

PRAGMATICAL APPROACH TO MEDICOLEGAL WORK

A Guide for Major Trauma Consultants



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About this book

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This book is written for consultants who wish to bring their understanding of major trauma into independent medicolegal work. It moves from establishing a practice to identifying the correct instruction, writing a professional report, managing time, agreeing terms and sustaining professional judgment.

The guiding argument is that the consequences of polytrauma must be understood in the context of the whole person. A sound report explains the evidence and its limitations. It helps the decision-maker understand injury, treatment and function without becoming an argument for the party paying the expert.

Jurisdiction and use

The principal procedural framework is civil litigation in England and Wales. Scotland and Northern Ireland have separate legal systems and procedures. Criminal proceedings, inquests, employment tribunals and regulatory proceedings also require their own rules and directions. The reader must establish the applicable forum before accepting work.

The operational examples are the author's practical suggestions. They are not statutory deadlines, a tariff, or a substitute for case-specific legal, accounting or indemnity advice. The terms discussed in Chapter 5 are drafting guidance for local professional review, not a ready-to-sign contract. Sources were checked on 15 October 2026; rules and administrative arrangements can change.

Personal history and the current working pattern are drawn from the author's account, supported where available by his public professional profile and retained training records. No identifiable claimant material is used. The cover is a conceptual illustration and does not depict the author or an actual claimant. Numbered references at the end link to public sources.

Dedication

To my lovely wife, Katayoun Razavinia, and to my daughter, Melina Bakhshayesh, and my son, Patrick Bakhshayesh.

You have supported me throughout my career and stood beside me during its most difficult periods. You have travelled with me across countries, endured the uncertainty of fellowships and new beginnings, and accepted the demands that surgical training and clinical responsibility placed on our family.

Behind every professional achievement there is time, patience and love that cannot be recorded on a curriculum vitae. You have given me all three. I am utterly grateful for everything you have done for me and for helping me become the person I am today.

This book is also dedicated to my younger colleagues who wish to establish a medicolegal practice with integrity. I hope it helps you support society's understanding of polytrauma, recognise the person beyond the injuries and provide independent evidence when recovery becomes part of a legal claim.

Mr Peyman Bakhshayesh

Preface

From survival to life after trauma

The first responsibility of the major trauma surgeon is to help the injured person survive. We assess the physiology, identify the injuries, establish priorities and work with the wider team to deliver treatment at the right time. The operation is part of this responsibility, but it is never the whole of it. Rehabilitation, a safe return home and support for the family are also part of meaningful recovery.

My interest in major trauma developed from 2011. Between 2014 and 2018, I worked as a major trauma consultant at Karolinska University Hospital. This period, together with my fellowships and subsequent clinical practice, helped me develop a broad perspective on spinal, pelvic and acetabular injuries and on trauma affecting the upper and lower limbs. I have worked at Leeds General Infirmary since February 2021. [31]

The value of this experience is not a claim to know every specialty. It is the ability to recognise how the specialties depend on one another. A decision about a fracture may be inseparable from the patient's circulation, chest injury, abdominal injury, brain injury or soft-tissue condition. Collaboration with anaesthetists, intensivists, thoracic, abdominal, vascular, head and neck and neurosurgical teams is essential. In limb reconstruction, collaboration with plastic surgeons is particularly important.

Leeds General Infirmary is a major trauma centre serving a large regional population. Working within such a service teaches one to think beyond an individual operation. The outcome depends on the quality of assessment, communication, surgical sequencing, rehabilitation and continuity of care. A satisfactory radiograph does not, by itself, establish that a person can return to work, walk on uneven ground, care for children or live independently.

The NHS, rehabilitation professionals, families and charitable organisations all contribute to this wider recovery. Day One Trauma Support began in Leeds in 2014 through the work of Professor Peter Giannoudis and has subsequently developed services elsewhere, including Liverpool. Its practical and emotional support illustrates why survival must be followed by attention to life beyond hospital. Professor Giannoudis, whose contribution I greatly admire, is an MBE. [15,16]

Preface continued

An independent contribution to justice

Some people who survive major trauma later pursue a claim arising from a road collision, a workplace injury, an insurance policy or another alleged wrong. Others do not. A person may remain a patient while also becoming a claimant. The clinical relationship and the legal role must therefore be understood separately.

The same discipline that helps us understand an injured patient can help a court understand a complex claim. However, the independent expert has a different task from the treating surgeon. We must consider evidence that supports and challenges our initial view, explain uncertainty and remain prepared to change an opinion. Sympathy for a claimant and respect for a colleague must never determine the conclusion.

My medicolegal experience began in Sweden and has continued in the United Kingdom since 2021. I have undertaken Expert Witness Institute training; my retained record documents attendance at Core Training carrying 20 hours of continuing professional development. Training is a foundation for competent work, not a declaration that a court has approved every opinion I may give. My company is Ortopeym Limited. [12,32]

My current professional life combines NHS trauma work at Leeds General Infirmary, elective foot and ankle work at Chapel Allerton Hospital and private assessment. As I describe my working pattern at the time of writing, Mondays and Thursdays are centred on LGI, Tuesdays and Wednesdays on Chapel Allerton, Fridays and Saturdays on Huddersfield Private Hospital, and Sundays on London Sono in Harley Street. Appointments and locations should be confirmed through my practice; a working pattern is not a guarantee of weekly clinic availability.

I am married and a father of two. Regular exercise, often early in the morning before work, is an important part of the discipline through which I manage a demanding professional life. Yet personal discipline alone is not enough. Sustainable medicolegal work also requires protected time, dependable administration and the judgment to decline an instruction when capacity or independence is in doubt.

I have written this book for colleagues who wish to develop that judgment. Do not accept a case simply because it concerns an injury you have treated. Ask whether you have the relevant expertise, whether you can remain impartial and whether you can deliver the work properly. Sometimes the best service you can provide is an accurate factual account and a recommendation that an independent colleague addresses the disputed opinions.

Mr Peyman Bakhshayesh, MD, PhD, MBA

Leeds • October 2026

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How to use the book

Read Chapter 1 before accepting an instruction. Use Chapter 2 to identify the role and type of case. Keep the single-page Chapter 3 beside the report-writing desk. Review Chapter 4 when making a delivery commitment, and use Chapter 5 to prepare terms for professional review. Return to Chapter 6 when deciding whether a growing workload remains compatible with independent, careful work.

The reports discussed here concern clinical evidence. They do not decide entitlement to compensation, assess the legal merits of an employment dispute or determine whether a criminal offence has been proved. Those decisions belong to the relevant legal decision-maker.

1 Introduction and establishing a practice

Begin with the purpose

A medicolegal practice should begin with a clear statement of what the consultant can contribute. For a major trauma surgeon, that contribution is an informed account of the injuries, the treatment decisions and the effect on the person's life. The aim is to make difficult clinical matters understandable and testable. A polished document is valuable only if the reasoning inside it is sound.

The first practical step is to define the limits of the proposed service. Specify whether you will assess condition and prognosis, investigate questions of breach and causation, provide factual accounts of treatment, advise before litigation or give evidence in a particular forum. Each service requires a different level of preparation. Extensive operative experience does not remove the need to learn the rules governing expert evidence. [1-4]

Describe expertise precisely

Prepare a concise medicolegal curriculum vitae with your qualifications, registration, current clinical work, relevant fellowships, teaching, publications and expert-witness training. Give dates and distinguish attendance, assessment, membership and certification. A course booking is not course completion, and a paid directory entry is not judicial accreditation. Include only instruction statistics that you have actually measured.

Define the injuries and questions on which you remain clinically current. A major trauma consultant may understand the interaction between a brain injury and limb rehabilitation, while still requiring a neurologist or neuropsychologist to address cognitive prognosis. The broad view is useful because it identifies these dependencies; it does not remove the boundaries between specialties.

Build competence before volume

A sensible training programme covers legal duties, report writing, clinical causation, discussions between experts, joint statements and oral evidence. The Expert Witness Institute offers relevant training, but the appropriate route depends on the intended jurisdiction and instruction. Review current course content rather than selecting a course solely for its certificate. [12]

Obtain structured feedback on anonymised or fictional practice reports. Ask whether the reader can identify the question, follow the evidence and understand why the conclusion was reached. Learn to defend a balanced opinion without becoming defensive. Keep a development record and revisit areas where questioning exposes a gap.

Establish the business responsibly

Choose a structure that fits the work

A limited company is one option; operating as a sole trader is another. Discuss the choice with an accountant who understands the proposed activity, anticipated turnover, employment position and administrative capacity. Incorporation creates responsibilities for accounts, tax, records and company filings. It does not remove the surgeon's personal professional duties or guarantee that every liability will be limited. [5]

For a company, work through the official formation process: choose the name and appropriate jurisdiction, identify directors and people with significant control, arrange the registered office and required addresses, select the business activity and prepare the necessary incorporation documents. Complete applicable identity-verification steps. The Companies House requirements introduced from November 2025 include transitional arrangements, so check the requirements applying to each person at the relevant filing date. [5,6]

Keep business banking, bookkeeping and the record of contracts organised from the start. Record the entity that accepts each instruction and issues the invoice. Tell the accountant when trading begins and establish the relevant Corporation Tax, payroll or Self Assessment arrangements. Avoid presenting incorporation as a universal tax-saving device; the result depends on circumstances.

Understand the purpose of each supply

VAT treatment depends on what the service is principally for. HMRC identifies reports and expert testimony supplied for the judicial system as standard-rated when supplied by a VAT-registered business. Reports principally directed at protecting or restoring health may receive different treatment. A document commissioned to quantify compensation is not made exempt merely because it discusses rehabilitation. [7]

At the date checked, mandatory VAT registration generally arises when taxable turnover exceeds £90,000 in a rolling twelve-month period, or is expected to exceed that amount in the next thirty days alone. Monitor taxable activity across the relevant business, seek advice about mixed clinical and medicolegal supplies, and show VAT clearly in quotations where applicable. [8]

Separate private work from NHS resources

Declare relevant outside interests and comply with your employment contract and local policy. Agree use of rooms, staff and equipment through proper arrangements. Do not assume that NHS access to records permits their use in a separate private instruction. A dedicated practice email address and secure records system help maintain operational separation, but the protection depends on configuration and behaviour, not the domain name alone.

Put governance into everyday work

Cover and information management

Describe the proposed medicolegal activities to your indemnity provider and obtain confirmation of the relevant cover or support. Ask about personal injury, negligence, advisory work, court attendance, territories, exclusions and arrangements after retirement or a change of provider. NHS clinical cover and membership of a professional body should not be assumed to cover a private expert practice. [11]

Medical records contain special-category personal data. Document an appropriate UK GDPR Article 6 basis and Article 9 condition, together with the separate justification for any disclosure of confidential information. The legal-claims condition may be relevant; a signed examination consent form does not, by itself, answer every data-protection question. Determine whether the ICO data-protection fee is payable and complete the applicable registration. [9,10]

Set a written retention policy linked to purpose, litigation needs, contractual obligations and advice from the indemnifier. There is no single retention period that fits every medicolegal case. Use access controls, multifactor authentication, encryption, backups and a secure transfer method. Agree staff confidentiality and processor arrangements, record disclosures, and maintain a process for incidents and data-subject requests.

Design the assessment service

Use accessible consulting rooms with privacy, suitable examination equipment and appropriate assistance. Confirm wheelchair access, transfer arrangements, interpreter needs and whether a chaperone is required. Determine the CQC position for the activities actually undertaken; the status of a host hospital does not automatically resolve a separate provider's obligations. [17]

A remote assessment may help clarify the history or arrange the work. It may be insufficient for questions requiring palpation, strength testing, joint stability or detailed gait examination. Explain the chosen method and its limitations in the report. If an urgent clinical concern emerges, arrange an appropriate clinical response and document the distinction between the expert assessment and treatment.

Make administration reliable

A small practice needs a dependable case register more than an elaborate system. Record the parties, conflict result, instruction, agreed scope, records received, outstanding material, examination date, deadlines, report versions and payment status. Give authorised staff clear responsibilities. Administrative assistance may organise the evidence and correct formatting; it must not manufacture the expert's clinical conclusions.

Become visible without compromising independence

A useful professional homepage

Make it easy for solicitors to understand your actual expertise. Explain the injury groups assessed, types of instruction accepted, geographic availability and how a referral is made. Include a current medicolegal CV, privacy information and a clear route for obtaining terms. Publish a realistic turnaround description that states when the clock starts. Do not promise a favourable opinion or a particular litigation result.

Separate the information required to make an enquiry from the confidential evidence required after acceptance. A public contact form should not invite a full medical bundle. Check that claims about experience, memberships and accreditation remain accurate and that testimonials or case examples do not compromise confidentiality. The GMC requires public professional information to be accurate and not misleading. [13]

Introduce the service professionally

Identify firms whose work matches your scope and send concise, relevant introductions where lawful. Explain what you can assess and how your administrative process works. Educational meetings may help lawyers understand issues such as delayed union, rehabilitation after pelvic trauma or the interaction of multiple injuries. Any discussion of cases must be appropriately anonymised and authorised.

Professional relationships should develop through the quality of work, clarity of communication and reliability. Do not accept arrangements that reward a particular conclusion. If an agency supplies instructions, establish who the contractual client is, what the agency does, how records are transferred and who is responsible for payment. A panel listing does not change the expert's duties.

A practical launch sequence

1. Define clinical scope, jurisdiction and types of instruction.
2. Undertake relevant training and test a report using fictional material.
3. Confirm indemnity, information governance and the business structure.
4. Prepare independently set fees, terms and an accessible assessment process.
5. Establish a secure case register and a realistic diary capacity.
6. Publish an accurate CV and professional service description.
7. Accept a manageable first caseload and review delivery before expanding.

Before accepting the first case, test the entire route from an enquiry to secure delivery and invoicing. The quality of a practice is often revealed in ordinary details: whether the right images arrive, whether the claimant knows where to attend, and whether a promised report is delivered when expected.

2 Different types of medicolegal work

Identify the role before the case label

The same injury can generate several legal requests. Before examining the person or reviewing the bundle, establish whether you are describing your own care, providing an independent opinion or advising a legal team. Record the forum and the questions. Do not allow an informal request to drift into a different role without a new assessment of competence and conflict.

Role	Main contribution	Important boundary
Treating clinician or professional witness	Explain observations, records, decisions and care personally provided	Identify recollection and record-based information; distinguish treatment explanations from separately instructed expert opinion
Independent expert	Give reasoned opinions within expertise for the relevant court or tribunal	Independence from the instructing party; compliance with the applicable rules
Single joint expert	Address the permitted questions on instructions for two or more parties	Maintain even-handed communications and follow the joint instruction and court directions
Advisory consultant	Help a legal team understand clinical issues before or outside formal expert evidence	Clarify the advisory role; do not assume advice can later become court evidence unchanged

The GMC distinguishes factual, professional and expert witness contributions. A treating clinician may explain the reasons for care and relevant professional matters; the distinction is not a rule that doctors can only recite dates. What matters is clarity about the source and purpose of each statement. [1]

Conflicts require an active decision

Check the claimant, defendants, treating organisations, relevant clinicians, instructing firms and any personal or financial connections. Consider previous care, supervisory relationships, close collaborations and earlier instructions in the same dispute. Disclose a potential conflict promptly. The GMC requires written assurance from the instructing party where a disclosed conflict is considered acceptable, but this does not make an expert independent when they cannot be so. [1]

My preference is to avoid acting as the independent expert on my own treatment or on a dispute in which a close relationship could influence, or reasonably appear to influence, my opinion. Providing an accurate factual account remains a separate responsibility. Declining one role is not an excuse to withhold relevant records or ignore a lawful request.

Personal injury and insurance instructions

Explain the combined consequences

Condition-and-prognosis work asks what injuries occurred, how the person has progressed and what future consequences can reasonably be anticipated. Establish the pre-injury position, the incident history, treatment, rehabilitation and subsequent events. Distinguish what is recorded, what the claimant reports and what you find on assessment. A discrepancy calls for analysis rather than an automatic judgment about credibility.

For polytrauma, examine the interaction between injuries. A stiff ankle, a painful pelvic injury and restricted shoulder movement may together make walking aids difficult to use. Fatigue, medication and sleep disturbance may alter the person's rehabilitation capacity. Identify the contributions that require other experts and avoid duplicating their conclusions.

Review function in specific terms: walking distance, pace, stairs, uneven surfaces, standing tolerance, driving, self-care, domestic tasks and caring responsibilities. Ask what the job actually requires. A statement that a person is unable to return to heavy work is less helpful than an explanation of the tasks they can and cannot undertake, the likely duration and the conditions under which capacity might improve.

Make prognosis conditional where necessary

Separate established consequences from possibilities. Explain the evidential basis for further surgery, the conditions under which it might be considered and the uncertainty of timing. Do not present post-traumatic arthritis, revision surgery or amputation as inevitable solely because an injury was severe. Where published estimates are relevant, check their population and applicability rather than attaching a percentage to an individual without explanation.

A foot and ankle assessment may require particular attention to alignment, joint motion, loading, footwear and the soft-tissue envelope. The clinical question is not merely whether a fracture united. It is how the result affects mobility and what further care might reasonably be needed. The expert should identify assumptions when discussing future treatment; detailed care, equipment and financial quantification may need other specialists.

Understand the source of the claim

A workplace injury may give rise to an employer-liability claim, an insurance question or a statutory benefits assessment. These are different routes; there is no single universal UK workers' compensation procedure. For a private accident or income-protection policy, obtain the relevant definition and questions from the instructing party. Provide medical evidence about that definition without deciding disputed policy interpretation. Personal injury procedure and rehabilitation arrangements should be confirmed with the solicitor. [18,28]

Clinical negligence and the treatment record

Separate the questions

Clinical negligence work requires a disciplined distinction between the care expected at the relevant time, what actually happened and whether an alleged departure caused an additional adverse outcome. A poor result does not prove negligence. A recognised complication does not, by itself, establish that all aspects of care were reasonable. The expert explains the clinical evidence; the court determines the legal issues. [19]

Assess decisions in the circumstances faced by the treating team. A patient with uncontrolled haemorrhage, respiratory compromise and a complex fracture may require a staged strategy. Ask what information was reasonably available, what risks were being balanced, what resources could properly be mobilised and what reassessment occurred. Avoid judging an early decision solely through knowledge obtained later.

Analyse causation explicitly

Construct the relevant clinical counterfactual: what would probably have happened if the alleged departure had not occurred? Identify the original injury burden, pre-existing conditions, later events and the incremental harm attributed to the disputed care. Set out the medical mechanism and the evidential uncertainty. Seek legal instruction on the test to apply where causation is complex; material contribution is not a universal alternative whenever a conventional analysis is difficult.

For a suspected delay in diagnosing compartment syndrome, for example, the chronology matters. Review observations, symptoms, escalation, examination, investigations and operative findings. Explain what can and cannot be inferred from incomplete documentation. Do not use a missing entry as automatic proof that an action did not occur, or assume that a written entry establishes the quality of the action described.

Consent and disclosure are distinct issues

Consent analysis requires attention to material risks and reasonable alternatives, the patient's circumstances and the actual discussion. It is not resolved by finding a signed form. Montgomery and the later McCulloch decision are relevant starting points, but their application should be addressed with the legal team. Emergency treatment and capacity questions require the applicable jurisdictional framework. [26,27]

Candour and safeguarding duties also remain part of clinical practice. They should not be reduced to a universal rule that every complication is a statutory candour event or every concern carries the same mandatory reporting duty. If these matters form part of an instruction, obtain the precise legal and professional questions and the policy applicable at the time. A medicolegal report must remain focused on the issues actually asked.

Other forums and specialised instructions

Inquests and fatal accident inquiries

A treating surgeon may be asked for a statement explaining care before a death. Use a clear chronology, identify personal involvement and explain clinical terms for a non-medical reader. An independent instruction about causation or standards of care is a different task. In England and Wales an inquest investigates the relevant circumstances of a death; it is not a civil negligence trial. Scotland uses fatal accident inquiries in the appropriate cases. Confirm the forum and its directions. [21]

Criminal proceedings and forensic questions

An injury pattern may be compatible with a proposed mechanism without proving the exact force, weapon, speed or intention. State alternative mechanisms and the limits of reconstruction. Do not accept specialist paediatric safeguarding, forensic biomechanics or other work solely because it involves a fracture. In England and Wales, criminal expert evidence is governed by Criminal Procedure Rules Part 19 and the relevant directions, not CPR Part 35. [20]

Employment and regulatory proceedings

Employment instructions may concern functional limitation, prognosis or the likely effect of adjustments. Provide evidence about the actual work and the medical questions. Do not decide unfair dismissal, discrimination or entitlement to a remedy. The tribunal determines the legal questions, and the solicitor should confirm the current procedural framework and time limits. [22,25]

Regulatory or disciplinary work may ask whether care or professional performance met the relevant standard. Distinguish the clinical event from the allegations and the regulator's legal tests. Avoid acting as an advocate for professional colleagues or as a representative of the complainant. If institutional systems are relevant, identify the evidence needed rather than assuming that either individual or organisational fault explains the outcome.

Choose the right instruction

Request received	Clarification before acceptance
An account of your own treatment	Which events, records and personal decisions are required?
A personal injury assessment	Which injuries, causation questions and prognostic issues are in scope?
A negligence opinion	Is the request for breach, causation, condition and prognosis, or a defined combination?
An insurance or employment opinion	What policy definition, job demands or legal questions have been provided?
Criminal or regulatory evidence	Do you have the specific expertise, procedural training and indemnity required?

3 Professional report writing

A one-page working framework

Start with the question, the role and the forum. Write for a reader who understands evidence but may not understand trauma surgery. Use numbered paragraphs, a dated version, clear headings and a list of the material considered. Every important conclusion should be traceable to its factual basis and reasoning. [2-4]

1. Establish the instruction. Identify the parties, instructing source, purpose, permitted questions and relevant dates. For civil expert evidence, address the report to the court, summarise material instructions and provide relevant qualifications, experience and scope.
2. Separate the evidence. Present a proportionate chronology, the claimant's account, examination findings and imaging review. Identify what is within your own knowledge and what comes from another source. Record unavailable records and the consequences of their absence. Explain the method and limits of any remote assessment.
3. Match the opinion to the work. For personal injury, address injury, clinical causation, present condition, function and prognosis. For negligence, distinguish the standard of care, any alleged departure and the resulting harm. For a factual statement, explain your own involvement without silently expanding into independent expert evidence. For insurance, employment, criminal or regulatory work, answer the specified questions under the appropriate framework.
4. Show the reasoning. Explain how the evidence supports the opinion, address important contrary material and distinguish probability from possibility. Identify reasonable alternative opinions and why you prefer one. State when a question is outside your expertise or cannot yet be answered. For polytrauma, explain interactions between injuries without adopting another specialty's conclusions as your own.
5. Finish with a usable conclusion. Answer each question directly, state limitations and identify further evidence or reassessment needed. Future treatment should have a clinical rationale and stated assumptions. Avoid unsupported promises about work, recovery or the result of litigation.
6. Complete the correct declarations. For England and Wales civil evidence, check current CPR 35.10 and PD35 paragraphs 3.2-3.3 for the duty declaration, required content and exact statement of truth, including its contempt warning. Use the live wording, not an old template. Other forums require their own declarations. Sign and date only after checking every page. [2,3]
7. Issue and maintain control. Check identity, chronology, sources, terminology, calculations, attachments and recipients. Deliver securely, preserve the issued version and distinguish later corrections from new opinions. If material evidence changes your view, explain the change promptly through the proper process. The report remains your responsibility even when staff or software assist with preparation.

4 Timing

Plan the work before promising the date

Timing begins when the enquiry arrives. Establish the hearing or procedural deadline, the work required, the state of the evidence and your actual capacity. A promise made before seeing the scope of a complex polytrauma instruction is often a promise made without an adequate basis.

I recommend treating the case as a sequence of defined stages. Each stage should have an owner, a target date and a clear condition for moving to the next stage. Do not allow a file to sit indefinitely because everyone assumes someone else is obtaining the missing imaging.

Stage	Illustrative practice target	Condition or safeguard
Initial enquiry	Acknowledge within two working days	Acknowledgement is not acceptance
Acceptance decision	Aim within five working days after sufficient information	Complete conflict, scope, cover and capacity checks
Evidence review	Inventory promptly after receipt	Identify missing records and imaging before the appointment
Assessment	Date agreed with claimant and instructing party	Confirm access, interpreter and examination requirements
Initial report	Agree a case-specific date; four to six weeks may be a planning example	Start point must be defined, usually after assessment and sufficient evidence
New material or questions	Acknowledge and agree a separate response date	Check the court order and whether extra scope is involved

These are suggested service standards, not a legal timetable or a promise that the author's practice uses every interval. A short factual statement and a multi-specialty negligence review should not be given an identical turnaround simply for administrative convenience.

Create capacity rather than borrowing it

Protected time must include reading, clinical reasoning, writing and final checking. It must also allow for conferences, clarification, expert discussions and possible oral evidence. Keep room in the diary for the work generated by reports already issued. A practice that fills every available hour with new assessments leaves no capacity for its existing duties.

If a deadline becomes unrealistic, notify the instructing party early, explain what is missing and propose a workable plan. A solicitor may need to seek directions or a variation. The expert must not assume that a private agreement has changed a court deadline.

Use time to improve the opinion

Match assessment to the clinical question

An early assessment may be necessary to understand rehabilitation needs or an urgent legal issue. A later assessment may be more informative about recovery after reconstruction. There is no universal interval after injury at which every polytrauma prognosis becomes reliable. The appropriate timing depends on healing, planned treatment, complications and the question being asked.

Where recovery is incomplete, explain what is provisional and what remains reasonably established. Identify the event that would make reassessment useful, such as a planned operation, completion of rehabilitation or investigation of persistent symptoms. Avoid repeated reviews without a clinical or evidential purpose. An uncertain prognosis should be described honestly, not converted into artificial certainty to meet an administrative preference.

Keep the chronology visible

Organise events by date and source, and distinguish incident time, hospital arrival, investigation, decision and intervention. In multi-hospital cases, check transfers, duplicated records and differences between contemporaneous documentation and later summaries. Record the time zone if it affects an international chronology.

For a disputed delay, identify the clinical importance of each interval. The presence of a long interval is not, by itself, proof of causative harm. Conversely, a short interval may be critical in a particular physiological situation. The explanation must connect the chronology to the relevant biological and clinical evidence.

Separate legal time from biological time

The solicitor should confirm the applicable limitation period and any exceptions, transitional provisions or urgent steps. For England and Wales personal injury claims, the Limitation Act contains a general three-year framework linked to accrual or date of knowledge, with important provisions concerning disability and judicial discretion. It is unsafe for an expert to use that summary to advise an individual claimant that they have time to wait. [23,24]

Employment tribunal time limits differ by claim and have been subject to changes. The applicable date, transitional rules and effect of Acas early conciliation must be checked. Never transfer a personal injury deadline into an employment, insurance, criminal or regulatory matter. [25]

A useful early question is: What is the next legally significant date, who is responsible for it, and what do they need from me before then? Record the answer in the case register.

Manage the life of the report

Questions and further evidence

In England and Wales civil proceedings, CPR 35.6 normally permits proportionate clarification questions once and within twenty-eight days of service of the report, unless the court permits or the other party agrees otherwise. This is not a universal twenty-eight-day deadline for the expert's reply. Confirm the date for answering from the order or instructing solicitor. Answers form part of the report. [2]

Distinguish a correction from an addendum. A corrected spelling is not equivalent to an altered prognosis. Maintain a dated record of what changed and why. If later evidence materially changes the opinion, notify the relevant parties through the proper process rather than quietly replacing the earlier file. [3]

Discussions between experts

Prepare by reviewing your own report, the other expert's report and the questions to be discussed. Identify genuine agreement, the reasons for disagreement and the evidence that might resolve it. The purpose is to narrow issues, not to negotiate a settlement or defend every sentence previously written. The joint statement must represent the experts' own conclusions and explain any change of view. [4]

Allow adequate time to review the proposed statement before signing. Do not sign a summary that fails to capture your reasoning simply because the timetable is inconvenient. Where a difficulty cannot be resolved, communicate it promptly and follow the applicable procedural route.

Conference and oral evidence

Clarify the date, format, likely duration, documents required and whether attendance is provisional or confirmed. Review the relevant records and the precise propositions on which you are being asked to assist. Give answers that match the question, explain assumptions and acknowledge the limits of recollection or expertise.

The best preparation is a report whose reasoning you can explain in ordinary language. Memorising phrases is less useful than knowing why you reached a conclusion and what would cause you to change it. Time spent checking the report before issue is therefore also preparation for later scrutiny.

Close the administrative loop

At the end of the active instruction, confirm outstanding work, invoices and any known future dates. Apply the retention policy and maintain access to the authoritative issued documents. A case should not disappear from the system merely because the first report has been paid for.

5 Terms and conditions

Agree a professional relationship in writing

Terms of business are part of good clinical administration. They make the scope, responsibility and cost of the instruction understandable before work begins. Clear terms reduce avoidable arguments and help the expert retain the time and resources needed for careful work.

The written arrangement should identify the legal entity providing the service, the instructing client, the person responsible for payment and the relevant jurisdiction. If an agency is involved, determine whether it contracts as principal or agent and obtain clarity about responsibility for unpaid fees. Do not assume the claimant is personally liable merely because the report concerns them.

Set fair fees independently

My aim is a fair and sustainable level of charging, understood by the instructing party and justified by the work. Reviewing published information about comparable services can help a new consultant understand the market. The decision on fees must nevertheless be made independently.

Do not agree common rates, minimum charges or a promise not to undercut with competing experts. Do not exchange non-public future pricing intentions for that purpose. Government competition guidance identifies price-fixing agreements as prohibited. Collegial review should focus on clarity, reasonable administration and the quality of terms, with legal advice on any competition-sensitive discussion. [14]

Estimate fees from the expected work: record volume and quality, imaging, complexity, examination, travel, report preparation and likely follow-up. Explain whether the quotation is fixed, estimated, capped or hourly. Publish or provide the basis consistently, while recognising that different instructions may require different work.

Keep payment separate from the opinion

A fee must not depend on reaching a favourable conclusion or on the success of the case. If deferred payment is proposed, consider its implications separately from the clinical merits and obtain suitable advice. Record who owes the fee, the due date and any agreed limit to deferral. An arrangement that is payable only if the case succeeds can undermine independence. [4]

Review proposed terms with an appropriately qualified lawyer and your indemnity provider. An accountant should review tax and invoicing issues. Colleagues can identify practical problems, but their usual practice is not proof that a clause is lawful or suitable for your business.

Define the instruction and delivery

Scope and evidence

State the role, forum, questions and intended output. Identify whether the fee includes examination, an initial report, a defined records allowance or specified imaging. Describe what will require a revised quotation, such as a substantial new bundle, a new allegation, a second examination or additional specialty questions.

Ask the instructing party to supply clear instructions, relevant court orders and an organised, searchable, paginated bundle where practicable. Request original imaging or appropriate access when the opinion depends on it. Define how missing material will be managed. An agreed start date should not imply that the expert must issue a complete opinion without essential evidence.

A practical clause for adapting locally

“The instruction will be accepted in writing after review of scope, competence, conflicts, available evidence and capacity. The agreed delivery date will be recorded with the information required to meet it. Any material change in scope, evidence or timetable will be discussed promptly and documented.”

This is illustrative drafting, not a statement that every practice must use these words. A lawyer should adapt it to the actual contracting arrangement and ensure it does not conflict with procedural obligations.

Availability and cancellation

Separate the rules for clinic cancellation, non-attendance, conferences and court reservations. Define the notice period, the event from which it is measured and the basis of any charge. Consider whether the time can be reused and whether the charge reflects the legitimate commitment involved. Explain how postponement differs from cancellation.

For hearings, distinguish provisional diary holds from confirmed reservations. State whether charges cover preparation, travel, waiting and attendance and how a shortened hearing will be treated. Obtain case-specific instructions before committing several days of clinical capacity.

Consent and the assessment

Provide clear information about the purpose of the examination, who will receive the report and the limits of the relationship. Explain chaperone, interpreter and reasonable-adjustment arrangements. Do not imply that the claimant can dictate the opinion or that a medicolegal examination automatically establishes an ongoing treatment relationship.

If the expert identifies a clinical problem requiring prompt care, the terms should not prevent an appropriate response. Document the concern, advice and escalation. Commercial arrangements must remain compatible with professional obligations.

Payment and continuing responsibilities

Make invoices understandable

Describe the work, applicable rate or agreed amount, expenses, VAT where due and the payment date. Maintain a record of authorised variations. If staged payments are agreed, identify the deliverable or event for each stage. Do not rely on a vague expectation that a solicitor will settle an invoice when the litigation is over.

Agree how invoice queries will be raised and handled, and keep a proportionate escalation process. For qualifying commercial debts, statutory late-payment interest and recovery provisions may be relevant; applicability depends on the contract and circumstances. Obtain advice before inserting or applying a blanket late-payment clause. [30]

Distinguish contractual payment from recoverability

The amount the client agrees to pay is not necessarily the amount recoverable from another party through the court. Explain this distinction in the terms. Identify any legal-aid authority, court cap or other funding restriction before starting, and obtain clarity about who remains responsible for any difference. [2,4]

Changes and disputes

Allow for clarification questions, addenda, conferences and expert discussions. State how additional work will be quoted without suggesting that the expert can disregard a court direction until a commercial disagreement has been resolved. Deal promptly with any conflict between contractual arrangements and procedural duties, seeking legal or indemnity advice as needed.

A dispute about fees must not influence an opinion. Likewise, a request for correction must be assessed on its merits rather than treated automatically as criticism or negotiation. Separate factual correction, disagreement with the reasoning and a request for new work.

Confidentiality and tools

Specify secure exchange methods, authorised recipients and arrangements for staff or external services. Do not insert real medical records into an unapproved AI or transcription service. If software assists with organisation or drafting, confirm the lawful processing arrangements and check the output against the source. The expert remains responsible for invented references, omissions and unsupported assertions. [9,29]

Preserve the case record and version history. Terms should explain retention and complaint handling without promising absolute secrecy where disclosure is legally required. Avoid blanket clauses attempting to exclude all professional responsibility; liability provisions require careful legal and indemnity review.

A terms review before launch

Use the following matrix to review the proposed terms with your advisers. It is a check of matters to resolve, not a fee schedule or a complete contract.

Matter	Decision that should be clear
Parties and forum	Which entity contracts, who instructs, who pays, and which law and forum apply?
Scope	Which questions and outputs are included, and what is expressly outside current expertise?
Evidence	What records, imaging and orders are needed, and who obtains them?
Fees	What is the independently set rate or quotation, its basis and any VAT or expense treatment?
Variations	How are extra work, new evidence and changed deadlines authorised and recorded?
Timetable	When does the delivery period start, and how are missing information and urgent dates handled?
Attendance	What are the access, interpreter, chaperone and cancellation arrangements?
Payment	Who is liable, when is payment due, and how are disputed invoices or any agreed deferral handled?
Follow-up	How are questions, addenda, conferences, joint statements and hearings arranged?
Data and records	Who may access information, how is it transferred, and how are retention and incidents managed?
Independence	Are there any financial or contractual incentives that could influence an opinion?
Complaints and termination	How are concerns addressed and incomplete work transferred without neglecting legal duties?

Review the real operation

Test the terms against a realistic fictional case. Imagine that the bundle doubles, the claimant cannot travel, new imaging arrives after the examination and a hearing is moved. Ask whether the terms tell both sides what happens next. If they do not, improve the process before adding more legal language.

Keep the terms dated and record the version accepted for each instruction. When a practice changes its rates or arrangements, specify which work the new terms govern. Clear administration protects the relationship more effectively than a surprise charge after the work has been completed.

6 Conclusion

The whole person and the independent opinion

The philosophy of major trauma care should remain visible in medicolegal work. We treat a person whose injuries interact with physiology, mobility, family, employment and the possibility of independence. After discharge, those interactions do not disappear because the hospital episode has ended. A good expert report makes them understandable without claiming more certainty than the evidence allows.

The independent role requires a different form of service. We do not help a claimant by overstating disability, nor do we help a colleague by avoiding a justified criticism. We help the process by giving a careful account of what is known, what is disputed and what can reasonably be concluded. An opinion should be capable of surviving the removal of the name of the party who instructed it.

For the younger consultant, the most useful starting point is a manageable practice with clear limits. Establish competence before seeking volume. Give administration the same seriousness as the examination. Set fees independently, explain them openly and allow enough time for thought. If a case exceeds your expertise or capacity, identify that fact early.

The practical habits are straightforward, although maintaining them requires discipline: check the instruction; recognise conflicts; obtain the necessary evidence; understand the person's function; distinguish facts from assumptions; explain the reasoning; meet the timetable; and revise the opinion when the evidence warrants it.

No certificate, title or successful career removes the need for humility. The broad experience of the major trauma surgeon is most valuable when it allows the expert to see the connections between injuries and to recognise where another specialist is needed. Holistic understanding and professional boundaries strengthen one another.

My hope is that this book encourages a practice that is useful to claimants, solicitors, courts and society because it is reliable. The person who has survived polytrauma deserves to be understood carefully. The court deserves evidence it can test. The surgeon's responsibility is to bring knowledge, honesty and organised judgment to that meeting point.

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Professional information and enquiries

<https://peymanorthopaedics.world>

<https://www.ankleandfootsurgeryleeds.co.uk>

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Related work: Principles of Medicolegal Activity in the UK, Mr Peyman Bakhshayesh, 14 October 2026. This new six-chapter guide is a separate practical companion.