12:07 PM
201	Question is incomplete (missing word before second costs). However, the court systems have vast redundancy and inefficiency to the processes. Organising the evidence required and calling in witnesses in a timely fashion would help.	8/17/2017 11:45 AM
202	I am concerned around expense and particularly the issue of expensive professional dispute. The current practise of joint reporting describing areas of agreement and disagreement is sensible but often late. KNOW THAT YOUR POLL IS JUMPING AND I CANNOT ANSWER Q8 & 9 (AGREE and NO are my answers to 8 & 9 respectively)	8/17/2017 11:32 AM
203	Communicate Document and be nice!	8/17/2017 11:22 AM
204	Ask the lawyers. Their fees far exceed the Medics.	8/17/2017 11:21 AM
205	The phrase UK and Ireland does not make sense. It is the UK and the Republic of Ireland or Great Britain and Ireland. I agree that speeding up the process should lead to reduced costs.	8/17/2017 11:17 AM
206	reduce premiums paid to patients as compensation	8/16/2017 9:09 PM
207	don't know	8/16/2017 6:22 PM
208	set up a national fund to support/compensate victims of medical accidents or disasters to take the emphasis away from litigation to one of patient need and circumstance. My view is that a lot of money is wasted on litigation costs that could be more appropriately spent on patient care	8/16/2017 3:53 PM

209	Medical experts for the prosecution should only receive their professional fee if the case is upheld in court. Otherwise their fee should be transferred to the professional under investigation who has been hassled and inconvenienced due to the lack of judgement of the so called "medical expert".	8/16/2017 2:23 PM
210	We need take a national view. These costs are simply draining NHS resources towards lawyers and sometimes undeserving cases. The amount awarded to litigants does not take into consideration that money given to them takes money away from treatment of more needy patients.	8/16/2017 12:15 PM
211	This has no easy answer. These are things that I think help reduce litigation and therefore costs: - a robust and well documented consent process - more defence union led teaching and publication of cases. - Most complaints still arise from a lack of communication and courses such as NOTSS focus well on this. - patients do not sue surgeons they like! - further emphasis upon consultant led care I'm afraid. - a well documented referrals database for each unit, reviewed at regular M&Ms to chase up loose ends ... check clinic referrals etc..	8/16/2017 12:12 PM
212	A jury type system where specialist gather and discuss a collection of cases, making a joint decision on each case. Consultants would perhaps be allocated a few days each year as part of job planning. Travel expenses would be covered but no additional fees beyond the normal salary	8/16/2017 11:55 AM
213	Less power and influence from Lawyers, more reconciliation, apology, forgiveness and resolution to avoid anger & litigation	8/16/2017 10:32 AM
214	We need a way to stop "rogue" reporters who comment on matters outside of their own current practice.	8/16/2017 10:03 AM
215	no	8/16/2017 10:03 AM
216	A lot of what I deal with are missed cauda equina syndromes. We need to tighten up pathways for assessment and get easier access to scanning across the UK.	8/16/2017 8:57 AM
217	This initiative. Indexed, easy to search database of previous court cases of medico legal nature	8/15/2017 9:50 PM
218	Trust lead litigation consultant overviewing cases for a single trust. Defending what is defensible and accepting liability early when necessary	8/15/2017 8:01 PM
219	Stop no win no fee egal support	8/15/2017 6:22 PM
220	Discontinue all private sector spinal work.	8/15/2017 4:43 PM
221	Ongoing nursing care available on the NHS should be provided by NHS not privately.	8/15/2017 4:11 PM
222	No-fault compensation Capped awards in relation to compensation for disability resulting from recognised complication where negligence not proved	8/15/2017 3:48 PM
223	Cap the lawyers fees to a percentage of the patients claim.	8/15/2017 3:43 PM
224	The government will at some stage impose one. Hopefully on basis of professional expert advice but not necessarily.	8/15/2017 3:42 PM
225	No	8/15/2017 3:27 PM
226	have court appointed consensus expert opinions from a professional body, as you are proposing. Get rid of adversarial expert reporting which blurs expertise	8/15/2017 3:25 PM
227	not sure, maybe by introducing tariffs	8/15/2017 3:20 PM
228	Better communication between solicitors and experts to narrow down the breadth of the instruction (and hence the time taken to prepare reports).	8/15/2017 3:12 PM
229	Implementation of this. Consideration of New Zealand structure	8/15/2017 3:08 PM
230	Honesty at time of problem.	8/15/2017 3:04 PM
231	differentiate between spinal orthopaedic vs neurosurgical spinal practitioners curtail the racket of 'expert' opinions on non-starter claims and block them very early on	8/15/2017 2:45 PM
232	ban claims for whiplash on insurance, as is the case in DEnmark (where whiplash barely exists)	8/15/2017 2:38 PM
233	Hospitals should pursue frivolous cases instead of settling. It has created an industry of minor medicolegal cases that solicitors/barristers know they will get a payout for no matter the circumstances.	8/15/2017 2:36 PM

Q8 Do you agree/disagree with the concept of reports being "co-written" by two or more experts?

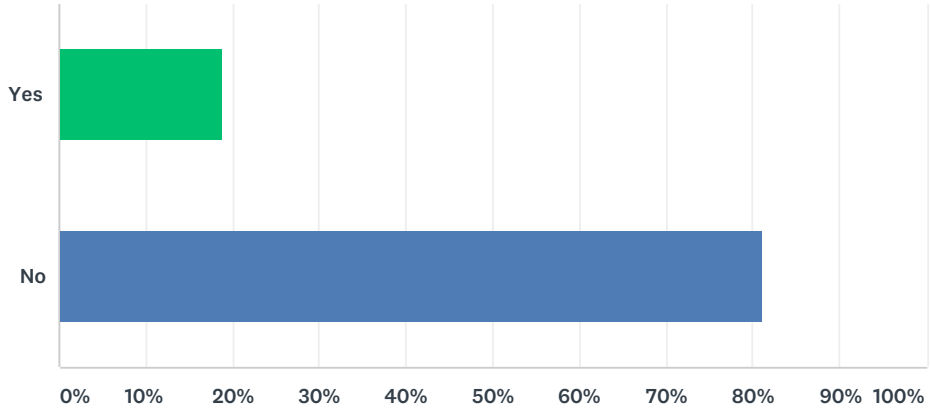
Answered: 454 Skipped: 86



ANSWER CHOICES	RESPONSES	
Agree	82.38%	374
Disagree	17.62%	80
TOTAL		454

Q9 Would the fact that this system would result in reduced payment of fees to individuals deter you?

Answered: 472 Skipped: 68



ANSWER CHOICES	RESPONSES	
Yes	18.86%	89
No	81.14%	383
TOTAL		472