MEDICO LEGAL

MAGAZINE

ISSUE 30

Presented by: specialist info

Published by: ICONIC MEDIA SOLUTIONS

Sponsored by: premex

GET PROTECTED

BEYOND STATE INDEMNITY

COMPREHENSIVE SUPPORT FOR GPs WHEN IT MATTERS MOST

State indemnity only goes so far. While it may cover negligence claims for NHS work, it won't protect you for fee-paying services.

That's where Medical Protection comes in. We close the gap with round-the-clock support from doctors trained in medical law. Your membership gives you access to expert support, including:

- Fee paying services and complex clinical work
- GMC investigations and disciplinary hearings
- Coroners' inquests and criminal proceedings
- Patient complaints and media scrutiny
- On-demand CPD to sharpen your skills and manage risk

TRUSTED BY GPs FOR OVER 130 YEARS

Since 1892, we've been protecting GPs with expertise, integrity and unwavering support.

Today, as the world's leading medical defence organisation, more than 300,000 healthcare professionals worldwide trust us to stand by them – from legal challenges to reputation management, we're with you every step of the way.

Find out more about GP membership.
medicalprotection.org/ml

medicalprotection.org
Always there for you

Medical **Protection**

2504286519 05/25

MEDICO-LEGAL COURSES

SpecialistInfo has been providing highly acclaimed CPD accredited Medico-Legal Courses for doctors since 2007. In 18 years we have trained over 2,500 medical professionals.

Our tutors are leading practising Barristers, Mediators & Personal Injury Solicitors. We work closely with them to develop our course programme and to build our panel of experts (The Faculty of Expert Witnesses – The FEW)

- **Jonathan Dingle** – Mediator, Educator; Course and Faculty Director at The Society of Mediators
- **Andrea Barnes** - Specialist Personal Injury & Clinical Negligence Barrister and Mediator (Normanton Chambers)

Please be aware: *Rules for expert evidence have changed since 2020 and it is recommended that all experts book an updating session to ensure they are compliant.*

BOOK YOUR PLACE TODAY

To book your place, use the QR code or visit
www.specialistinfo.com/course-calendar
or you can email **lisa@specialistinfo.com**
or call us on **01423 787 984**

Scan the QR code to see our 2025 Course Calendar

specialist info

UPCOMING COURSES

EXPERT REACCREDITATION
Wednesday 3rd September
218 Strand, London £395 + vat
£360 + vat virtual classroom

COURTROOM SKILLS
Thursday 4th September
£440 + vat 218 Strand, London
£395 + vat virtual classroom

MEDICO-LEGAL SECRETARY ONLINE COURSE
Monday 17th November
£195 + vat virtual classroom

PERSONAL INJURY
Thursday 20th November
£395 + vat 218 Strand, London
£360 + vat virtual classroom

CLINICAL NEGLIGENCE
Friday 21st November
£395 + vat 218 Strand, London
£360 + vat virtual classroom

MEDICO LEGAL MAGAZINE

Welcome to the Medico-Legal Magazine

Welcome to Issue 30 of the Medico-Legal Magazine, produced by SpecialistInfo and publishing partner Iconic Media Solutions Ltd.

This Autumn issue of 2025 contains the following articles: Joanna Trewin, Partner, Hill Dickinson, , discusses the impact of The Leng Review on the roles of Physician Associates and Anaesthesia Associates; and

Dr Xiancheng Yu and Prof Mazdak Ghajari, Consultants, HIAP Limited, investigate how a domestic gas oven explosion resulted in traumatic brain injury without direct impact or radiological evidence; and

Emily Harrison, Solicitor, Hugh James, discusses how Welsh ambulance handover delays have caused avoidable harm; and

Dr Sarah Townley, Underwriting Policy Lead, Medical Protection, advises medical professionals how to manage expectations in patients undergoing cosmetic procedures; and finally

Medical Defence Shield's Medico-legal Team, presents a Coronial case report with key takeaways for medical professionals.

In our Expert Witness Directory we showcase more featured experts, who are available for instruction now.
Once again, the magazine will be circulated to up to 40,000

people in the industry, including doctors, insurance companies, law firms and medico-legal agencies. It has a dedicated website www.medicolegalmagazine.co.uk and a page on the Medico-Legal Section of the Specialistinfo.com website, where all the back issues can be viewed. Printed copies can be ordered from Iconic Media.

Specialistinfo maintains a database of contact details for up to 90,000 UK consultants and GPs, including approximately 11,000 consultants and GPs who undertake medico-legal work. We also provide Medico-Legal courses for expert witnesses and promote the members of the Faculty of Expert Witnesses (the FEW).

We welcome feedback from our readers, so please contact us with any suggestions for areas you would like to see covered in future issues or share your news and experiences with us.

Lisa Cheyne
Specialistinfo
Medico-Legal Magazine

Contents:

Presented by: specialist info

Published by: ICONIC MEDIA SOLUTIONS

SpecialistInfo
t: +44 (0)1423 727 721
e: magazine@specialistinfo.com
www.specialistinfo.com

Iconic Media Solutions
t: +44 (0) 20 3693 1940
e: info@iconicmediasolutions.co.uk
www.iconicmediasolutions.co.uk

Sponsored by: premex

THE LENG REVIEW AND THE ROLES OF PHYSICIAN ASSOCIATES AND ANAESTHESIA ASSOCIATES

By Joanna Trewin, Partner, Hill Dickinson - joanna.trewin@hilldickinson.com and Saida Khan, Associate, Hill Dickinson - saida.khan@hilldickinson.com

Joanna is head of the Healthcare and Public Law Team in the Manchester office, and her team advise on all aspects of healthcare law, including complex inquests and Court of Protection.

The Leng Review commissioned by the Secretary of State for Health and Social Care (DHSC) and led by Professor Gillian Leng CBE was published in July 2025.

The review focuses on two main issues:

1. A review of the safety and effectiveness of physician associates (PAs) and anaesthesia associates (AAs) working as part of a multidisciplinary team; and
2. Consideration of changes necessary to improve confidence in the roles.

As part of the review, the views of patients and the public were also obtained. This included the families of patients who died where their deaths were linked with allegedly inappropriate care. The families reported that had they known a doctor had not been consulted, they would have sought further medical advice.

A summary of the issues considered in the Leng review are:

- **Confusion over titles:** The families expressed that confusion between the role of a PA and doctor was an important contributory factor in their relatives' deaths. Patients assumed they were seen by a doctor. The review highlighted that there was little use of specific methods to identify PAs, aside from badges.
- **Role substitution:** The review surveys found that PAs were sometimes filling in gaps in medical rotas when capacity was limited in local services without considering the comparatively limited training of the PAs. This potentially exposed patients to unnecessary risks.
- **Lack of confidence within the profession:** Concerns have been raised in relation to the PA role by doctors of all grades. This again relates to a lack of distinction between the roles carried out by PAs and doctors, despite the limited training undertaken by PAs. This issue is said to be exacerbated by the GMC being chosen to be the PAs regulator.

We have seen a number of legal issues arise where the roles of PAs and AAs have been scrutinised at inquests or during the claims process.

The Leng Review found that *"the evidence on safety and effectiveness was inconclusive and was informed largely by low quality studies. It did not provide a convincing picture that the role of either PA or AA was so inherently unsafe or ineffective that it needed to be discontinued" and "there was no evidence of widespread loss of trust from patients and the public, although significant concerns have been raised"*.

The review has suggested 18 recommendations. The key recommendations include:

- **Positioning of the role:** Physician associates to be renamed "physician assistants" to place the role as a supportive and complimentary member of the medical team. Anaesthesia associates should be renamed as 'physician assistants in anaesthesia' or PAA and should continue working within the boundaries set in the interim scope of practice published by the Royal College of Anaesthetists.
- **Initial deployment in secondary care:** Newly qualified physician assistants should gain at least 2 years' experience in secondary care prior to taking a role in primary care or a mental health trust.
- **Identifying the role:** Standardised measures, including nationally recognised clothing, lanyards, badges, and staff information should be employed to distinguish physician assistants from doctors.
- **Teamworking and oversight:** The physician assistant role should form part of a clear team structure, led by a senior clinician, where all are aware of their roles, responsibilities, and accountability. A named doctor should take overall responsibility for each physician assistant as their formal line manager ("named supervisor").
- **Regulation and accountability:** The GMC requirements for regulation and reaccreditation of physician assistants and physician assistants in anaesthesia within Good Medical Practice should be presented separately to reinforce and clarify the differences in roles from those of doctors.

Implications for patient safety

The Leng Review has essentially reiterated:

1. The importance of transparency and trust in that clear identification of a PA or AA is important in circumstances where patients are likely to seek alternative care if they are not seen by a doctor.
2. The integration of new roles must not reduce clinical oversight, regardless of workforce shortages, patient safety and effective care remain crucial.

There is now an opportunity to redefine PA and AA roles to increase public confidence in the role and improve patient safety. The 18 recommendations do not aim to remove PAs and AAs, but ensure that their work is safe, effective, supervised and within a regulated healthcare framework.

Please contact Joanna at Hill Dickinson if you require legal advice or support in relation to clinical governance, patient safety or professional regulation arising from the issues identified in the Leng Review.

This article was first published online as a Hill Dickinson "Insight" on 17 July 2025.

FROM ASSESSMENT TO RECOVERY:
BRIDGING THE GAP BETWEEN LEGAL REQUIREMENTS AND PATIENT CARE

premex group

In the complex world of personal injury claims, there's a universal truth that underpins everything we do: behind every case file, every medical report and every legal proceeding is a real person whose life has been fundamentally altered. At Premex Group, this understanding doesn't just inform our approach, it defines it.

When injured parties first seek legal representation following life-changing accidents, they aren't just seeking legal advocacy. They're looking for hope. Hope that their physical pain will be properly understood, that their financial worries will be addressed and that someone will help them navigate the path back to the life they once knew. This reality illustrates perfectly why an integrated, person-centred approach to medico-legal support isn't just preferable, it's essential.

SPECIALIST REPORTING FOR COMPLEX CASES

Complex personal injury claims often involve multiple injuries, disputed liability and concerns about long-term prognosis. These are exactly the types of challenging cases that require the specialist expertise that Premex+ has been providing for over 20 years. Our specialist and highly experienced team understands that comprehensive cases frequently require reports from multiple medical disciplines, for example orthopaedic assessments for spinal injuries, neurological evaluations for ongoing symptoms and psychological expertise to address trauma.

What distinguishes our approach isn't just the quality of our experienced and reputable expert panel. Rather, it's our collaborative methodology with legal teams. We make it our ambition to understand how our customers work, the experts they use and how the Premex+ Team can add value in the service provided. This means injured parties experience one coordinated journey, not a series of disjointed appointments and assessments that so often characterise complex claims.

premex+

premex group

REBUILDING LIVES, SIDE BY SIDE

Medical reports, however expertly prepared, represent only the beginning of the injured party's journey. Understanding injuries is crucial but helping people rebuild their lives is paramount. This is where the true value of our integrated approach becomes apparent. Through our 3d Rehabilitation and 3d Plus brands, injured parties gain access to one of the UK's largest providers of traditional and complex rehabilitation, supported by an unrivalled panel of case managers, with an extensive range of treatment and diagnostic services available.

Our diagnostic services play a pivotal role in understanding not just the immediate impact of injuries, but their long-term implications. We partner with an extensive network of fully quality assured panel suppliers, to ensure the highest standard of diagnostics are delivered. Working with this network ensures we can coordinate all aspects of physical recovery, consistently. Equally important is addressing the psychological impact of accidents and injuries. This trauma, combined with the stress of ongoing litigation and financial uncertainty, often leaves injured parties struggling. Our psychological treatment specialists understand that mental health recovery must progress alongside physical rehabilitation. They're not separate processes but interconnected elements of the same journey back to wellness.

3d rehabilitation 3d plus

Enable Therapy Services complement this holistic approach. As an award-winning, occupational therapy-led case management service, we combine clinical expertise with a personal, responsive approach that prioritises quality, integrity and outcomes. Our dedicated clinicians place injured parties at the heart of everything we do, coordinating multi-disciplinary teams to deliver outcome-focused rehabilitation and vocational case management.

Our approach delivers vocational assessments and treatment that go beyond current function, evaluating workplace demands, supporting return to work and exploring career redirection when needed. We integrate seamlessly with rehabilitation programmes, ensuring coordinated care, leveraging our 3d Rehabilitation and 3d Plus services offerings to provide a single point of contact, so clients never feel lost in the system. People aren't just patients seeking recovery. They are professionals who have built careers, they are providers for their families and they are individuals whose identity is often closely tied to their ability to work and live fulfilling lives.

enable therapy services

HIDDEN BRAIN INJURY IN THE KITCHEN: COULD A GAS OVEN EXPLOSION CAUSE BRAIN INJURY?

Dr Xiancheng Yu, Consultant, HIAP Limited, United Kingdom & Assistant Professor of Brain Injury Biomechanics, University of Sheffield, United Kingdom

Prof Mazdak Ghajari, Consultant, HIAP Limited, United Kingdom & Associate Professor of Brain Biomechanics, Imperial College London, United Kingdom

Abstract

In this article, we present a medico-legal case involving a domestic gas oven explosion that resulted in suspected traumatic brain injury (TBI) without direct impact or radiological evidence. The individual developed persistent and progressively worsening neurological and psychiatric symptoms. As independent consultants, we conducted a two-part investigation: blast simulation to estimate overpressure at head level, and a literature review to compare against known thresholds for blast-induced brain injury. Our findings showed that the estimated overpressures exceeded documented injury levels in both animal and human studies. The case, spanning over six years and multiple legal teams, was ultimately resolved through settlement. This work underscores the need to recognise non-traditional brain injury mechanisms in civilian settings and demonstrates the value of biomechanical analysis in supporting scientifically grounded conclusions in complex medico-legal cases.

Introduction

When people imagine traumatic brain injury (TBI), they often think of sports collisions, car accidents, or military combat. Fewer would consider a quiet kitchen or a gas oven as a potential source. Yet, in a recent medico-legal case in North America, that assumption was challenged. A domestic gas oven explosion left an individual with symptoms of brain injury, despite the absence of any direct head impact or visible signs on brain scans.

This article describes our forensic investigation into the plausibility of such an injury, using engineering simulation and biomedical evidence. The findings demonstrate that blast-induced brain injuries (often associated with warfare) can occur in civilian home environments and can be easily missed by standard clinical methods. For legal professionals, medical assessors, and insurers, this case highlights a growing need to recognise and evaluate invisible but scientifically valid injuries.

The Incident

The case involved a person who was using a gas oven at home when a delayed ignition occurred. Gas had accumulated inside the oven chamber before it finally ignited, resulting in a sudden explosion and fireball. At the moment of ignition, the individual was standing close to the oven, peering inside with their head positioned between the open door and oven opening.

There was no direct impact or penetration injury. However, in the aftermath of the explosion, the individual began experiencing persistent symptoms including hypoacusis (hearing loss) plus tinnitus (ringing in ears), photophobia (light sensitivity), dizziness and sleep disturbances, which are all commonly associated with traumatic brain injury (TBI). Over the following year, more severe neuropsychiatric symptoms developed, including increasing aggression, emotional volatility, and episodes of paranoid thinking. These symptoms progressively worsened and, at times, were accompanied by intermittent suicidal ideation.

Such symptoms are often difficult to detect using standard imaging techniques, and this pattern is not uncommon in patients with TBI, particularly

those whose injuries involve blast exposure or other non-impact mechanisms.

Detailed medical evaluation, including conventional scans, such as CT, showed no structural abnormalities. This created a challenge: how could a potential brain injury be evaluated or proven without visible evidence?

Our Role and Objectives

Our company, HIAP Limited, was appointed by the legal team representing the injured individual. As independent consultants, we were asked a single, critical question:

Was it scientifically plausible that the explosion could have caused a brain injury, even though there was no visible trauma or radiological evidence?

To answer this question, we conducted a two-part investigation:

1. Engineering Analysis: To calculate the intensity of the blast wave at the location of individual's head during the explosion.
2. Scientific Literature Review: To determine whether such levels of blast wave overpressure had previously been shown to cause brain injury.

Engineering Analysis: What Happens During a Gas Oven Explosion?

Gas explosions occur when a combustible mixture of fuel (like natural gas) and air is ignited. The rapid release of energy creates a blast wave, which is a sudden and intense pressure front that moves faster than the speed of sound. In open spaces, these waves may dissipate quickly. But in confined or semi-enclosed environments (like inside an oven), the wave can become significantly amplified, especially when it reflects off nearby surfaces such as walls or, in this case, the oven door.

Using detailed photos and measurements of the oven, we developed a digital model of the event, including the estimated volume of gas involved and the position of the head at the time of the explosion. We then applied a fluid-structure interaction (FSI) method to simulate the explosion of the natural gas–air mixture within the confined space.

We conducted four different simulations under varying assumptions about how efficiently the gas mixture exploded and how much structural reflection occurred. In all realistic scenarios, the blast wave overpressure at head level ranged from approximately 140 to over 300 kilopascals (kPa).

Another critical insight from our engineering analysis was the role of reflection and confinement in amplifying the blast. When the blast wave hits nearby surfaces, such as the oven door, it reflects and combines with the original wave, producing even greater local pressures. The confined geometry of the oven cavity caused multiple internal reflections, each contributing to the total blast loading at head height.

In practical terms, this means that being close to a partially open oven during a gas explosion increases the risk of high-pressure exposure, even without flames or shrapnel.

Literature Evidence: What Level of Blast Exposure Can Cause Brain Injury?

We conducted a thorough review of published scientific studies that investigated the effects of blast exposure on the brain. These included animal models, human case studies, and occupational exposures (e.g. soldiers, law enforcement breachers, and industrial workers).

Key findings from the literature include:

- Mice and rats exposed to blast overpressures as low as 17–38 kPa showed long-term behavioural deficits and white matter damage[1].
- Non-human primates exposed to blast overpressure of 80 kPa and 200 kPa showed changes in the brain, which were detectable via histopathology but mostly not detectable by MRI[2].
- Human breacher trainees exposed to a single blast of 56.5 kPa showed elevated blood biomarkers linked to TBI and reported classic concussion-like symptoms[3].
- Cumulative exposures to as low as 3.4–34 kPa overpressures in human subjects produced MRI and blood biomarker abnormalities and concussive-like symptoms[4].

This means that even the lowest estimated blast overpressure in our oven explosion case (140 kPa) was well above the thresholds of brain injury. This evidence strongly supports the conclusion that a blast of this intensity could plausibly cause a brain injury.

Why Brain Injury Can Be "Invisible"?

What makes blast-induced brain injury particularly complex is that it doesn't require any direct physical impact. Unlike a fall or a car crash, which involve direct contact forces, the injury in our case came from the blast wave alone. This type of trauma is classified as a primary blast injury.

When a blast wave hits the human body, it travels through the skull and brain tissues, creating rapid pressure changes. These can cause:

- Stretching and tearing of nerve fibres (axonal injury)
- Disruption of blood vessels
- Formation of microscopic bubbles in cerebrospinal fluid, which can collapse and damage surrounding tissues

These effects can be subtle and occur without skull fracture, contusion, or bleeding, and therefore may not show up on CT or MRI scans. However, the person may still experience brain injury symptoms with a range of severity. This is seen in the case we examined, reinforcing the medical plausibility of a brain injury even in the absence of visible trauma.

Medico-Legal Implications

This case has several important implications for the legal and insurance communities:

1. Brain injury can occur without impact or imaging findings. The absence of visible trauma or CT evidence does not mean an injury did not occur.
2. Blast injuries are not limited to conflict, road traffic or industrial accidents. Domestic environments, particularly those involving gas appliances, can produce dangerous pressure levels under rare but possible conditions.

3. Scientific and engineering analysis can bridge the evidence gap. When conventional diagnostics fall short, biomechanics and blast simulation provide objective, reproducible evidence that supports or refutes injury claims.
4. Symptom-based diagnosis must be taken seriously. Especially when symptoms match established profiles and there is a biomechanically plausible mechanism of injury.

It is essential that both medical and legal professionals remain open to non-traditional mechanisms of injury, especially in cases where symptoms persist and conventional tests offer no answers. Since TBI is caused by mechanical loading, biomechanical simulation and scientific evidence can help bridge the gap in understanding the effects of exposures on the brain, offering clarity, credibility, and, where appropriate, justice.

Closing Remarks

The case was ultimately resolved through a settlement more than six years after the incident, following input from multiple legal teams. The resolution was significantly informed by the biomechanical evidence we provided, which helped establish a scientifically grounded understanding of how the injury could have occurred despite the absence of visible trauma. Notably, it was the fifth and final legal team that recognised the complex nature of blast-induced traumatic brain injury and reached across the globe to engage appropriate expertise to help evaluate the case.

This case illustrates that even everyday environments like a kitchen can generate blast conditions capable of causing brain injury. A domestic gas oven, when misfiring, can generate a blast wave powerful enough to exceed thresholds known to cause brain injury. Importantly, the symptoms of blast-induced TBI can persist long after the event, often in the absence of radiological findings. This makes diagnosis and legal recognition more difficult.

As our understanding of blast biomechanics grows, it is essential that both medical and legal professionals remain open to non-traditional mechanisms of injury, especially in cases where symptoms persist and conventional tests offer no answers. Biomechanical simulation and scientific evidence can help bridge that gap, offering clarity, credibility, and, where appropriate, justice.

About HIAP: Independent Forensic Biomechanics

The authors of this article are consultants of HIAP Limited, while holding academic positions at leading UK universities. HIAP Limited is a UK-based consultancy specialising in independent, third-party biomechanical analysis for injury reconstruction and assessment, with particular expertise in traumatic brain injury.

HIAP provides expert analysis and reporting in the following areas:

- Medico-legal expert witness services, supporting injury claims across a range of contexts including workplace incidents, road traffic collisions, sporting accidents, and domestic settings.
- Helmet performance evaluation and design consultation, assisting manufacturers, safety bodies, and researchers in assessing and improving protective equipment.
- Development and application of custom test rigs for the experimental evaluation of helmet performance under real-world impact and blast conditions.
- Education and training, delivering workshops and seminars on brain injury biomechanics for legal, medical, and engineering professionals.

HIAP operates with a strict commitment to objectivity and scientific integrity and rigour. Our work combines peer-reviewed research, validated simulation methods, and evidence-based medical knowledge to support courts, tribunals, and other decision-makers.

We do not advocate for any party. Instead, our role is to deliver clear, independent, and scientifically grounded opinions to assist in the fair and accurate assessment of injury claims, especially those involving complex or “invisible” mechanisms that are not easily captured through conventional, and often costly, diagnostics.

References:

[1] Rubovitch, V., Ten-Bosch, M., Zohar, O., Harrison, C. R., Tempel-Brami, C., Stein, E., ... & Pick, C. G. (2011). A mouse model of blast-induced mild traumatic brain injury. Experimental neurology, 232(2), 280-289.

[2] Lu, J., Ng, K. C., Ling, G., Wu, J., Poon, D. J. F., Kan, E. M., ... & Ling, E. A. (2012). Effect of blast exposure on the brain structure and cognition in Macaca fascicularis. Journal of neurotrauma, 29(7), 1434-1454.

[3] Eonta, S. E., Kamimori, G. H., Wang, K. K., Carr, W., LaValle, C. R., Egnoto, M. J., & Tate, C. M. (2020). Case study of a breacher: investigation of neurotrauma biomarker levels, self-reported symptoms, and functional MRI analysis before and after exposure to measured low-level blast. *Military Medicine*, 185(3-4), e513-e517.

[4] Boutté, A. M., Thangavelu, B., Nemes, J., LaValle, C. R., Egnoto, M., Carr, W., & Kamimori, G. H. (2021). Neurotrauma biomarker levels and adverse symptoms among military and law enforcement personnel exposed to occupational overpressure without diagnosed traumatic brain injury. JAMA Network Open, 4(4), e216445-e216445.


Image: Miljan Zivkovic

CASE STUDY: CORONER'S INQUESTS – HONESTY, OPENNESS AND GOODWILL MAKE A DIFFERENCE.

By Medical Defence Shield's Medico-legal Team

Dr X, an A&E Registrar, encountered a patient with a complex medical history presenting with severe abdominal pain and vomiting. After an examination, Dr X diagnosed gastritis and prescribed Ondansetron and fluids for symptomatic relief and hydration. Dr X also ordered abdomen and chest X-rays.

Reviewing the X-rays with the A&E Consultant revealed no signs of obstruction or perforation, leading to the decision to discharge the patient after observation. Dr X was not made aware of any concerns or escalation regarding the patient during their observation period, and the patient was subsequently discharged.

Tragically, the patient passed away in the early hours of the following morning, and a post-mortem report identified a small bowel perforation. Consequently, Dr X was asked to provide a statement to the Coroner and was later summoned to the Coroner's inquest into the patient's death as an interested person.

Dr X received the Coroner's report, which was critical of the Trust and certain aspects of Dr X's care in relation to the patient. Dr X discussed this with their revalidation officer, who advised immediate self-referral to the GMC, in accordance with the Good Medical Practice guidance.

Dr X approached MDS for advice, and our advisors highlighted that Doctors should be aware that self-referral to the GMC may be necessary as part of Good Medical Practice if a Coroner's report is critical of their patient care.

MEDICO LEGAL MAGAZINE

The team went further and assisted Dr X with their statement for the inquest, and their self-referral to the GMC by offering advice, but also helping to collate and complete the necessary supporting documents.

Dr X self-referred, and the GMC initiated a provisional enquiry to gather more information to determine if further investigation was necessary. The GMC's provisional enquiry resulted in no further action. Furthermore, the GMC expressed gratitude for Dr X's honesty and willingness to cooperate by providing them with information following the Coroner's inquest and explaining the steps they had taken to adhere to the standards outlined in Good Medical Practice.

The GMC concluded that the concerns did not raise any questions regarding Dr X's fitness to practice, and thus, no further action was taken.

Two years on, the GMC reopened the matter after the family contacted them to inquire about the decision of the Assistant Registrar that closed the investigation, and MDS again assisted Dr X to navigate this situation.

These are not unusual circumstances, as the family of a deceased patient can ascertain whether a doctor has self-referred to the GMC and may request further details from the GMC regarding a case outcome. In such instances, our general advice is to cooperate with these requests, though each situation requires case-by-case consideration.

In this case after reviewing the situation with Dr X, we recommended cooperation. When the GMC reopened the case, we advised our member not to object to the disclosure of the decision to the deceased patient's family. This advice was based on the likelihood that the GMC would deem it in the public interest to disclose the information anyway, and any objection could potentially prolong the family's suffering.

The information was therefore disclosed to the family without objection, and no further action was taken by the GMC.

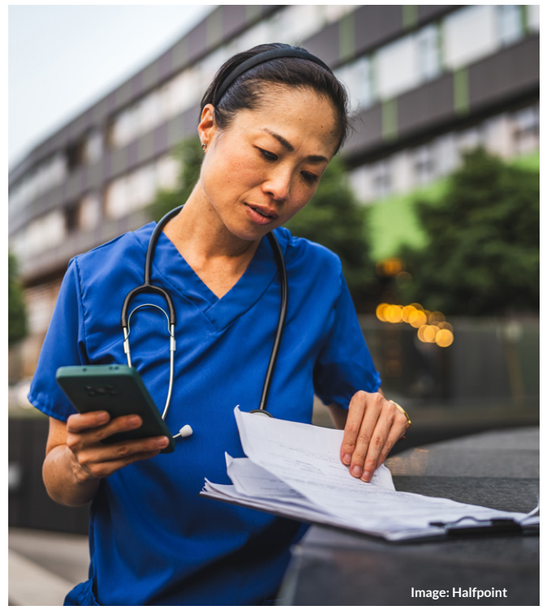


Image: Halfpoint

Key takeaways from this case

- Coroner investigations can result in further investigations, and they should be approached with care and possibly, professional advice.
- Self-referral may be necessary for doctors as part of Good medical practice where a Coroner's report has been critical towards their care of a patient.
- The family of the deceased can check whether a doctor has self-referred to the GMC and may request further details from the GMC regarding a case outcome.
- Honesty, openness and goodwill can make a difference in how long proceedings last, and can work in your favour.

Medical Defence Shield
T: 0300 30 32 442
E: info@mdsuk.org

MDS MEDICAL DEFENCE SHIELD

mdsuk.org

INQUESTS AND WELSH AMBULANCE HANDOVER DELAYS

By Emily Harrison, Solicitor at Hugh James - Emily.Harrison@hughjames.com

Ambulance handover delays have long been, and continue to be, a serious and significant issue across Wales, with many patients coming to avoidable harm as a result. At present, response times are approximately 50% longer for life threatening (Red) 999 calls than in 2019. For serious but not immediately life threatening (Amber) calls they are over 200% longer, on average.

Whilst there have been some recent changes in the way ambulance handover delays are monitored in Wales, with slight performance improvement in certain regions, significant changes still need to be made throughout the NHS in Wales to ensure compliance with handover targets and prevent harm.

Hugh James is routinely instructed in civil claims involving significant ambulance delays that often result in fatal outcomes for patients and frequently represent those families where such a delay has contributed to the death of a loved one.

Inquest into death of Valerie Hill

In May 2025, Hugh James was instructed to represent the family of Mrs Valerie Hill throughout a three-week, Article 2 ECHR 'Middleton' inquest. The lengthy and complicated inquest covered not only the factual circumstances leading to Mrs Hill's sad death, but also the overarching issues regarding ambulance delays in South Wales.

The inquest heard evidence that Mrs Hill, aged 89, fell in her room at her residential home on 7 March 2022. An ambulance was called promptly, with staff identifying a likely fractured femur and Mrs Hill being unable to move from the floor. Despite repeated calls to the Welsh Ambulance Service Trust throughout the day, by both staff and family members, paramedics did not arrive until more than 14 hours later.

During this prolonged period, Mrs Hill was left in significant pain, unable to move, and received only limited fluid intake. When she was finally admitted to Royal Glamorgan Hospital, surgery was delayed until the next day. Tragically, Mrs Hill's condition deteriorated post-operatively, and she passed away on 11 March 2022.

Expert medical evidence presented during the inquest indicated that this period of a 14 hour "long lie" significantly contributed to her deterioration and reduced her chances of survival.

Welsh Ambulance Handover Delays

Welsh Government monitor ambulance handover performance against the Welsh Health Circular 2016. This Guidance sets out expectations of Local Health Boards to deliver timely ambulance patient handover, with a target of 15 minutes for handovers from ambulance to hospital staff to take place.

The Welsh Health Circular was updated in 2024 and reiterates that the handover target of 15 minutes remains the standard across Wales, with delays over 60 minutes being noted as unacceptable, and should be exceptional.

During the inquest into Mrs Hill's death, the Coroner's concerns in relation to the ambulance delays were sadly not in isolation and were a long-standing issue in Wales. In recent years, Coroners across Wales have repeatedly issued Regulation 28 Prevention of Future Deaths reports to the Minister for Health and Social Services (now the First Minister of Wales, Eluned Morgan), the Chief Executive of the Welsh Ambulance Service and the Chief Executives of various Health Boards calling for action to be taken in respect of ambulance handover delays, and the impact upon vehicle response times to patients requiring urgent and emergency care in the community.

Notwithstanding the pressure for reform from Coroners, Health Boards have consistently been falling foul of the 15-minute target for many years, with delays often being in excess of a number of hours.

As a result of the persistent issues and concerns surrounding the ambulance handover delays, Senior Coroner, Mr Graeme Hughes, widened the scope of the inquest into the death of Mrs Hill to include a wider investigation into the potential systemic failures by Welsh Government and their contribution to the handover delays being seen. Given the Coroner's concerns regarding the potential systemic failures, the inquest engaged Article 2 ECHR.

Middleton Inquest

An Article 2 ECHR inquest, known as a 'Middleton' inquest, is more complex than a traditional 'Jamieson' inquest. A Jamieson inquest focuses specifically on the four statutory questions; who died, when did they die, where did they die and how, without exploring blame or potential wider systemic issues. Middleton inquests have a much wider scope and look to answer the four statutory questions alongside in what circumstances the deceased came about their death.

A Middleton inquest can explore systemic issues under Article 2 ECHR. This occurs when the state or its agents are involved, and where the state had a duty to protect life but has failed. Where the state has a systemic or substantive duty to protect life, this requires legislative and administrative framework to be put in place. Obligations arise in the public health sphere whereby hospitals must have adequate regulations in place in order to ensure compliance with this duty.

It has long been clear that there have been systemic issues within NHS Wales that have contributed to the delays in conveying acutely unwell patients to

hospital, often resulting in devastating, avoidable outcomes. Mr Hughes was keen to establish what steps have been taken since March 2022 to improve the issues with hospital handovers and discharge delays, and to what extent further action is required.

Inquest evidence and Prevention of Future Deaths (PFD) Reports

Evidence throughout the inquest heard that lack of flow throughout hospitals, discharge delays and issues with community and social care were all contributing factors to the ambulance handover delays seen across Wales, as well as the underfunding of the NHS.

It was heard that Cwm Taf Morgannwg University Health Board had been in targeted intervention since October 2022, with no significant change or performance improvement in relation to their compliance with the 15-minute handover target.

The inquest also heard from the Chief Executive Officer of the Welsh Ambulance Service. In July 2021, he wrote to the Director General Health and Social Service Group to formally document the substantial pressure the Welsh Ambulance Service were experiencing, and the patient harm that was occurring in the community as a result of the delays. The Chief Executive Officer called for a system-wide response to "a system-wide challenge" to free up ambulance availability to respond to patients in the community. It was heard that no response from the Welsh Government was forthcoming in this respect.
The previous Prevention of Future Deaths (PFD) reports issued by coroners across Wales, including within the preceding 12 months, were mainly in relation to timeliness of response. The inquest heard that the improvements made by the Welsh Ambulance Service, to include the introduction of rapid clinical screening, mental health response vehicle across Southeast Wales, and increased number of clinicians in clinical contact centres, have been insufficient to mitigate the serious challenges in service delivery attributed to continued challenges with "flow" across the health and care system.

At the conclusion of the inquest, the Coroner issued PFD reports to two parties: Merthyr Tydfil County Borough Council, in relation to the management of Mrs Hill's falls risk, and Eluned Morgan, First Minister of Wales, with regard to the systemic issues surrounding ambulance handover delays affecting health boards across Wales.

In relation to the ambulance handover delays, Mr Hughes commented that his concern is that "the prevalence and extent of such delays has become beyond intolerable and is leading to many acutely unwell patients in the community waiting for such prolonged periods for emergency care, dying directly and indirectly as a consequence."

Welsh Ministers' Response to the Regulation 28 Report and Present Position in Wales

In response to Mr Hughes' Regulation 28 report, First Minister Eluned Morgan commented that she remains concerned about the level of ambulance patient handover delays at emergency departments, and the slow progress that has occurred to date in reducing such delays.

A review of health board compliance with the Ambulance Patient Handover Guidance was completed in March 2025 by NHS Performance and Improvement, with a report containing learning and key themes for health boards to consider being shared by Welsh Government on 18 June 2025. The report found that ambulance handover delays are predominately a symptom of system-wide issues and must be recognised as a system-wide responsibility.

Following publication of the report, Welsh Government have sought urgent assurance from each Health Board across Wales as to how they will deliver specific actions, as recommended by NHS Performance and Improvement, to support compliance with handover guidance, and work toward performance of handovers within 45 minutes.

The First Minister's response also notes that, in light of the ongoing systemic issues and poor ambulance handover performance, the Cabinet Secretary for Health and Social Care has announced a 'National Handover-45 Taskforce' which aims to support Health Boards and the Welsh Ambulance Service Trust to deliver system-wide improvements to improve ambulance handover.

It is intended that the taskforce will develop and support delivery of high-impact clinical pathways in the community and support the delivery of effective evidence-based emergency department processes to improve the flow of patients from emergency departments to wards and optimise discharge.

Whilst the First Minister's response to Mr Hughes' Regulation 28 Report can be seen as promising, the reality is that ambulance handover delays across Wales persist. At present, the majority of Health Boards across Wales are either in the highest or second highest level of escalation in respect of urgent and emergency care. On 3 January 2025, the Welsh Ambulance Service Trust also declared a business continuity incident due to the wider system pressures across Wales, with protracted handover delays at hospital sites and prolonged community delays along all categories of calls, risking patient safety.

It is clear that the severity, frequency and persistence of problems in relation to urgent and emergency care, namely ambulance handover delays, across Welsh Health Boards appears to exceed that which can be dealt with through routine arrangements. The failures identified throughout the inquest into Mrs Hill's death were not individual errors, but a myriad of systemic failings relating to resources, staff, legislation, guidance and government policy.

To date, there has not been a large-scale, public inquiry into the ambulance delays seen in Wales. Whilst coroners and other local bodies are doing all that they can to address the ongoing issues, ultimately an in-depth public inquiry and overhaul of the NHS in Wales in its entirety is needed to affect the change that is required to improve patient safety.

Importance of Specialist Inquest Representation

Specialist legal representation for families at an inquest is vital, particularly where the coroner's investigation involves a public body or the circumstances are complex, as was the case in the inquest into the death of Mrs Hill.

NHS bodies will always have legal advisors instructed to represent them during inquests. Most hospitals have their own legal services team who regularly attend inquests with clinical staff. Unfortunately, there is no automatic right for a family to be afforded legal representation throughout an inquest.

Representation for the family is essential to allow equality of arms, and justice. Legal advisors enable families to fully understand the circumstances of the death, ask relevant questions of witnesses and ensure adequate and appropriate submissions are made to the coroner to allow for a fully informed investigation.

Hugh James Solicitors has a specialist inquest team, which forms part of the wider clinical negligence department, that offers advice and representation, with the aim of helping families better navigate the inquest process in already distressing and emotional circumstances.

There is a long way to go before urgent and emergency care in Wales returns to tolerable levels, and an improvement in patient safety within the community is seen. Sadly, families will inevitably continue to face the prospect of inquest proceedings in this regard, where a loved one may have died in connection with ambulance handover delays or poor emergency care.

COSMETIC PROCEDURES AND EXPECTATION MANAGEMENT

By Dr Sarah Townley, Underwriting Policy Lead at Medical Protection

Patients are becoming increasingly aware of the cosmetic procedures now commonly available to them - ranging from Botox, non-permanent fillers and cryotherapy, through to facial peels and microdermabrasion.

Undertaking such procedures may seem minor, and low risk, however each requires adequate training. One of the main medico-legal risks for doctors is managing expectations. Patients, unsurprisingly, expect an improvement in appearance and not seeing the results they hoped for can result in challenging conversations, complaints or poor reviews. Getting the consent process right is vital.

It is useful to consider the following points, whether you are an experienced practitioner undertaking cosmetic procedures, plan to expand the services you provide, or are considering this area of practice.

1. Obtaining informed consent

While in most cosmetic procedures you will not be curing a disease or treating a medical condition as such, any treatment should still be medically appropriate for your patient. It is also worth bearing in mind that some patients, especially those seeking to make continual improvements to their appearance, may even be more vulnerable than others.

You should ensure the patient is of the age and mental capacity to be able to consent to the proposed treatment. They should be aware of the balance of the risks and benefits of any treatment, and any available alternatives, including the option of no treatment. You may also want to consider how the consent process may need to be tailored to the individual depending on any comorbidities, medical or social history. Obtaining consent is a process, not a one-off event, and patients may benefit from a 'cooling-off' period between any initial consultation and agreement to undergo a procedure. You may also want to consider the use of supporting information such as patient information leaflets or online guides to ensure full patient understanding at a time that is convenient to them. Use of these documents should also be documented in the records and regularly reviewed to ensure they remain fit for purpose.

Patients may occasionally have unrealistic views about possible outcomes or what can be achieved. During your discussions, you should be open and honest regarding this, aiming to make clear the limits of any treatment or procedure.

Promotional material and advertisements developed by you or your clinic should not be misleading, and must adhere to any relevant regulations.

2. Training, skills and expertise

Doctors working in cosmetic medicine, like in any area of practice, should ensure they have the necessary training, skills and expertise to assess patients and undertake each procedure. You should work within your own area of competence. Your actions should do no harm and be seen to benefit the patient positively. It is important that even if experienced, you continually reassess your skills and undertake regular retraining. Assisting or observe an appropriately trained colleague may also be an option, to refresh your skills, knowledge and consider alternative therapies.

3. Working within relevant regulations and guidelines

Those seeking indemnity for cosmetic medicine, will be expected to comply with any relevant regulatory/government guidelines. They should also limit the scope of their practice to procedures and treatments for which they hold a valid licence or certificate, and those permitted under the terms of their membership, if different.

Failure to meet any of the above may affect indemnity provision, and it is useful to check with your provider.

4. Adequate indemnity

Appropriate and adequate professional protection is essential to protect patients and yourself in the event of a claim, complaint, or regulatory investigation. It is advisable to contact your indemnity provider if you are considering this work or expanding the services you provide, to discuss the scope of your practice. Your indemnity provider's understanding of the type and nature of the procedures you perform will ensure you have the appropriate membership. Guidance may be different for specialists and non-specialists, so you should ensure that the scope of your practice is limited to what is specified in your indemnity provision.

5. Equipment and environment

When offering cosmetic treatments and procedures you should be mindful of the evidence of their effectiveness and their safety profile, so that you can explore and discuss whether they are suitable for any particular patient.

In addition, where you work is an important consideration. You should be satisfied that where you are performing the procedures is appropriate, bearing in mind any applicable regulations. For example, ensure you have access to the necessary equipment and support in case of a complication or medical emergency.

6. Record keeping

Detailed and contemporaneous medical records are essential and may be invaluable in the event of a complaint, claim or referral to the regulator. You should clearly document your assessment of the patient (including history and examination), the consent process, the details of the procedure or treatment performed, and any follow-up advice provided.

Before discharging the patient, you should consider if they have the necessary information regarding what to expect in their recovery, highlight any potential issues to look out for, and give details of who to contact in case of a problem.

7. Post-procedure complaint

Despite your best efforts, sometimes things go wrong or the results of a procedure will not match the patient's expectations, even if you believe the outcome to be satisfactory. A detailed and conciliatory response may help reduce the chance of a complaint escalating. Medical Protection, or your indemnity provider, can advise and assist members in responding to complaints, as well as other medico-legal issues that may arise from clinical practice.

8. Second opinion

Some patients may be dissatisfied with the results of treatment carried out by other clinicians, and contact you for advice and further treatment. These cases such be approached with caution as they may be more clinically challenging, and patients' expectations may be unrealistic or challenging. Of course, you are not obliged to treat patients if you do not feel treatment is necessary, nor should you assist if you do not feel you have the necessary skills or expertise.

First published in Healthcare Today 3 March 2025 and on the medicalprotection.org News and updates page.

specialist info

The Faculty of Expert Witnesses FEW

brought to you by SpecialistInfo
- training Doctors since 2007 -

THE FACULTY OF EXPERT WITNESSES PANEL

The Faculty of Expert Witnesses Panel (the 'FEW') promotes high quality Medico-Legal expertise to law firms and insurance companies.
Membership of the FEW has two grades:

Fellows

Consultants and GPs who:

- Have undertaken appropriate Medico-Legal training and agreed to undertake refresher training every 3 years so that they are consistently up to date with all the latest rules and procedures.
- Have confirmed their agreement to adhere to specified standards of good practice covering compliance, availability and service by signing a **Code of Good Practice .**
- Have satisfied SpecialistInfo's Lawyers as to the quality of his or her reports by submitting an anonymised sample report for review*, including presentation and compliance with Civil Procedure Rules
- Have their Medico-Legal CV listed on SpecialistInfo

Members

Consultants and GPs who:

- Have undertaken appropriate Medico-Legal training and agreed to undertake refresher training every 3 years so that they are consistently up to date with all the latest rules and procedures.
- Have their Medico-Legal CV listed on SpecialistInfo

Both grades are expected to adhere to specified standards of good practice covering compliance, availability and service by conforming to a Code of Good Practice.

Non-Members appearing on the SpecialistInfo directory are Consultants and GPs who have indicated their willingness to undertake Medico-Legal work but have not yet qualified for FEW membership.

Unlike other panels, membership is FREE for Doctors.

If you are a medical expert interested in joining our panel or you are a company looking for a quality expert, please contact Lisa Cheyne lisa@specialistinfo.com 01423 787 984

MEDICO -LEGAL NEWS:

By Lisa Cheyne,
Medico-Legal Manager,
SpecialistInfo

A round-up of news in the industry of the third quarter of 2025

Leng Review Recommendations to Physician Associate Working Conditions Can Go Ahead

NEWS

The union for physician associates (PAs), United Medical Associate Professionals (UMAPs) has lost its High Court bid to temporarily prevent NHS England from carrying out the recommendations outlined in the Leng review this August, including a name change to “physician assistants” and barring PAs from seeing undiagnosed patients.

UMAPs said that the case, although it “did not result in injunctive relief,” had clarified that it was up to individual NHS employers to decide whether to implement the changes.

For more details about the Leng Review see the article by Joanna Trewin on **page 6** of this issue.

Read more:
https://www.bmj.com/content/390/bmj.r1768.full

NEWS
MEDICO LEGAL MAGAZINE

Infected Blood Inquiry: Government Responds to Additional Report on Compensation

Victims of the UK's infected blood scandal have been "harmed further" by the operation of the compensation scheme set up by the government, Sir Brian Langstaff, the senior judge who chaired the public inquiry has concluded.

He delivered his main report in 2024 but has taken the unusual step of holding a further hearing and issuing an additional report this July after multiple complaints about delays and difficulties in accessing payments from the Infected Blood Compensation Authority (IBCA).

The Government states its priority is making these additional changes as quickly as possible, including implementing further legislation by the end of 2025, to ensure people can receive the full amount of compensation they are entitled to.

The Government has also committed to making further interim payments of £210,000 to the estates of the deceased infected previously registered with an Infected Blood Support Scheme (IBSS) or Alliance House Organisation (AHO).

The Government has agreed to consult further on changes it might make to the scheme where this was recommended by the Inquiry.

Read more: https://www.gov.uk/government/publications/infected-blood-inquiry-additional-report-government-response/infected-blood-inquiry-additional-report-government-response

NHS Piloting AI for Prostate Cancer Tests and Hospital Discharges

An AI system has entered an NHS two-year trial testing its ability to spot prostate cancer.

The technology should help radiologists detect 11% more early-stage cancers by highlighting suspicious subtle MRI lesions that are sometimes not obvious on scans and need more investigation.

Only half of the 55,000 men diagnosed with prostate cancer every year are currently caught at an early stage, when treatment is most effective.

This reflects the lack of reliable routine screening to monitor high-risk individuals for this type of cancer.

The pilot will be rolled out to seven hospitals in England, after initial trials showed the AI system, developed by Quibim, could raise early detection rates from 80% to 90%.

Shonit Punwani, Professor of magnetic resonance and cancer imaging and consultant radiologist at UCLH, said: "Ultimately, QP-Prostate aims to improve patient outcomes by assisting radiologists in creating more accurate and reliable MRI reports."

Chelsea and Westminister Trusts are piloting another AI system to help discharge patients from London hospitals.

The technology will help healthcare professionals complete documents by extracting information from medical records such as diagnoses and test results. Ultimately, this has the potential to save hours of time, freeing up hospital beds for those that really need it.

Health secretary Wes Streeting said: "This potentially transformational discharge tool is a prime example of how we're shifting from analogue to digital as part of our 10-year health plan."

Read more: https://www.linkedin.com/pulse/ai-health-weekly-roundup-future-medicine-ai-4z7ue/

Anonymity Bid by Discredited Expert Witness Rejected

The High Court has refused to grant anonymity to an expert witness psychologist who produced a report that was found to be 'fundamentally flawed'. Registered clinical psychologist Dr Parsi di Landrone requested that she should not be named in a judgment concerning domestic violence and its impact on a seven-year-old child.

The court heard that Dr di Landrone was instructed to carry out an assessment of the father in the case. A previous hearing had determined that he had assaulted the mother, leaving her with bruising. The expert was asked to give her opinion on the father's personality, but her report appeared to challenge the finding of domestic abuse. She concluded that the father posed no risk of domestic abuse and was not a threat to his son.

All parties in Liverpool City Council v Ms A & Ors [2025] had agreed that the doctor's report could not be relied upon, such that a new expert witness would need to be instructed.

Dr di Landrone told the court she feared the impact on her reputation and ability to secure future instructions if she was named in the judgment. But Ms Justice Harris said she was bound by family court practice guidance from 2024, which stated that anonymisation of professional witnesses is justified only to protect the identities of the child or family.

The judge said the fundamental difficulty with the expert report was that Dr di Landrone did not consider the court's findings within a general assessment, but challenged the validity of the findings themselves. "It is vital instructed experts understand those rules and comply with them," added the judge.

In this case the expert's evidence would not have altered the eventual outcome, as the child was returned to the care of his father, but it is a good example of how important it is for experts to fully understand their duty to the court and to follow legal process.

Another recent High Court case, SC Commercial Bank Privatbank v Kolomoisky & Ors [2025] confirms that experts must disclose any previous judicial criticisms of their evidence to their instructing solicitors. Not doing so would be tantamount to a breach of their overriding duty to the court.

In this case, the expert was forgiven his attempts at advocacy in a previous case when the Judge said, "he did not cross the line into advocacy and explained the concepts on which he relied with clarity."

Read more: https://www.bailii.org/ew/cases/EWHC/Fam/2025/1474.html

NHS Resolution Resolves Highest Number of Compensation Claims through Collaboration

NHS Resolution's Annual Report and Accounts for 2024/25 were published in July, highlighting a record 83% of clinical claims being resolved without the need for legal proceedings.

Just over 11,000 clinical compensation claims were resolved through alternative dispute resolution (ADR) processes rather than formal legal proceedings.

"By working collaboratively to resolve claims for compensation against the NHS we are keeping patients, their families and healthcare staff out of court whilst sharing what we learn back with the NHS to prevent the same things happening again."

Said Helen Vernon, Chief Executive of NHS Resolution The report also describes how innovations such as NHS Resolution's 'Early Notification' scheme for birth injury have enabled families to access compensation for immediate needs more rapidly.

NHS Resolution received 14,428 new clinical negligence claims and reported incidents in 2024/25,

reflecting ongoing broad stability in overall claims volume across recent years.

£3.1 billion was paid out in 2024/25 for compensation and associated costs on all of NHS Resolution's clinical schemes, compared to £2.8 billion in 2023/24. £1.3 billion of the total clinical negligence payments in 2024/25 related to maternity.

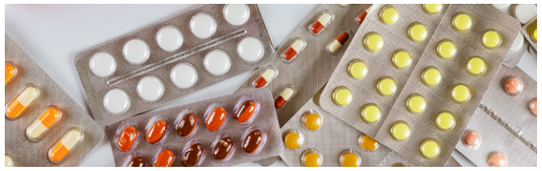
The estimated 'annual cost of harm' for incidents in 2024/25 for the main clinical scheme, Clinical Negligence Scheme for Trusts (CNST), was £4.6 billion, down from £4.8 billion in 2023/24. This reduction reflects updates to discount rates and improvements in long-term inflation assumptions.

Demand for NHS Resolution's expert Practitioner Performance Advice service continued to grow significantly, with 1,420 new and reopened requests for advice – a 24% increase on 2023/24. Requests for NHS Resolution's Primary Care Appeals service to deliver fair and prompt resolution of appeals and disputes increased significantly, with a 31% rise in the number of cases received.

NHS Resolution's provision for future liabilities as of 31 March 2025 was £60.3 billion, compared to £58.5 billion in 2023/24.

Read more: https://resolution.nhs.uk/about/corporate-reports-and-publications/

If you are interested in becoming a civil mediator, then consider booking an accredited mediation course run by the Society of Mediators:
www.specialistinfo.com/mediation-course



Inquiry into Medicines Shortages in England - Report

The All-Party Parliamentary Group (APPG) on Pharmacy has published its landmark report into medicines shortages in England this July, revealing the scale and severity of the issues facing patients, pharmacists and the wider NHS.

The inquiry finds that medicines shortages have shifted from isolated incidents to a chronic, structural challenge. The APPG has found that with 96% of pharmacists spending increased time managing shortages and 92% reporting decreased patient satisfaction, the impact on frontline care is severe. Nearly two-thirds of pharmacists are contacting prescribers multiple times a day to resolve supply issues, while 40% spend between 1–2 hours daily managing shortages.

Medicines shortages significantly affect people with certain conditions, for example disrupting treatments for ADHD, the menopause, diabetes, and bacterial infections. These shortages lead to treatment delays, rationing, and adverse health outcomes, especially for those with chronic conditions. Tragically some patients who were unable to access a medicine in short supply have died.

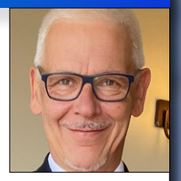
Shortages are caused by many factors, including manufacturing issues, supply chain vulnerabilities, increased demand, and geopolitical events. The global nature of pharmaceutical supply chains means disruptions in one region can have far-reaching consequences. Economic factors, such as pricing pressures and market consolidation, also contribute to the problem.

Read more: https://static1.squarespace.com/static/5d91e828ed9a60047a7bd8f0/t/686bf11f8d334e2df2100422/1751904556842/APPG+on+Pharmacy+-+Medicines+Shortages+Report+-+July+2025.pdf

MEDICO LEGAL MAGAZINE

Mr Tim Burge MB ChB FRCS DMCC(Plas)

Consultant Plastic Surgeon (GMC: 2702249)



t: +44 07515 094 348
e: info@clifton-plastic-surgery.co.uk
w: clifton-plastic-surgery.co.uk

- Consultant Plastic Surgeon since 1996 and has a broad experience having worked in the Army, the NHS and the Private Sector.
- Over 20 years of experience writing reports and receives about 300 instructions per year.
- Instructed by Claimants, Defendants, and as a Joint Expert.
- Aware of the Part 35 requirements of an Expert Witness and has obtained Part 1 of the Certificate of Medical Reporting (Bond Solon).
- Has experience appearing in court as an expert witness.
- Appointments are available in Bristol, London, Cardiff, Birmingham and Salisbury.
- All reports are produced within agreed timescales, usually 6 weeks, which can be expedited.

EMAIL ME

Dr Mazhar Chaudri

Consultant Respiratory Physician

t: +44 07961 231 45
e: mazhar.chaudri@nhs.net

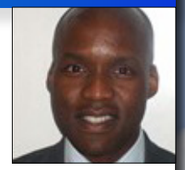
Dr Mazhar Chaudri has been a Consultant Respiratory Physician at Russells Hall Hospital in Dudley, West Midlands since April 2004. He is the Trust lung cancer lead and Clinical Director of the Dudley Lung Cancer Screening programme. He is interested in interventional procedures such as bronchoscopy, endobronchial ultrasound, medical thoracoscopy and indwelling pleural catheter insertion and management. Dr Chaudri achieved the Cardiff University Bond Solon Expert Witness Certificate (CUBS) in 2018 and undertakes instructions as an expert witness, preparing medico-legal reports on various respiratory cases, including clinical negligence, personal injury and occupational lung disease. He used to sit on the British Thoracic Society Specialist Advisory Group on Interventional Procedures and undertake lung cancer peer review for NHS England and NHS Improvement.

EMAIL ME

Andrew Chukwuemeka

MB BS MD FRCS (Eng) FRCS (CTH) LLB (Hons)

Consultant Cardiothoracic Surgeon



t: +44 0208 383 2026
e: andrew.chukwuemeka@nhs.net

Acting for Claimants, Defendants and as a single joint expert, a Consultant Cardiothoracic Surgeon with Imperial College Healthcare NHS Trust, he is Medical Director at Hammersmith Hospital and was previously Clinical Director for Cardiac Sciences (Cardiology, Cardiothoracic and Vascular Surgery). His clinical interests include Chest Trauma, Aortic Surgery including Transcatheter Aortic Valve Implantation (TAVI), Heart Valve and Coronary Artery Bypass Surgery.

Mr Chukwuemeka was the Royal College of Surgeons' Regional Specialty Advisor and served on the Medical Technologies Committee at NICE. He serves on the NHSE - Clinical Reference Group for Cardiac Services, NHSE - London Clinical Senate Council and the Medicines and Healthcare products Regulatory Agency (MHRA).

EMAIL ME

David Simon Costain

Gait & Posture Centre

Podiatric Consultant and Gait Specialist

t: +44 0207 636 4465
e: clinic@gaitandposture.com
w: www.gaitandposture.com

David Simon Costain is a Podiatric Consultant and Gait Specialist, based in Harley Street, London. He has over 45 years of experience in Podiatry and is the CEO of the Gait & Posture Centre.

He specialises in the analysis of gait related musculo-skeletal problems relating to foot and leg malfunction, dividing his time between his private practice and expert witness work. He focuses on Personal Injury cases where approximately 75% of his work is for the claimant, and 25% for the defendant.

THE GAIT AND POSTURE CENTRE

EMAIL ME

EYE-LAW CHAMBERS®

EYE-LAW CHAMBERS®

T: +44 (0)20 8852 8522
E: eyes@dbcg.co.uk
Office: Docklands Business Centre, 10-16 Tiller Road, London E14 8PX

EYE-LAW CHAMBERS® was founded in 2017 through the consolidation of leading medicolegal practices. Specialising exclusively in eye and vision-related medicolegal matters, the team offers high-quality CPR35-compliant expert opinion across issues involving causation, liability, condition, and prognosis. A corporate membership in The Academy of Experts since 2019, EYE-LAW CHAMBERS® acts as trusted expert medicolegal providers through its unwavering commitment to expertise, timeliness, and service. Based in London and operating internationally, for civil and criminal courts and tribunals across the UK, Republic of Ireland, mainland Europe, Africa, and Asia, EYE-LAW CHAMBERS® delivers comprehensive Expert reports within four weeks of instruction.

CONTACT US

Dr Suprio Ganguly

BSc MBBS MD FRCR

Expert Radiology Witness

t: +44 07733 156 406
e: suprio.ganguly@nhs.net

Dr Suprio Ganguly has over 37 years' experience of radiology practice earned in five countries spanning three continents, traversing both military and civilian sectors. Dr Ganguly is on the GMC's Expert Witness and Associate Medical Performance Assessor panels. Dr Ganguly undertakes expert witness instructions, including the preparation of medico-legal reports and giving evidence in court in clinical negligence cases relating to Neuro, Chest, abdomen and pelvis, Gynaecology and obstetrics, Paediatric, Cancers, Trauma, and Emergency radiology. Dr Ganguly can act on behalf of either claimant or defendant or as a Single Joint Expert. He has provided expert witness evidence in the coroner's, judicial, and military courts.

EMAIL ME

Atul Khanna

Consultant Plastic, Reconstructive and Hand Surgeon

t: +44 07360 750 011
e: mrkplastics2021@gmail.com
w: www.atulkhanna.co.uk/expert-witness

Mr Khanna is a substantive NHS Consultant in Plastic, Reconstructive and Hand Surgery at The Sandwell and West Birmingham NHS Trust and has been involved in medical legal work since 1998. In this period he has provided over 4000 medical reports. He has prepared a chapter for the Encyclopedia of Forensic & Legal Medicine entitled "Medical malpractice in Cosmetic and Plastic Surgery".

Areas of expertise:

- Hand surgery: Sequelae of hand injuries and surgery
- Soft tissue injury:
- Burns management: Sequelae of disability following burns injury, scarring and surgery
- Medical negligence in Cosmetic Surgery

EMAIL ME

Dr Raj Kumar

Dental Expert

t: +44 07802 456 804
w: www.dentalexpert.me
w: www.forma.co.uk
e: info@dentalexpert.me

Dr Raj Kumar has written over 500 reports in matters arising from patient and regulatory complaints, dental negligence and accidental injuries. Dr Kumar currently completes about 150 reports annually; 70:30 claimant defendant ratio. Clinical negligence, Condition and Prognosis, Road traffic accidents and Clinical Fraud are all covered. Dr Kumar has appeared in court hearings at least 5 times on behalf of claimants and defendants, including Regulatory matters. Dr Kumar qualified from Guys Hospital in 1989 with a BDS. In 1990 he obtained his LDS RCS from the Royal College of Surgeons London. Dr Kumar holds a Masters degree in Advanced General Dentistry from the Royal College of Surgeons and a Masters in Implantology from the University of Madrid.

EMAIL ME

EXPERT WITNESS DIRECTORY

MEDICO LEGAL MAGAZINE

Mr Shyam Kumar

Consultant Orthopaedic Surgeon

t: +44 07596 852 737
w: www.medicolegalorthopaedics.com
w: www.upperlimbsurgery.net
e: appointments.shyamkumar@gmail.com

Mr Kumar is a Consultant Orthopaedic Surgeon, specialising in trauma and upper limb conditions, with a focus on medicolegal practice since 2011. He serves on the Orthopaedic trauma rota at the Royal Lancaster Infirmary. He holds an LLM in Medical Law & Ethics and is on the Medicolegal Committee of the British Orthopaedic Association. He is on the panel of performance assessors for the General Medical Council and is an examiner for the FRCS (Tr& Orth) and Royal College of Surgeons. He provides concise medical reports for clinical negligence and personal injury cases, with clinics in Manchester, Lytham, Bolton and Lancaster.

EMAIL ME

Mr. Damian Lake

MB,Ch.B,FRCOphth,LLM.

All General Ophthalmology

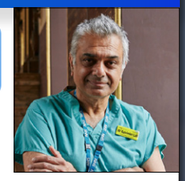
w: www.damianlake.com
e: info@damianlake.com

Mr. Lake is a Consultant Ophthalmologist currently practising in Kent, Sussex and London. In 2008 Mr. Lake became a Consultant at the Queen Victoria NHS hospital, East Grinstead. He became Clinical Director of the service for five years, and responsible for the UK's first Eye Bank. Mr. Lake has represented the hospital at National level at OTAG (Ocular Tissue Advisory Group to NHSBT) and as Chair of the OTTSG (Ocular Tissue and transplant Standards Group of the Royal College of Ophthalmology.) In 2022, Mr. Lake obtained a Masters degree (with merit) in Law from The University of Cardiff. In 2023, Mr. Lake founded The Sight Centre Group and opened clinics and hospitals in Tunbridge Wells, Kent, dedicated to excellence in eye care. He continues as the Medical Director and a practising Consultant. Mr. Lake has produced medico legal reports since 2008, with an approximate 50:50 split, Defendant: Claimant ratio.

EMAIL ME

Kulvinder Lall

Consultant Cardiothoracic Surgeon



Consultant Orthopaedic and Trauma Surgeon

e: cardiothoraciclegal@icloud.com
w: www.cardiothoracic-surgeon.co.uk

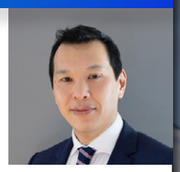
Kulvinder Lall is one of the top cardiothoracic surgeon's in the UK, with particular expertise in aortic valve replacement, mitral valve repair, coronary artery bypass graft, and thoracic aortic aneurysm. Mr Lall is listed on the General Medical Council Specialist Register as a specialist in cardiothoracic surgery. Qualifying in 1989 from the University of London, he has trained in cardiothoracic surgery in London, Glasgow & Sydney. He was appointed to St Bartholomew's Hospital as one of the youngest cardiac surgeons in the UK aged 36. As an NHS Surgeon he has performed in excess of 5,000 heart operations with outstanding results as measured by The Care Quality Commission & Department of Health.

As a leading cardiothoracic surgeon, he has published in over 15 peer reviewed worldwide journals and is actively involved in NHS research. He teaches extensively in China, Europe, Hong Kong and Israel, and was the first implanter of a stentless heart valve in Asia (Beijing 2010).

VISIT WEBSITE

Dr Neil Mo

BSc (Hons), MSc, MBBCh, FRCP



Consultant Rheumatologist

t: +44 0800 433 2380
e: enquiries@drneilmo.com
w: www.drneilmo.com

Dr Neil Mo is a consultant rheumatologist and clinical lead in Swansea Bay University Health Board. He was previously a consultant in Charing Cross and Hammersmith Hospitals. He has received training in report writing and courtroom skills, and has produced over 300 medicolegal reports. He provides comprehensive, authoritative and well balanced reports with a quick turnaround time. He has expertise in all areas of adult rheumatology, and maintains his clinical and medicolegal knowledge to deliver an up to date expert opinion. He is experienced with risk management within the NHS and has undergone training with NHS resolution.

EMAIL ME

Dr David Newby

BSc MBChB FRCA LLM

ANAESTHESIA EXPERT WITNESS

Consultant Paediatric and Adult Anaesthetist

t: +44 07428 467 803
e: ddp.medicolegal@gmail.com
w: www.anaesthesiamedicalexpert.co.uk

Dr David Newby is a substantive anaesthetic consultant at Ipswich Hospital. He is the lead anaesthestist for paediatric services and established and runs the consultant-led paediatric preoperative assessment clinic. His adult work includes orthopaedic trauma and vascular surgery.

Areas of particular expertise:

- anaesthesia for children in the district general hospital
- paediatric preoperative assessment
- TIVA in children

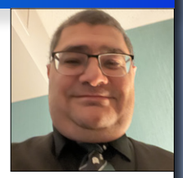
In addition to:

- all aspects of adult perioperative care, including preoperative assessment
- high-risk surgery
- awareness under anaesthesia
- anaphylaxis
- shared-decision making

EMAIL ME

Professor Panayiotis (Panos) Kyzas

Edge Hill University
NHS East Lancashire Hospitals NHS Trust
Safe · Personal · Effective



Consultant OMFS H&N Surgeon

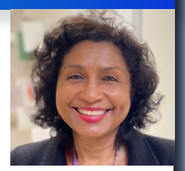
t: +44 0750 5402 640
e: kyzasp@icloud.com

My name is Professor Panayiotis (Panos) Kyzas. I am a consultant in OMFS/Head and Neck Surgery with a clinical specialty interest in ablation and reconstruction of head and neck cancer and facial skin cancer. I am the Editor-In-Chief of the main UK scientific journal for my specialty, a pst that commenced in 2024 for 5 years. I held the post of the chair for the OMFS Specialty Training Committee and the regional research advisor. I have acted as the national OMFS representative on the TIG H&N fellowship committee and the Quality Assurance Lead from 2019 to 2023. I have recently graduated my law degree with honours. I currently hold a Bronze National Clinical Excellence Award for my services to the NHS. I am the Chief Investigator of the MANTRA trial, a with multimillion pounds NIHR funding. In August 2023 I have been appointed as a visiting Professor in OMFS H&N Surgery at Edge Hill University.

EMAIL ME

Dr Ana Phelps

MD, PhD, FRCP, RCPathME



Substantive Consultant Geriatrician

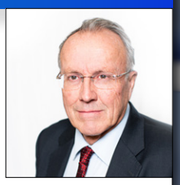
t: +44 07970 627 996
e: ana.phelps@nhs.net

Dr Phelps is a substantive Consultant Geriatrician at Buckinghamshire Healthcare NHS Trust. She is an experienced Medical Examiner, regularly reviewing hospital mortality cases and advising doctors on medical certification of cause of death and when to refer to a Coroner. Her expertise includes Orthogeriatrics, Frailty, Dementia, Peri-operative Medicine and complex cases in patients >65y. Her medico-legal practice includes medical negligence, second opinions, decisions on escalation and resuscitation, coroner reports, ethical situations, inappropriate/ harmful testing and treatments, and breeches in communication. She can provide comprehensive case reviews and expert opinion on the quality of the care provided at the different stages of care.

EMAIL ME

P N Plowman

MA MD FRCP FRCR



Senior Clinical Oncologist

t: +44 020 7631 1632
e: nplowman@doctorplowman.com
w: www.drnickplowman.com

Dr P N Plowman is senior clinical oncologist to St Bartholomew's Hospital, London and has a paediatric interest and on the staff of Great Ormond Street Hospital. He has a long history of medicolegal work with around 50 new instructions each year. He has been an expert in the Tobacco Litigation and the class action of 22,000 USA women claiming breast cancer caused by HRT. Most of his instructions are to do with delay to diagnosis of cancer or causation aspects of cancer treatments' complications.

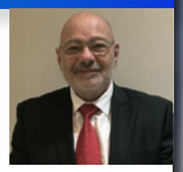
EMAIL ME

EXPERT WITNESS DIRECTORY

MEDICO LEGAL MAGAZINE

Mr Sarwat Sadek

MBBCh FRCSI FRCS (ORL-HNS) FRCS



Consultant Otolaryngologist and Head & Nech Surgeon

t: +44 07802 974 000
e: sarwatsadek@doctors.org.uk

Mr Sarwat Sadek has been practising as an ENT Consultant for nearly 40 years and is currently Consultant Otolaryngologist and Head & Neck Surgeon at the Nuffield Hospital, Taunton.

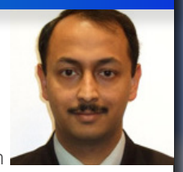
Areas of interest:

- Military noise induced hearing loss
- Noise induced hearing loss
- Occupational rhinitis
- Facial & neck trauma
- Traumatic loss of sense of smell and taste
- Deafness, tinnitus and vertigo as a result of road traffic accidents

EMAIL ME

Mr Nikhil Shah

FRCS(Tr & Orth) FRCS MCh(Orth) MS(Orth) DNB(Orth) MBBS



Consultant Trauma & Orthopaedic Surgeon

t: +44 0161 393 3059
e: nikhil.shah@consultantcare.com

Mr Nikhil Shah can act as an expert witness in personal injury and clinical negligence cases, taking instructions from either claimant or defendant or as a Single Joint Expert. He can provide medico legal reports for personal injury claims involving:

- Trips and slips
- Pelvic and acetabular fractures
- Low velocity impact cases
- Whiplash
- Long bone and articular fractures
- Ankle, knee and hip fractures, lower limb injuries
- Soft tissue injuries

Mr Shah can provide clinical negligence related reports in his specialist areas of expertise concerning:

- Primary and revision hip and knee replacements
- Pelvic and acetabular fractures
- Long bone and periarticular trauma

EMAIL ME

Mr Aruni Sen

MS, FRCS, FRCEM, DipMedEd.

Lead Consultant in Emergency Medicine, Princess Elizabeth Hospital, Guernsey

t: +44 07839 755 001
e: thesens@msn.com

Medico Legal Expert since 1996
Experience as independent expert for claimant, defence & SJE.

Areas of interest:

- Clinical Negligence
- Personal Injury
- Hand Injury
- Resuscitation
- Trauma, Burns, Sedation & Acute Pain
- Musculoskeletal injuries
- CPR Part35 trained
- MEDCO accredited
- Up to date medico-legal CPD portfolio
- Reports vetted by solicitors
- Consultation Venues at: Chester (Cheshire, Northwest & North Wales), Guernsey & Jersey
- Happy to provide pro-bono opinion

Member of EWI, APIL, Law Society.

EMAIL ME

Professor David Warwick

DM MD BM FRCS FRCS(Orth) Diploma of Immediate Medical Care
European Diploma of Hand Surgery

THE HAND CLINIC
FOR HELP WITH FINGERS | HANDS | WRISTS

t: +44 0345 4505 007
e: davidwarwick@handsurgery.co.uk
w: www.handsurgery.co.uk

Expert on injuries and conditions affecting the Hand & Wrist; Personal Injury & Medical Negligence; Claimant & Defendant; Unbiased, sympathetic, meticulous, punctual; Over 5500 PI & 800 Clin Neg Reports over 28 years

Past Chair: British Orthopaedic Association Medicolegal Committee
Informal advice by telephone and email
Deferred fees on request
Southampton, Winchester, Jersey

VISIT WEBSITE

Paul Whittingham-Jones FRCS

(Trauma and Orthopaedics)

Paul Whittingham-Jones HIP AND KNEE

t: +44 07506 504 351
e: mrpaulwj@gmail.com
w: www.paulwj.com

Mr Whittingham-Jones is a consultant Hip and Knee surgeon with an NHS and private practice. He has produced over 1000 reports since 2013. Reports are accurate, concise and well reasoned. He is always happy to talk through any issues with reports. Having a particular interest in breach of duty cases, he will provide full reports or desktop screening reports as required.

VISIT WEBSITE

EXPERT WITNESS DIRECTORY

PREMEX+: WHERE MEDICAL INSIGHT MEETS LEGAL EXCELLENCE

For 25 years, we've helped law firms to build stronger cases by providing access to specialist medical experts for comprehensive medico-legal reports.

WHY CHOOSE PREMEX+?

With over 7,000 experienced medical specialists, each hand-selected for their subject matter knowledge and medico-legal experience, we deliver professional medical reports for your complex cases.

WHAT SETS US APART:

- Specialist team, with on average 5+ years of experience working on complex cases
- Tailored solutions for each case
- Secure data handling – ISO27001 certified
- Extensive industry experience

START WORKING WITH AN INDUSTRY LEADER TODAY!

www.premexplus.co.uk | sales@premex.com

premex+