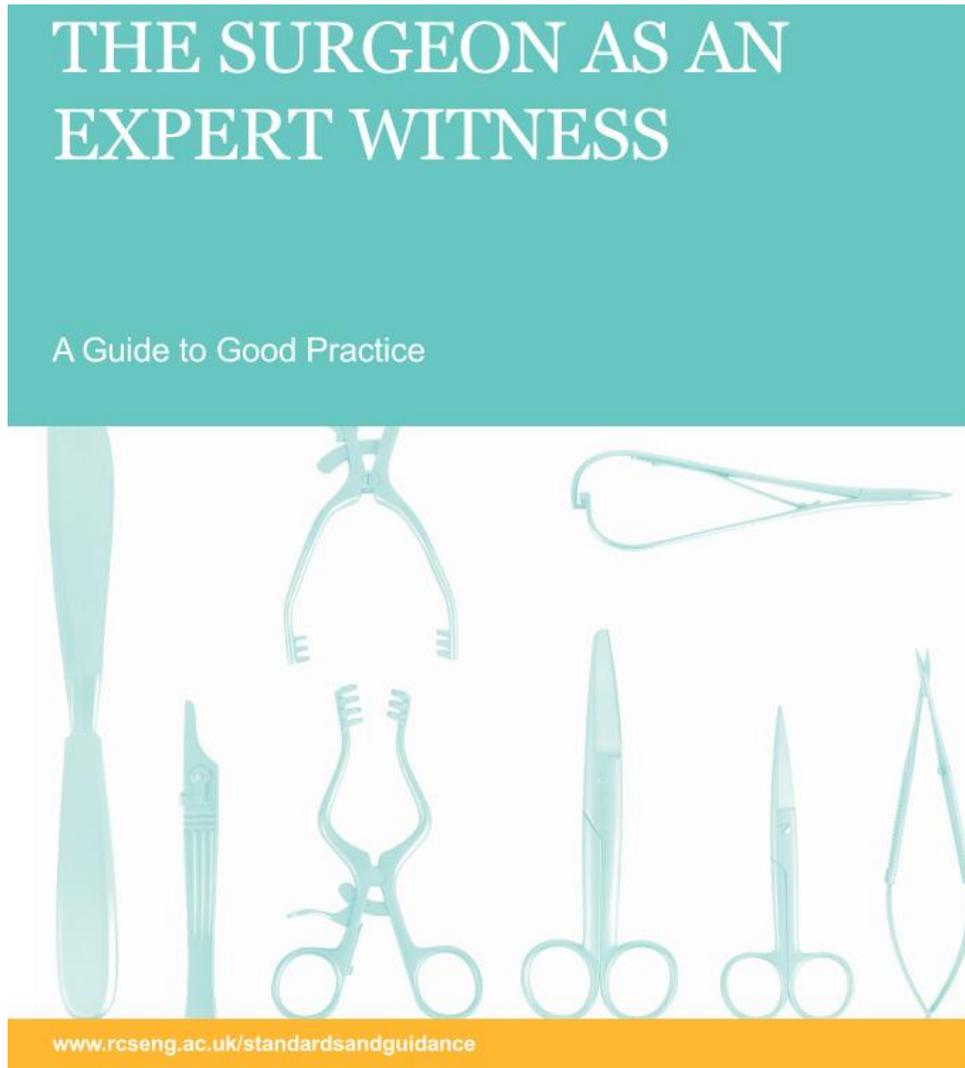


Thinking about doing Medico-Legal work?



www.ricklinforth.com

Qualifications and Training



**THE SURGEON AS AN
EXPERT WITNESS**

A Guide to Good Practice

www.rcseng.ac.uk/standardsandguidance

2019



You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 25 March 2013 | Comes into effect 22 April 2013

General Medical Council

Acting as a witness in legal proceedings

2013

- 1 In *Good medical practice*¹ we say:
 - 11 You must be familiar with guidelines and developments that affect your work.
 - 12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
 - 14 You must recognise and work within the limits of your competence.
 - 72 You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.
- a You must take reasonable steps to check the information.
- b You must not deliberately leave out relevant information.
- 73 You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in *Confidentiality*.
- 74 You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.

Qualifications and Training



1. A consultant Surgeon for over 5 years in active practice.
2. Academic publications (Thesis, papers, book chapters, research-PI).
3. Medico-legal training .

Who will I be up against:





Rick Inforth

CONSULTANT BREAST SURGEON



LAWYER
MONTHLY
Expert Witness
Awards **2021**
WINNER



www.ricklinforth.com

Training from 1 day and beyond



Inspire Law: <https://www.inspiremedilaw.co.uk/>

BMA: <https://www.bma.org.uk/events/medico-legal-expert-courtroom-skills-course>

Expert witness Institute <https://www.ewi.org.uk/coretraining>

Bond Solon <https://www.bondsolon.com/expert-witness/courses/>

1 Day courses cost £350-£500, tend to cover :Report writing/structure/
Practice direction and declarations.



<https://www.bondsolon.com/media/169522/expert-witness-training-brochure.pdf>

The Cardiff University Bond Solon (CUBS) Expert Witness Certificates

The Training

In order to qualify for a Certificate it is necessary to complete the following compulsory training days:

- Excellence in Report Writing (1 day)
- Courtroom Skills (1 day)
- Cross Examination Day (1 day)

Experts can then work toward one or more of the Certificates by completing the relevant two-day Law and Procedure days:

- Civil Law and Procedure
- Criminal Law and Procedure
- Family Law and Procedure

See page 23 for details of the assessment process.



Individual Delegate Rate - Public Courses

Cost: £2259 + VAT if the 5 days are booked separately (includes the £499 + VAT assessment marking and certification fee)

Cost: £2045 + VAT if the 5 days are booked together (includes the £499 + VAT assessment marking and certification fee)

Reports



1. Short reports e.g. screening reports, NHSLA advisory reports
4-5 pages , no long chronology. £300-500. Fix Fee (Not for the Court)
2. Breach of duty (Liability): Was the standard of care appropriate, or was there a breach of duty.
3. Causation : Did the breach of duty , lead to harm. (Usually combined with Liability as a single report. (Fees per hour £150-300) Average report £750-£2000.
4. Condition and Prognosis: Survival , compilations of breaches, remedial treatments includes
Clinical assessment/examination...Rooms
(Fees as in 3)

Legal Conferences



Barrister/solicitor/claimant or defendant and experts.

Zoom or Face to Face:- Barristers like to see how the expert copes with Cross examination

Fees as Per hour.

After:-

Report modifications , prior to exchange or if for claimant and no causation end of case.

Experts Conference: Ordered by the court to try and iron out differences and narrow opinions to limit court time.

Standard of Care:--What is it for Breast?



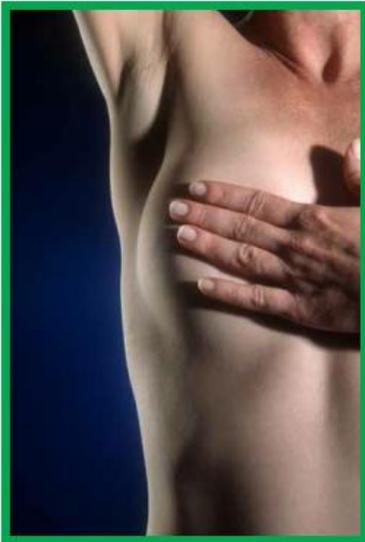
Best practice diagnostic guidelines for patients presenting with breast symptoms



NICE National Institute for Health and Care Excellence



ONCOPLASTIC BREAST RECONSTRUCTION Guidelines for Best Practice



Early and locally advanced breast cancer: diagnosis and management

NICE guideline
Published: 18 July 2018
[nice.org.uk/guidance/ng101](https://www.nice.org.uk/guidance/ng101)

Editors
Alexis M Willett, Michael J Michell, Martin J R Lee

Editors: Dick Rainsbury and Alexis Willett
November 2012

November 2010

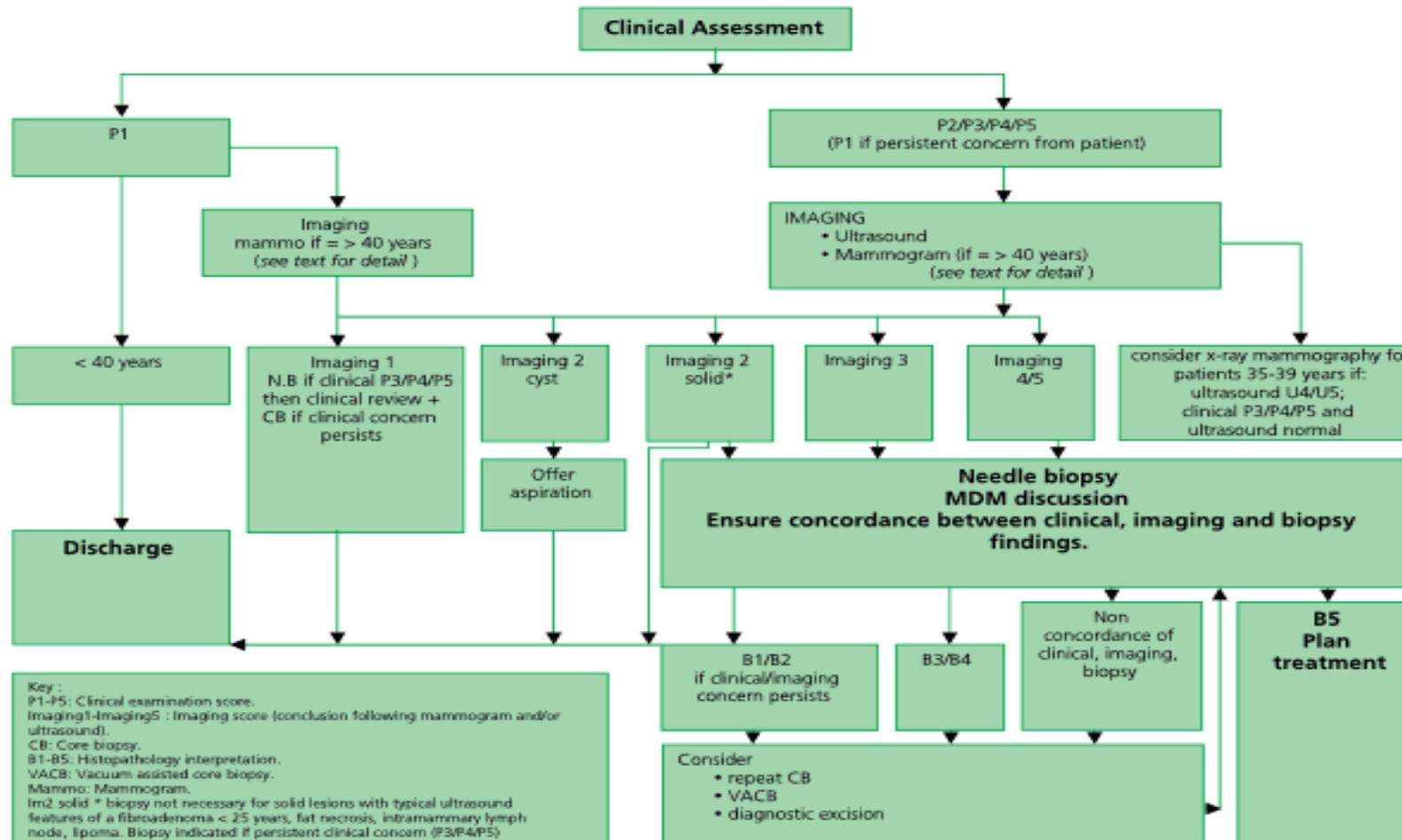
ABC breast disease 94-2012,

Oncoplastic guidelines updated 2021

Prev Nice 2009

www.ricklinforth.com

5. Algorithm A. Assessment: Lump/Lumpiness





Hilary Term
[2015] UKSC 11
On appeal from: [2013] CSIH 3; [2010] CSIH 104

JUDGMENT

**Montgomery (Appellant) v Lanarkshire Health
Board (Respondent) (Scotland)**

before

**Lord Neuberger, President
Lady Hale, Deputy President
Lord Kerr
Lord Clarke
Lord Wilson
Lord Reed
Lord Hodge**

JUDGMENT GIVEN ON

11 March 2015

Heard on 22 and 23 July 2014



Consent



CONSENT:
SUPPORTED
DECISION-MAKING

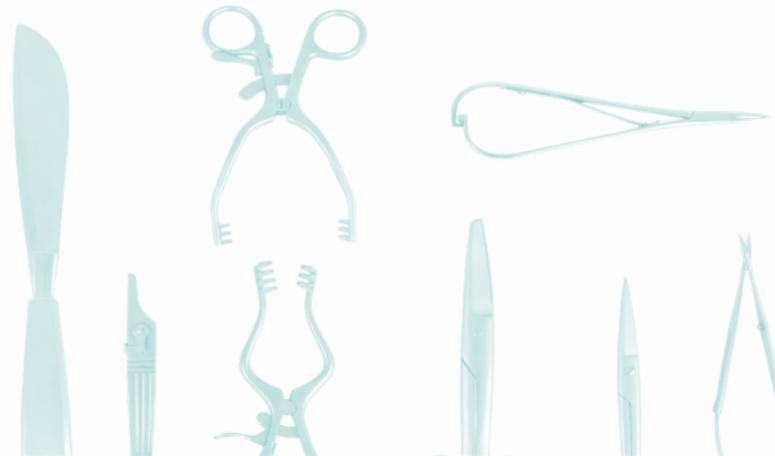


Royal College
of Surgeons
ADVANCING SURGICAL CARE



CONSENT: SUPPORTED DECISION-MAKING

A Guide to Good Practice



www.rcseng.ac.uk/standardsandguidance

www.ricklinforth.com

There is no clear consensus on the ideal biologic or synthetic mesh.

Specific points for discussion are.

- The origin of the specific mesh should be discussed.
- Whether the mesh remains permanently or is expected to be absorbed.
- Patients should be informed of local and global experience with the mesh used including uncertainty regarding long term outcome.
- Knowledge and acceptance that the reconstruction involves a breast implant.
- Patients should be aware that revisional surgery is frequent in the early stages following reconstruction.
- That a drain may be left in-situ for up to two weeks.

Patients need to be aware of the risks of complications, local and personal complication rates. Complications are common in implant only mesh assisted or dermal sling procedures. By 3 months national rates are [68].

- Readmission - 18%.
- Infection - 25%.
- Reoperation - 18%.
- Implant loss - 9%.



ARTICLE IN PRESS

European Journal of Surgical Oncology xxx (xxxx) xxx



Contents lists available at ScienceDirect

European Journal of Surgical Oncology

journal homepage: www.ejso.com



Oncoplastic breast surgery: A guide to good practice

A. Gilmour^a, R. Cutress^b, A. Gandhi^c, D. Harcourt^d, K. Little^e, J. Mansell^f, J. Murphy^g,
E. Pennery^h, R. Tillettⁱ, R. Vidya^j, L. Martin^{e,*}

^a Canniesburn Plastic Surgery Unit, Glasgow Royal Infirmary, United Kingdom

^b University of Southampton and University Hospital Southampton, United Kingdom

^c Manchester Academic Health Sciences Centre & Manchester University Hospitals NHS Trust, Manchester, United Kingdom

^d Centre for Appearance Research, University of the West of England, Bristol, United Kingdom

^e Liverpool Breast Unit, Liverpool University Foundation Trust, United Kingdom

^f Gartnavel General Hospital, Glasgow, United Kingdom

^g Manchester University Hospitals NHS Trust, United Kingdom

^h Breast Cancer Now, United Kingdom

ⁱ Royal Devon and Exeter NHS Trust, Exeter, United Kingdom

^j The Royal Wolverhampton NHS Trust, Wolverhampton, United Kingdom

2021

www.ricklinforth.com



Common legal cases:

Delayed Diagnosis/treatment

Lack of informed Consent

Poor Technical performance (Reconstruction)/ Involved margins/Aesthetic outcomes

Tools



<http://radclass.mudr.org/content/doubling-time-calculation-growth-rate-lesion-or-mass>

<https://nomograms.mskcc.org/breast/>

https://breast.predict.nhs.uk/predict_v2.0.html

<http://www.lifemath.net/cancer/breastcancer/therapy/index.php>

Appendix 7: methodology for assessment of likely stage of the tumour earlier

Primary tumour size

The size of the primary tumour earlier is calculated using standard methodology; that is, back-extrapolation from the known maximum size of the tumour using an average growth rate to determine the likely pathological size of the tumour earlier. This calculation can be performed using the formula below:

$$\text{Equation for Doubling time} = T_i \times \log 2 / 3 \times \log(D_i/D_o) \text{ or } (\ln 2 \times T_i) / (\ln(V_i/V_o))$$

- T_i = interval time
- D_i = initial diameter
- D_o = final diameter
- V_i = initial volume
- V_o = final volume

Tumour volume doubling times



The likely growth rate of the tumour can be calculated for an individual patient or average volume doubling times (VDTs) used. The standard average VDTs used in legal work are the data from *Peer et al^{vii}*, which subdivides VDT into various age groups. The relevant data is in Table 3, reproduced below:

Table 3. Tumor Volume Doubling Time of Primary Breast Cancer According to Age

Age at diagnosis (yr)	Geometric mean in days (95% confidence limits)	68% range*
< 50	80 (44–147)	24–273
50–70	157 (121–204)	46–533
> 70	188 (120–295)	55–640

Likelihood ratio test: $P = 0.06$

* Sixty-eight percent of the tumor volume doubling times are between the presented limits: 16% is smaller than the lower limit, 16% is larger than the upper limit.

Tumour volume doubling times



Doubling time - calculation of growth rate of a lesion or a mass

calculator CT MRI ultrasound x-ray

Calculating doubling time of focal lesions or masses can give a hint, whether it has a malignant or rather benign growth dynamics. Doubling time of malignant lesions is between 30 and 500 days with a median of 100 days.

Calculate	<input checked="" type="radio"/> Diameter [mm]	<input type="radio"/> Volume [mm ³]
First examination	Date (d/m/yy)	<input type="text" value="01/01/2020"/>
	Diameter [mm]	<input type="text" value="10"/>
Second examination	Date (d/m/yy) <input type="text" value="Today"/>	<input type="text" value="01/01/2021"/>
	Diameter [mm]	<input type="text" value="28.7"/>
<input type="button" value="Calculate doubling time"/>		

Days between: 367

Doubling time: 80 days

References:

"In God we trust. All
others must have data."

Bernard Fisher, MD, FACS – Surgeon and
Cancer Pioneer



Thank you for Listening